

Ferndale Kidz

2025/2324246/07

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Demeter str 17
Ferndale
Brackenfell
7560

Application for Admission

Child's Full Name: _____

Date of birth: _____

Boy/Girl: _____

Father/Guardian Full Name: _____

ID no: _____

Profession: _____

Work Tel. No: _____

Email Address: _____

Cell No.: _____

Full Name of Mother/ Guardian: _____

ID: _____

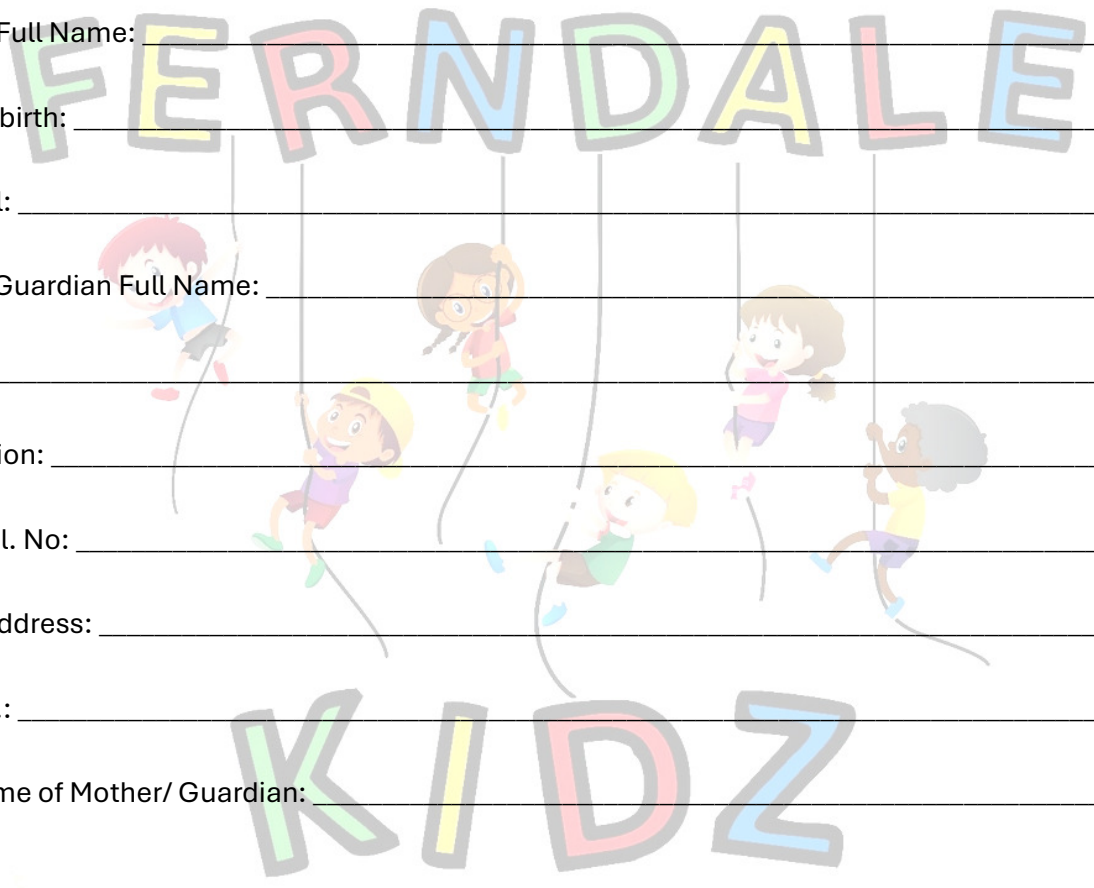
Profession: _____

Work Tel. No: _____

Email Address: _____

Cell No.: _____

Residential Address: _____



Home Language: _____

Preferred email Address for Correspondence: _____

Name of previous school: _____

Previous School Progress Report: _____

Emergency contact person full name: _____

Emergency Tel.nr: _____

Date for which admission is requested: _____

Full day/half-day: _____

Who will drop the child off: _____

Who can collect the child?: _____

Which childhood diseases has the child has? _____

Is your child currently suffering from any disease(s) or allergy? Yes / No

If so, what?: _____

Medical Doctor: _____

Medical Doctor Contact No: _____

Medical aid and no: _____

Social Media Permission: Yes / No

Signed at _____ on this _____ day van _____ 20_____

SIGNATURE:(Father/Mother/Guardian)

Please attach the following documents: Copy of Father and Mother's IDs, Copy of child's birth certificate, Copy of clinic card

DECLARATION OF COMPLETION AND SIGNATURE BY A PARENT OR GUARDIAN

I, _____

Residential address

hereby require that my child _____

Date of birth _____ be admitted to Ferndale Kidz, Demeter Street 17, Ferndale, Brackenfell, as from _____ at a monthly rate of R3025 per month payable in advance on the last day of previous month, but not later than the first day of the current month for which the rate is payable. Fees are payable for 12 months, January to December.

The fee is still payable even if the child is on holiday or sick.

Please note that your child/s will not be admitted if fees have not been paid in full.

Please also note that a fine of R50 will be charged for late collection after 18h00.

I hereby declare that at the time of admission, to the best of my knowledge, the child is perfectly healthy and does not suffer from any contagious disease.

In the event of an accident or if the child becomes unwell so that medical attention is required, I hereby agree that Dr. _____ from _____ Tel. No. _____

may be called in, or any doctor designated by Ferndale Kidz.

Furthermore, I hereby accept all costs associated with such a medical visit or visits.

I also undertake to **give 1 (one) calendar month written notice** if I decide to remove my child from the care of Ferndale Kidz. In the event of default, I will be held responsible for the rate for one month as if the child had indeed been in their care.

While Ferndale Kidz will take all possible care to prevent your child from accidents, I cannot hold them responsible in the event of an accident in which my child is injured.

Ferndale Kidz is closed every year in December – January for 21 days.

I am fully familiar with the contents of this statement and hereby agree to abide by it.

I also hereby give permission for you to take photos of my child at Ferndale Kidz and use them in

Ferndale Kidz's news page and social page. _____

Sign to give permission

Signed at _____ on this _____ day of _____

SIGNATURE(Father/Mother/Guardian) _____

Attached a copy of both parent's ID's, birth certificate and copy of clinic card