Maya's Montessori School

ENROLMENT/ ADMISSION FORM:

Half Day: ☐

Full Day: ☐ Starting Date: _____

Class: _____

PUPILS DETAILS Please print clearly AND complete in full.	
Childs Name (as per birth certificate):	
Childs Surname (as per birth certificate):	
Childs preferred name: *(Name we should use to speak to your child in correspondence):*	
Date of Birth:	Identity No:
Gender:	Nationality:
Home Language:	How fluent in English:
Allergies:	
Number of Children in family:	Position of child in family:
Home Address:	

PARENTS DETAILS:	
DETAILS OF MOTHER / GUARDIAN	DETAILS OF FATHER / GUARDIAN
Title:	Title:
Name:	Name:
Surname:	Surname:
Cell no:	Cell no:

Contact Number: 083 565 8733
Email: montessorieastlondon@gmail.com
Postal Address: 115 11th Avenue Gonubie

Marital Status:	Marital Status:
If divorced: Does Mother Have: Access to the child Yes….No….. Is the child living with you? Yes….No…. Are you the legal guardian? Yes…. No…..	*If divorced:* Does Father Have: Access to the child Yes….No….. Is the child living with you? Yes….No…. Are you the legal guardian? Yes…. No…..
If you have any restrictions on contact between a parent and child, then please provide the school with copies of legal documents in this regard. We may not deny access to a parent without a legal document to uphold this request.	
Relationship to child:	Relationship to child:
I.D Number:	I.D Number:
Nationality:	Nationality:
Residential Address:	Residential Address:
Postal Address:	Postal Address:
Cell no: Email:	Cell no: Email:
Occupation:	Occupation:
Company Name:	Company Name:
I/We the parents/guardians of: (Full Name of child) _____ apply for his/her admission to Maya's Montessori School. I/We confirm that the above information contained in this application is complete and accurate. Father / Guardian Signature: _____ Date:_____ Mother / Guardian Signature: _____ Date: _____	

School/ Education History	
Up to now where has your child been cared for / attended school? (mark most recent): Home ☐ Creche ☐ Daymother ☐ preschool ☐ Primary School ☐	
Current Schools Name	
Current Schools Contact Number	
Current Schools Email	
Current Grade / Class	
Years attended at current school	
Grades repeated	
Reason/s for Leaving	
Have all your financial and contractual obligations to the current school been met? If no, please explain.	
Has your child ever been refused admission to any other school? If yes, please explain.	
Wellness / Development History	
Has your child received learning support eg: Occupational therapy? If yes, provide details.	
Has your child received any other professional support such as Play Therapy, Psychological counselling? If yes, provide details.	
Does your child have any disabilities/ physical and/or learning difficulties? If yes, provide details.	
Is your child fully toilet trained? (i.e can he/she use the toilet independently and is he/she comfortable using the toilets outside of home?)	(If your child is younger and requires normal, minor assistance please indicate this.)

MEDICAL INFORMATION
NAME OF DOCTOR:
CONTACT NUMBER OF DOCTOR:
MEDICAL AID INFO: Name of Medical Fund / Scheme: Option Plan: Main Member: Membership Number:
MEDICAL ALLERGIES:
OTHER ALLERGIES:
ANY MEDICAL CONDITIONS: (Asthma/ Epilepsy/ Diabetes/ HIV etc.)
NEED TO KNOW DATA: (please specify any other relevant data that would be in the interest of your child's health and well-being.)
In case of emergency please list alternate contacts and email addresses. NB: Not parents' numbers. NAME:_____ Relationship to the child:_____ Contact Number: _____ Email Address:_____

INSURANCE:

I/We, as parents/legal guardian, accept the responsibility to take adequate insurance to cover any loss, damage or injury to the child or his/her belongings as the School shall not be liable for any injury, loss or damage.

CONSENT:

In a critical situation please bear in mind that there may not be time to refer to your childs records. The school therefore, reserves the right to utilise the quickest medical service available. By signing below you agree that the appointed medical practitioner may carry out the emergency treatment as may be necessary.

I hereby agree and give consent that in the case of an emergency my child may receive the necessary medical attention and that I will be called as soon as possible or en route to the emergency services. I am reliable for any costs and not the school.

Father/ Guardian signature:

Mother / Guardian signature:

Contact Number: 083 565 8733
Email: montessorieastlondon@gmail.com
Postal Address: 115 11th Avenue Gonubie

Maya's Montessori School

DECLARATION FORM:

I hereby apply for the admission of my child to Maya's Montessori School.

I consent to:

1. Pay the stipulated fee monthly in advance. (Before the 7th of every month).
2. My child receiving any necessary medical attention in the case of an emergency at my expense.
3. My child going on organised outings – I indemnify Montessori School against all claims arising from such outings. (The school will notify parents of such outings well in advance.)
4. A minimum of one months' notice of termination of enrolment is required (November excluded).
5. Agree to keep my child at home if fees are not paid. (This is our policy.)

Signed by father: _____ Date: _____

Signed by mother: _____ Date:_____

Contact Number: 083 565 8733
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Maya's Montessori School

INDEMNITY FORM:

I agree that neither Maya's Montessori School nor any of its staff shall under any circumstances whatsoever be liable for any claim resulting from loss, damage or injury to any person (child) or property, whether caused directly or indirectly and whether the result is of negligence (in your opinion) or otherwise.

Member that we watch children at all times. They are supervised in the classroom and outside play is monitored by staff members at all times, but sometimes accidents do happen. We have an accident record book where all accidents are recorded as well as how they have been treated or dealt with.

Please remember to collect your children by 17:30 – after that they are no longer the responsibility of the Maya's Montessori School.

Signed by Father: _____

Signed by Mother: _____

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Email: montessorieastlondon@gmail.com
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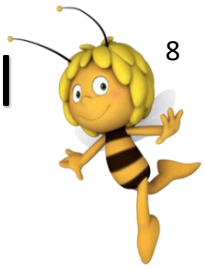

POLICY FOR PAYMENT OF SCHOOL FEES

Because of the continuous problem of trying to collect fees that are rightfully due to us we have decided to ask parents wanting their children to attend school at Maya's Montessori to sign a form acknowledging our policy on paying of your school fees.

1. Parents are requested to pay every month for 12 months of the year before the 7th of every month. (Unless you have stipulated that you are paying over 11/10 months.)
2. Fees are paid in full every month regardless of whether it is holidays or not. (Unless you have chosen an option over 11/10 months.)
3. Fees are paid per calendar month- that is the 1st of every month till the end of the month (regardless of when your child starts in the month) – you may not request to pay from a date that you choose in a month to that date in the following month.
4. If by some chance you fail to pay your fees you will be given a 1 month grace. As soon as you owe for more than 2 months you will be asked to keep your child at home until you can fulfil your commitment to pay. It is unfair on us to continue teaching children that are not paying, it is unfair on the other parents who do pay and are carrying your child's fees and it is unfair on you as your bill continues to escalate.

Thank you for understanding and co-operating in this matter.

Parents Acknowledgement: _____

Sign: _____ Date: _____

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