

Child's Name & Surname:	
Date of Birth:	
Panado	YES / NO
Buscopan	YES / NO
Time of collection:	12H30 / 14H00 / 17H00
1. Road to Health 2. Birth Certificate 3. School Fee clearance (where applicable)	1. 2. 3.

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CLIFTON HILL NURSERY SCHOOL

REGISTRATION NUMBER: 2004/114069/23

APPLICATION FORM

OWNERS: P.A. VAN DEN BERG AND E.E. VAN DEN BERG

PHYSICAL ADDRESS: 51 ACUTTS DRIVE, CLIFTON HILL ESTATE, HILLCREST, 3650

POSTAL ADDRESS: CRE211, ACUTTS DRIVE, CLIFTON HILL ESTATE, HILLCREST, 3610

OFFICE: TEL: 031-762 1396, CELL: 0829387896, FAX: 086551 1280,
EMAIL: STAFF@CHNS.CO.ZA

ACCOUNTS: FAX: 0865808122, EMAIL: ESTELLE@CHNS.CO.ZA

Please complete this form and hand in at office/fax or email.

Thank you. We will keep in touch.

This document consists of pages 1 to 4

1. CHILD'S DETAILS:

- 1.1 Child's Surname: _____
- 1.2 Child's First Name(s): _____
- 1.3 Child's date of birth: _____ / _____ / _____ Sex: MALE/FEMALE
DAY MONTH YEAR
- 1.4 Proposed age of entry: _____ Proposed date of entry: _____
- 1.5 Suggested time for fetching your child: **12H30 Mornings only / 14H00 Half day / 17H00 Full day**
(*NOTE: There are limited availability for 12H30 & 14H00. It is done on a first come first serve basis)**
- 1.6 Child's physical address: _____

- 1.7 Home language: _____ Religious denomination: _____
- 1.8 Allergies: (YES or NO). If yes, please specify: _____

- 1.9 When fever/headache: Give Panado **YES/NO** : When tummy ache: Give Buscopan **YES/NO**
- 1.10 Any operations, accidents, physical abnormalities or other problems that we should know about?
(Epileptic, diabetic, allergies, disabilities, learning handicaps, etc):

2. ADDITIONAL INFORMATION:

- 2.1 Name and address of previous school: (Name): _____
- 2.2 (Address): _____
- 2.3 Names, addresses and telephone numbers of two persons, only in the case when the parent(s)/legal guardian cannot be reached:
- 2.3.1 _____

- 2.3.2 _____

- 2.4 Is **Father/Mother** responsible for paying school fees and any other fees/costs that might occur? **YES/NO**
If NO, please specify: _____

3. FATHER/LEGAL GUARDIAN'S INFORMATION:

- 3.1 Father/Guardian's surname: _____
- 3.2 Father/Guardian's names: _____
- 3.3 Father/Guardian's occupation: _____
- 3.4 Father/Guardian's business address (including name of employer if applicable) _____

- 3.5 Home Telephone: (____) _____ Business Telephone (____) _____
- 3.6 Fax: _____ Cell: _____
- 3.7 E-mail address: _____
- 3.8 ID/Passport no.: _____
- 3.9 Marital status: _____
- 4.10 Postal address: _____
_____ Postal Code: _____
- 4.11 Physical Address: _____
_____ Postal Code: _____

5. MOTHER/LEGAL GUARDIAN'S INFORMATION:

- 5.1 Mother/Guardian's surname: _____
- 5.2 Mother/Guardian's names: _____
- 5.3 Mother/Guardian's occupation: _____
- 5.4 Mother/Guardian's business address (including name of employer if applicable) _____

- 5.5 Home Telephone: (____) _____ Business Telephone (____) _____
- 5.6 Fax: _____ Cell: _____
- 5.7 E-mail address: _____
- 5.8 ID/Passport no.: _____
- 5.9 Marital status: _____
- 5.10 Postal address: _____
_____ Postal Code: _____
- 5.11 Physical Address: _____
_____ Postal Code: _____

6. MEDICAL INFORMATION OF CHILD

- 6.1 Pediatrician: _____
- 6.2 Telephone Number: _____
- 6.3 Contagious diseases that he/she already had: (e.g. Chicken Pox, Measles)
- 6.3.1 Disease _____ date: _____
- 6.3.2 Disease _____ date: _____

7. INFORMATION REQUIRED IN CASE OF MEDICAL / HOSPITAL TREATMENT

- 7.1 Name of member: _____
- 7.2 Name of Medical Fund: _____
- 7.3 Medical Fund Number: _____

