



**"Education cannot be effective unless it helps a child open up himself to life."**

**-Maria Montessori**

## **2020 Application Form**

### **3 to 6 years**

Please attach the following certified documentation when submitting this application:

- 1.) Copy of your child's unabridged birth certificate
- 2.) Copy of clinic card
- 3.) Copies of both parents I.D. Documents

#### **PERSONAL INFORMATION:**

Child's Name & Surname: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

Gender: \_\_\_\_\_ Home Language: \_\_\_\_\_ Religion: \_\_\_\_\_

Position in family (1st, 2nd, only): \_\_\_\_\_

Names of siblings: \_\_\_\_\_

**Details of Mother**

**Details of Father**

Name:	Name:
Surname:	Surname:
Physical Address:	Physical Address:
Postal address:	Postal address:
Home Tel:	Home Tel:
Work Tel:	Work Tel:
Cell No.:	Cell No.:
Email :	Email:
Occupation:	Occupation:

**Marital Status:** Married  Separated  Divorced  Single

**Medical information:**

Childs Paediatrician:	Contact No.:
Family Doctor:	Contact No.:
Allergies:	
Prior Illnesses:	
Prior Operations:	
Chronic Medication:	
Medical aid:	Membership No.:
Contact person in case of emergency:	Contact No.:
Alternate contact person in case of emergency:	Contact No.:
Name of person/s collecting child at school:	

Please indicate any dietary requirements: \_\_\_\_\_

Please indicate any special requests: \_\_\_\_\_

## Fee Structure 2020:

**A once off non-refundable registration fee of R170.00 per child is payable on acceptance.**

Please indicate required option: ✓

OPTION 1		Half Day (8:00am to 12:30pm)		
OPTION 2		Full Day (8.00am to 5.30pm)		

- Monthly fees are payable on the last day of the month and no later than the 3rd day of each month.
- Annual fees are due by 28 February 2020.
- One terms notice is required if you withdraw your child from Little Moose Montessori.

**SIGNATORY OF THIS DOCUMENT TAKES RESPONSIBILITY FOR THE PAYMENT OF SCHOOL FEES.**

### *Disclaimer*

1. *We, the undersigned have read and agree to the terms and conditions of the above.*
2. *We, the undersigned, fully understand and accept that whilst every precaution will be taken to prevent accidents, Little Moose Montessori and its staff cannot be held responsible for any injury or illness contracted by the child.*
3. *We, the undersigned, fully understand and accept that all excursions shall be taken at the child's own risk and we hereby absolve Little Moose Montessori and its staff from all claims that may arise in connection with loss or damage to property, or injury to the child during excursions, or arising there from.*
4. *We, understand, fully understand and accept that we are liable for the fees due on the last day of the month and no later than the 3<sup>rd</sup> day of the new month.*

**\*NB –Extra Mural activities and Excursion Fees are not included in your child's tuition fees.**

5. **Right of admission is reserved-** the owner of Little Moose Montessori reserves the right to dismiss any parent or cancel any child's enrolment for the following reasons:
  - *Not disclosing the correct information supplied on this application form i.e. health, psychological behaviour your child might be suffering etc.*

3 JF Cilliers Road  
Townsend Estate  
Goodwood  
7460  
Tel: 0825077048  
Email: [hmoosa@littlemoosemontessori.co.za](mailto:hmoosa@littlemoosemontessori.co.za)  
[www.littlemoosemontessori.co.za](http://www.littlemoosemontessori.co.za)

**PARENT(S)/GUARDIAN(S) SIGNATURE(S):**

MOTHER/GUARDIAN: \_\_\_\_\_ FATHER/GUARDIAN: \_\_\_\_\_

WITNESS (1) FULL NAME(S) AND SIGNATURE

WITNESS (1) FULL NAME(S) AND SIGNATURE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Banking Details:**

Bank Name: First National Bank    Branch code: 250655    Account Type: Cheque Account    Account No: 62265347156

School Address: 3 JF Cilliers Road, Goodwood 7460    Principal/Directress email: [hmoosa@littlemoosemontessori.co.za](mailto:hmoosa@littlemoosemontessori.co.za)

Office Hours contact number: - 082 5077048

**OFFICE USE:**

Accepted:

Not Accepted:

Registration Fees paid in full: