

APPLICATION FOR ADMISSION

Child's First Name(s):	. Surname:	
Child's Sex:(Male/Female)	Date of Birth:	
Home Adress:		
Postal Address:	Home Tel:	
Mother's Name:	Work Tel:	
Work Place:	Occupation:	
E-mail Address:	Cell Number:	
Father's Name:	Work Tel:	
Work Place:	Occupation:	
E-mail Address:	Cell Number:	
Marital Status:		
Married Divorced Separated	Widowed Single Single	
Religious Denomination:		
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Does your child have any allergies? Yes No	(If Yes, please give details)	
Any Physical Defects:		
Any additional information regarding your child:		

PRE-SCHOOL APPLICATION FORM.docx

Immunization:		
OPV 1		
Pentavalent 1 Pentavalent 2 Pentavalent 3 Pentavalent 4		
Pneumococcal 1 Pneumococcal 2 Pneumococcal 3 Pneumococcal 3		
Rotavirus 1 Protavirus 2 Protav		
Doctor's Name: Tel:		
SCHOOL REQUIREMENTS		
The school is open from 7am topm.		
 Parents should notify the school when their child develops any infectious disease and to supply a medical certificate when the child is ready to return to school. 		
 All uniforms and items brought to school including shoes, panties and socks should be clearly marked with child's name. 		
Please see the class teacher a few days prior to your child's birthday so that arrangements for a proper birthday party can be made.		
 On withdrawing a child from the school for any reason the parent or guardian shall be obliged to give a full term's notice in writing, on the intention to withdraw the pupil from the school by no later than the first day of the term. Failure to do so may result in the parents paying a full term's fees and charges in lieu of notice. 		
 Fees to be paid at the bank on or before opening of school. 		
 Bringing and collecting children from school: (i) Hand children to teachers (ii) Collect children from teachers (iii) NB: if a person who usually collects the child is away ring the school or give the new person who will collect the child a note to that effect. 		
 Children should be collected from the school by 5pm. A late collection fee of US\$5 is charged on every 30 minutes that the child is not collected at 5pm. 		
 Transport to and from City Hall is provided at a fee. 		
o Door to door transport service for children shall be arranged for surrounding suburbs at a fee.		
Date of Enrolment:		
I have read the school requirements and I pledge to abide by them.		
Name of Parent/Guardian: Signature: Signature:		

Promissory Note/Consent Form

I,I.D. No
Parent's Name
, being the parent/legal guardian of
Address
do hereby acknowledge that I have read and understood all
Child's Name
the information in this application form.
I agree that I am solely responsible for the payment of any fees, levies and any payments that may be deemed necessary by the school at any given time. I understand that the registration fees of USD\$payable on offer of a place is non-refundable and that I shall be legally liable for full payment of all school fees and other payments by the due date. (N.B: School Fees paid is non-refundable except at the discretion of School)
Should I fail to pay within the stipulated time, I authorise Once Upon A Child to take legal action, to recover such outstanding fees without further notice.
I understand that school fees are due on or before the first day of the school term and that while fees are kept to a minimum, due to economic reasons, fees might be subject to increase if deemed necessary.
I understand that it is my responsibility to inform the school of any change of address, telephone number or other relevant circumstances.
Signature: Date: Witnesses By:

Collection Agreement

Indemnity

COLLECTION OF CHILDREN FROM ONCE UPON A CHILD PRE- SCHOOL	I
Name of Child:	being the legal guardian of
Address:	consent to her/him taking part in all activities and trips organised by
Home Telephone Number:	Once Upon A Child Pre School. I further authorise you or any Once
Signature:(Mother) Father:	Upon A Child Pre School staff member to act as "in loco parentis"
	during the time spent in the care of the school and give consent
	required by hospital or medical authorities in respect of medical
COLLECTION OF CHILDREN BY A FRIEND OR RELATIVE/DOMESTIC WORKER	attention they may deem necessary in case of emergency.
My Child will be collected by:	
Name:	
Relation to child:	
Signature:(Mother) Father:	
	Signature: Date: