

# 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,B, and C)

## SECTION A

Surname of child

First name of child

Child's date of birth

| Day                  | Month                | Year                 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Boy or Girl?

Is your child/ren left or right handed

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?

Is your child's inoculations/injections  
up to date

Is the child in good health?

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

Family Doctor?

Name

Phone no

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

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:     | Copy of ID   |
| ID Number Father:     | Copy of ID   |
| Home Address          |              |
| Email Address         |              |
| Relationship to child |              |
| Marital status        |              |
| Telephone no:         | Home no:     |
|                       | Mom cell:    |
| Occupation - :        |              |
|                       | Dad cell:    |
| Occupation:           |              |
|                       | Business no: |

### CUSTODIAL INFORMATION

YES/NO

|   |  |                       |  |
|---|--|-----------------------|--|
| <u>Joint Custodial:</u>                     |  | <u>Non Custodial:</u> |  |
| Father:                                     |  | Step Father:          |  |
|   |  | Other:                |  |
| Mother:                                     |  | Step Mother:          |  |
|   |  | Other:                |  |
| People permitted to pick up Child/Children: |  |                       |  |
| Copy of Identification Certificate:         |  |                       |  |
| Relationship to Child/Children:             |  |                       |  |
| Additional information:                     |  |                       |  |
|   |  |                       |  |
|   |  |                       |  |
|   |  |                       |  |

# SECTION C

School fees are payable via stop order or EFT, school's details must be taken to your bank  
**No Cash deposits are allowed as it accumulate bank charges onto the school's account.**

|                     |                            |
|---------------------|----------------------------|
| <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, Immunization card and a photo for profile.
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(including monetary contributions) and non-timeous payment of school fees will result in access being denied to your child/ren.

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

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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

|  |
|--|
|  |
|--|

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](mailto:happy.tots@mweb.co.za)**

**[www.happytots.co.za](http://www.happytots.co.za)**