8. IMPORTANT INFORMATION:

- 8.1 Clifton Hill Nursery School (referred to as "The School") provide comprehensive pre-school education to children between **18 months and 5 years**.
- 8.2 On enrolment of the child to The School the parents/legal guardians agree to abide by the **Rules and Regulations** as set out by management and owners of The School as stipulated on our website, www.chns.co.za. (See Fees & Regulations).
- 8.3 All **correspondence, notes, special dates to diarize and accounts** will be sent either via our website - with the parents' login facility to view - or home in your child's homework book. (PLEASE CHECK ON A DAILY BASIS).
- 8.4 It is imperative that you keep The School advised of **any change** of address, telephone numbers and/or email address.
- 8.3 School fees are payable by the **1st of each month**. Our school year runs from January to December, which means even though we only open halfway through January and close early in December, full months school fees are payable. (12 payments for a child attending for a full year)
- 8.4 **Our hours of attendance** are strictly 07H00 to 12H30 (Mornings only), 07H00 to 14H00 (Half day) and 07H00 to 17H00 (Full day). Please ensure that your child is in class, no later than 08H00, for the first activity of the morning starts and late comers are disrupting the class.
NOTE: Our availability for "mornings only" and "half day" are limited and will be done on the bases of first come first serve.
- 8.5 **Banking Details:** Clifton Hill Nursery School CC, Account Number: 62291182138, Bank and Branch RMB Private Bank, Hillcrest, 26-02-52, Reference Number: Child's Name and Surname
- 8.6 We/I understand that if I/we should withdraw my/our child during a term, or if my/our child should leave the school for any reason whatsoever during a term, whether at my instance or that of the Owner, two calendar months' fee shall be forfeited and I/we shall be liable for a **two month's fee** in lieu of **notice**.
- 8.7 Registration fee paid also includes the standard uniform. If you should decide not to bring your child to Clifton Hill Nursery School, 60% of the registration fee will be **NON-REFUNDABLE**.

9. RULES AND REGULATIONS:

- 9.1 **Clothing:**
All uniforms, underwear, socks and shoes must be clearly marked with a permanent marker. We will not be responsible for any lost, torn or soiled items. We also will not take any responsibility should your child bring any valuables to school and it should get lost. You can check at reception if you have any lost items. Every child must have a change of clothing in their bags. If you wish your child can bring his/her own blanket and small pillow (optional), we do provide a thin mattress.
- 9.2 **Sickness:**
Clifton Hill Nursery School reserves the right to decide whether your child may or may not attend for health reasons. A sick child cannot remain at school according to City Health regulations. Please do not send your child to school if he/she has a temperature, is vomiting, has diarrhea, has head lice, has a bad cough. It is unfair to the other children. Please notify the school as early as possible should your child not be attending school.
- 9.3 **Medicine:**
We request all parents to hand in any medicine and medical instruction at reception. Please make sure that clear instructions are given in the homework book and is signed by the parent. Note that no medicine will be administered unless it is written up in this book. Clearly mark all medicine and make sure that no medicine is left in your child school bag. It is the parent/guardian's responsibility to collect the medicine at the end of each day.

If your child had contracted any contagious illness and was kept at home, you have to provide the school with a medical certificate when your child returns to school.

In the event of an emergency, Clifton Hill Nursery School reserves the right to obtain medical assistance from any doctor available, and the cost involved will be the responsibility of the parent/legal guardian. In any case of emergency we will first attempt to contact both parents/legal guardian and the nominated family doctor before we proceed with any of these steps mentioned above.

9.4 **Security:**

It will be the parents' /legal guardian's responsibility to obtain a disc to be granted excess to the estate to drop-off or pick up your child, should you not live on the estate. This is an estate rule. For more information please contact the office.

9.5 **Lifts:**

If the parent/legal guardian is not fetching the child, they should advise the school so that arrangements can be made at the gate for easy excess and security reasons. Once the child is fetched please make sure that your sign-in slip is stamped before leaving the school. Should you wish to apply for an extra disc, it will be at own cost.

9.6 **Fetching Late Fee:**

Our school hours are strictly from 07H00 to 12H30, 07H00 to 14H00 and 07H00 to 17H00. If the parent is going to be late, please phone the office. Do note that even if you have informed the school that you will be fetching late, a "fetching late" fee will be charged to your account.

9.7 **Personal Details:**

It is the responsibility of the parent/legal guardian to advise the school should there be any change to their address, contact details or email address. This is especially important in the case of any emergency.

10. **ATTACHED TO YOUR APPLICATION PLEASE ENCLOSE THE FOLLOWING:**

1. A copy of the latest school report (only if you are transferring from another school)
2. A certified copy of your child's birth certificate
3. A certified copy of your child's immunization card
4. A School Fee Clearance Certificate from previous school (only if you are transferring from another school)

We, the undersigned acknowledge and agree that the information as stipulated herein is true and correct and that we have read and understood the "**8. IMPORTANT INFORMATION**" as well as "**9. RULES AND REGULATIONS**" and deem ourselves bound thereby. We hereby give our irrevocable permission to Clifton Hill Nursery School to do any credit checks that they in their sole discretion deem necessary.

THUS DONE AND EXECUTED on this _____ day of _____ 20____

AS WITNESSES:

1. _____

Father / Legal guardian

2. _____

THUS DONE AND EXECUTED on this _____ day of _____ 20____

AS WITNESSES:

1. _____

Mother / Legal guardian

