



LITTLE RASCALS 2
14 Grunter Gully
Meerensee
Mobile no: 0846484553
E- Mail: msee@little-rascals.co.za
3900

LITTLE RASCALS 1
25 via Verbena
Veldenvlei
Mobile no: 0786160763
E- Mail: rascals@telkomsa.net
HEAD OFFICE: 035-7892389

ADMIN AND CRECHE FACILITATOR
CHRISTEL ROBBERTZE (PRINCIPAL)
APPLICATION FOR ADMISSION

NAME OF LEARNER

(First name and Surname)

Date of Birth: DD/MM/YY

Year and term applying for: | YEAR | | TERM |

From 3 months to Gr R | | Gender | Boy | | Girl | |

Application Information and Requirements

- Please complete ALL sections. Please supply a physical address as well as a postal address if applicable.
- The application must accompanied by the following documents.
 - **Copy of child birth certificate/Passport**
 - **Proof of residence**
 - **Medical Details where relevant**
 - **Copy of both parents identity documents**
- **REGISTRATION FEE: A R250 non-refundable registration fee for new parents is payable when submitting your Application. Please note that application will not be processed unless this fee and all the relevant Documentation have been received.**
- **REGISTRATION FEE: And a R70 non-refundable registration fee for existing parents is payable in Order to retain enrolment for the New Year.**
- **Once your child is ACCEPTED one full months notice is required before the child is removed. You will be liable for the fees for that month.**

NO INCOMPLETE FORMS WILL BE ACCEPTED

FOR OFFICE USE ONLY

RECEIVED ON:

DOCUMENTS

RECEIVED | ACCEPTED | YES | NO |

<u>CHILD BIRTH</u>		
CERTIFICATE:	DEPOSIT RECIEVED	
PROOF OF RESIDENCE	CLASS	

<u>BIRTH CERTIFICATE-use block letters</u>	
Surname	
First name	
<u>OTHER PERSONAL DETAILS OF LEARNER</u>	
Nationality	
Place of birth	Home language
Place in family	Religion
SA	
Citizenship yes	no
Name of current playschool	Name of reference
Contact number	Work number

PARENTS/GUARDIAN DETAILS		
	FATHER	MOTHER
Surname:		
First names:		
ID Numbers:		
Occupation:		
Name of employers:		
Home telephone no:		
Work telephone no:		
Cell phone no:		
Email address:		
Alternative name contact no:		
Residential address:		
Postal address:	Code:	Code:

WITH WHOM DOES THE LEARNER RESIDE WITH?			
Both parents	Mother	Father	
		Guardian	Grandparents Other
CORRESPONDENCE			
Please indicate who is to receive the report		Father	Mother Guardian
Please indicate who is to receive the school account		Father	Mother Guardian
Please indicate which parent could receive email communication		Father	Mother Guardian

MEDICAL INFORMATION- Please indicate				
Birth Weight				
Family medical history (allergies congenital abnormalities)		Medical aid:	Membership no:	
Any problems during pregnancy/confinement				
Any post natal problems with child (jaundice/lights,ect)				
Milestones- Give age when child started	Teething:	Crawling:	Talking	Walking:
Illnesses your child has had	Measles	German measles	Whooping cough	Mumps
Illnesses current or pass	Chicken pox	Epilepsy	Other	
Illnesses against which immunized	Tuberculosis	Whooping cough	Polio	Measles(MMR)
	Tetanus	German measles	Mumps	Diphtheria
Operations your child has had				
Any serious accident				
Any problems connected with	Hearing: Urination:	Sight: Other:	Teeth:	Speech:
Is the child on special medication				
Any Allergies?				
Any food or drink the child must avoid?				
Name of family Doctor Address and tel no:	Name: Add: Tel no:			
Feeding: Bottle/Brest				
Is the child general healthy?				
Does the child have a healthy appetite?				
What is the child's sleeping pattern?		Time of going to bed?		
Is the child generally independent?				
Is the child completely potty trained?				
Is there any habit which concerns you?				
Is your child presently on medication?		yes	no	

TERM AND CONDITIONS OF ENROLEMENT

BEING THE PARENTS AND LEGAL GUARDIAN OF _____
I/WE APPLY FOR ENROLEMENT OF MY/OUR CHILD. WE UNDERSTOOD THAT ENROLEMENT WILL BE
SUBJECT TO THE RULES AND REGULATIONS ATTACHED TO THIS DOCUMENT AS WELL AS THE TERMS
AND CONDITIONS AS SET OUT BELOW.

