

# HAPPY TOTS PRE-SCHOOL

REFERENCE:

I/We herewith apply for admission of my/our child to Happy Tots Pre-school.

I/We are pleased to let you have the following confidential information(Section A & Section B)

## SECTION A

Surname of child

First name of child

Child's date of birth

Day	Month	Year

Boy or Girl?

Has the child previously attended any pre-school? Which one?

Is the child handicapped in any way?  
If so, how?(include poor eyesight,  
speech  
and or hearing defect

Has the child any allergies? Which?

Which inoculations/injections has the child already had?

Is the child in good health?

Is the child receiving medical treatment for any complaint? If so, for what?

Family Doctor?

Name

Phone

no


Which language does the child speak?  
or in which language is the child brought up.

With whom does the child live? (eg: both parents mother, grandmother, etc)

Has the child any brothers or sisters?  
How many and how old?

## SECTION B

### DETAILS OF PARENTS/GUARDIAN

Surname

First name

ID Number Mother

ID Number Father

Home Address

Relationship to child

Marital status

Telephone no

Home  
no:

Mom  
cell:

Dad  
cell:

Business

no:

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## SECTION C

## EMERGENCY MEDICATION CONCENT FORM

I, the undersigned \_\_\_\_\_ (Full names)

mother/father/guardian of \_\_\_\_\_ (child/ren's name)

at Happy tots Pre-school, agree that I as a parent will allow the school to administer Medication in case of emergency for pain and fever to my child.

I also agree that I shall not hold Happy tots responsible for any allergic re-action of medication. ( Panado syrup, Ponstel or Panado tablets.)

Which medication can be administered: \_\_\_\_\_

Consent signature: \_\_\_\_\_

## SECTION D

School fees are payable via stop order, school's details must be taken to your bank

<b>BANK:</b>	<b>FIRST NATIONAL BANK</b>
<b>ACCOUNT:</b>	<b>54820450581</b>
<b>BRANCH CODE:</b>	<b>203109</b>
<b>GRASSY PARK</b>	

Please ensure that the child's name is used as reference:

I/We enclose:

1. a copy of my/our child/ren birth certificate and
2. I/We also confirm that we are aware of your pre-school rules and herewith agree to them. This includes the presents of all parents at the fundraising activities and PTA meetings.

I/We accept that the non-participation in school activities and the non-timeous payment of school fees will result in access being denied to your child/ren.

If we have been informed that all bad debt are referred to ITC, for recovery and that this could affect my credit worthiness.

\_\_\_\_\_

APPLICATION (PERSON RESPONSIBLE FOR PAYMENT)

DATE (of application): \_\_\_\_\_ PLACE: \_\_\_\_\_

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DATE OF ADMISSION 

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PARENT 

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PRINCIPAL 

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I/We agree that our child/ren may participate in the schools excursions and will not keep the school against any court proceedings in this regard. I/We agree that if any injury occurs it can be assessed and if needed, can be referred to the school's doctor.

I/We agree that I am not allowed to go to the school's doctor without the principal's permission.

I/We agree that if my/our child/ren gets hurt and is referred for further treatment, it will be my/our responsibility to take the child for further treatment. (hospital or x-ray)

**THANK YOU FOR ENTRUSTING YOUR CHILD IN OUR CARE AT**

**HAPPY TOTS PRE-SCHOOL**

**address: 33 Perth Road Grassy Park Ph: 021 7052831**

**email: happy.tots@mweb.co.za**