1. REGISTRATION FEE

The enrolment is conditional upon payment of the registration fee referred to in the schools
Letter of acceptance by that stated in the letter. The registration fee is non refundable.
Early registrations is advised to ensure that your child have a place in our school.
For enrolment we require a copy of the following documents.
Copy of both parents identity documents
Copy of child's birth certificate and clinic card.

2. ATTENDANCE

The school is open from 6:00 am to 6 pm Monday to Friday excluding public holidays and we
Are closed in December for a period of 3 weeks our closing date is the 15th of December.
Parents should notify the school by 8:00 am if their child is unable to attend for any reason or
Is going to arrive after 8:00 am. Parents have to notify the school if the child is going away
For more than a week.

3. COLLECTION

Children will not be allowed to leave with other school children or alone. The person collecting the
Child must be on Little Rascals collecting list. Late collection fee is R5 per 5 minutes or R50 per
Half an hour thereof. Time is always rounded up to the next 30 minutes. Parents must collect their
Children on time as the cost of keeping two members of staff on duty. If u are late it is essential that
You contact the school. It's important to note that no unauthorized children will be allowed. Only the
People indicated on this enrolment form will be allowed to take the child off the school premises.
Please inform the school if any body else will collect your child.
I the parents or guardian or friend or transport person are allowed to fetch my child from
Little rascals' school. Name of person: _____ and contact num: _____
Parents sign _____.

4. HEALTH

Should your child or member of your family contract a notifiable disease or infectious ailment you
Must inform us. We are then able to inform other parents promptly. Please do not bring your child to
school when they ill. The school reserves the right to refuse entry to any child who the school principal
considers to be unwell or suffering from any contagious or infectious complaint. If your child becomes
ill during school we will attempt to contact you. If we are unable to contact you we will contact the alter
Native person on the enrolment form. The school staff may act in loco parents for the child in case of
illness accident or emergency. Staff will take such actions as the principal sees fit including
hospitalization whether or not the parents or next of kin have been informed. Every possible effort will
be made to contact the parents or authorized people in an emergency. In a case of emergency you as the
parents will be responsible to meet all expenses incurred.
Do we have your permission to call any local or your doctor to attend to any emergency regarding your
Child ☐ Yes ☐ No.
Do you agree to meet all expenses incurred? ☐ Yes ☐ No.

5. NOTICE OF LEAVING

One full month's written notice is required if leaving the school. School fees are payable even if
Your child is sick or you have gone on holiday or any other reason.
Agree to pay legal and collection fees incurred on overdue accounts.

Agree that any information in this application may be used and disclosed to third parties if required for the well being of my /our child by the department of health. Understand that I/we may inspect any information to any emergency regarding my/our child and I/we undertake to meet all expenses incurred. Parents may be given notice at the discretion of the management: such as reason include consistent Anti-social behaviour overdue fees or any other reason as decided by the management.

TIOLETRIES TO BE SUPLLED

ALL CHILDREN (0-36 MONTHS) Must bring the following items:

Purity for the day (if needed)

At least 5 nappies for the day

Clean bibs for the day

Milk in own bottles prepared for the day

Lunch to be supplied (The school will supply breakfast and juice)

Extra set of clothing

Own linen to be supplied (blanket pillow fitted sheet)

Wipes

Tissues

We will send the linen home to be wash every Friday

CONSENT & INDEMNITY

I _____ and _____

The parent(s) /guardian of: _____

- do hereby give my /our child as mentioned above may take part in all class room and Playground activities. We grant permission for my /our child to take part in any School outings. I/We hand over my /our authority as parents /guardians to the principal Or representative if medical assistance is required during school outings or during The transportation to outings. I hereby do not hold the principal or staff of Little Rascals Responsible for any injuries or losses.
- I/we accept that all precautions will be taken for the safety and well being of my /our Child.

Signed in _____ On this day of _____ 20 _____

Signature of parents

Mother: _____ **ID NO:** _____

Father: _____ **ID NO:** _____

Witnessed by: _____ **ID NO:** _____