



SINGING FOREST MONTESSORI APPLICATION FORM

CHILD'S PARTICULARS

First Name:		Surname:	
Date of birth:		Age:	
Name child is known as		Blood Group:	
Total children in		Name of sibling at	
First Language:		Second Language:	
Religion:		Nationality:	
Who does the child live with		Allergies:	

MOTHER/ LEGAL GUARDIAN PARTICULARS

First Name:		Surname:	
Marital status:		ID no:	
Nationality:		Occupation:	
Home address:		Postal Address:	
Work Tel:		Cell phone:	
Company Name:		Work Address:	
Email:		Car Reg no.	

FATHER/ LEGAL GUARDIAN PARTICULARS

First Name:		Surname:	
Marital status:		ID no:	
Nationality:		Occupation:	
Home address:		Postal Address:	
Work Tel:		Cell phone:	
Company Name:		Work Address:	
Email:		Car Reg no.	

EMERGENCY CONTACTS (OTHER THAN PARENTS)

Name:		Relationship:		Tel no:	
Name:		Relationship:		Tel no:	

MEDICAL INFORMATION

Does your child have any medical condition that we need to be aware of? If YES please provide details:			
Does your child have any allergies that you are aware of? (e.g.: peanuts, dairy, bee stings, meat?). If YES, please specify:			
Should medication / hospitalization become necessary please indicate where applicable:	Medical Aid Name:		
	Medical Aid Number:		
	Name of Principal Member:		
Contact details of your family doctor should they need to be contacted for medical history:			
Please note that medication will not be dispensed at school. Should your child be on medication that has to be dispensed during the day they should be at home as they are unwell. The school will contact the parents immediately in the event of your child becoming sick while at school.			

EDUCATIONAL HISTORY

Prior to this, what type of school has your child attended: (Mark one)	HOME SCHOOL	TRADITIONAL PRESCHOOL	MONTESSORI PRESCHOOL	
Current School:		Contact No:		
Grades Repeated:		Years Attended		
Have you ever been refused admission at any school?	YES	If yes, why?		
	NO			
Has your child ever received learning support? Occupational Therapy/ Speech Therapy/Play?	YES	If yes, when and why?		
	NO			
If you child has or is attending any sort of therapy, please provide us with a copy of their most recent report, together with their therapist's number:				

GENERAL INFORMATION

How did you hear about our school?	
Why did you choose our school?	
Will you be considering choosing a Montessori Primary school for your child when they have completed preschool?	
What are your child's emotional and social needs?	
Are there any behavioral issues that the school should be aware of?	
Can your child use the toilet independently? How does he/she let you know that he wants to go to the toilet?	
Has your child achieved milestones at the normal age?	
Has your child had their ears and eyes tested?	
Religion at home:	
Please give details of your family situation e.g. Lives with biological parents, grandparents, live in nanny?	
How would you describe your child?	

What method of discipline do you use at home?
Was your child born prematurely?

SCHOOLS COMMUNICATION METHODS	
Broadcast messages	Communication Books
Please ensure that you have this number saved in order to receive broadcast messages from the school Heather: 082 529 7005 Andrea 082 551 6157	Toddlers under 2 will be given communication books. Please ensure that these are kept in their bags and checked

DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM Document Parent Checklist (Please tick below) [Office use only]

1. Signed & completed application form
2. Copy of your child's inoculation certificate
3. Copy of your child's birth certificate
4. Copy of last school report / Educational assessments
5. Professional reports where applicable (Speech / play therapy etc.)
6. Copy of ID of person responsible for paying fees & / parents / guardians
7. Proof of residence (less than 3 months old)
8. Proof of payment (Registration fee)

SCHOOL AGREEMENT

TERMS AND CONDITIONS

1. Overview

These terms and conditions form the basis of a legally binding contract between the Parents of the Child and Singing Forest Montessori Eco School ("the School") and are intended to promote the education and welfare of the child at all times.

2. Enrolment

Upon signature of these terms and conditions, and payment of the registration fee, the child shall be enrolled at the school for an indefinite period of time until terminated with due notice.

3. School terms

The School year consists of 3 (three) terms:

Term 1: mid Jan to mid Apr; Term 2: early May to early Aug; Term 3: early Sept to early Dec

The dates on which the terms commence and end are at the Schools discretion but will correspond with Gauteng independent school terms and will be communicated to the parents at the start of each term.

A full terms notice is required for a child that is leaving. Failure to give sufficient notice will result in penalties.

4. School operating hours

School Hours: 7:15 – 17:00, Mondays - Fridays.

We have 3 collection times, which will be decided upon registration. Fees will differ accordingly.

Class starts at 08:30 every day and children are to be dropped off at the school before 8:15.

Half- day Toddler children are to be collected by 12:30

Half-day pre-school children are to be collected by 13:30.

Three quarter day children are to be collected by 3:00

Full day children are to be collected by 17:00.

Should the Parents collect the child(ren) after these times, they shall be liable for payment of a late collection fee of R 100.00 (one hundred rand) per hour beyond the specified collection time.

5. Public holidays

The School is closed on all South African public holidays. Parents may absent their children from School on religious holidays upon prior notification to the school, but shall nonetheless remain liable for payment of fees on absent days.

6. Medical Matters

Parents shall complete a Confidential Medical Information Form concerning the child's health and must inform the School in writing if the child has been exposed to or develops any medical condition, health problem, incapacity or allergy. The School reserves the right as its sole discretion, to send the child home for medical reasons. The Parents hereby specifically authorise the School, at its reasonable discretion, to facilitate emergency medical treatment, including blood transfusions, general anaesthetic and operations by an appropriately qualified medical professional, as necessary for the health and welfare of the child.

7. Payment of fees

The fees are payable monthly in advance and parents undertake to pay the fees on presentation of an invoice, but no later than the first day of each month. Should the first day of the month fall on a weekend or public holiday, then payment should be made the next immediate business day. If parents do not receive an invoice every month, they must still pay the total due to avoid late payment charges. The School reserves the right to allocate all payments received at its sole and absolute discretion. All parents are required to fill in a debit order form which is attached, and are liable for ensuring that sufficient funds are in this account each month for the debit order to successfully go off each month.

(NOTE: No cheques, debit or credit card).

8. School Account Changes

A calendar months' written notice must be given to the office notifying us of any changes to the school account i.e. Half- day children changing to Full-day children and Half-day children having lunch, bank account details changing etc.

9. Late payment of fees

Fees are due monthly, in advance, by the first day of every month. Parent(s) (Client(s)) whose payments are not reflecting by the 3rd day of the month will be charged a late collection fee, as stipulated in the fees schedule, and these fees will be deemed as overdue. If the amount then due is not paid within 20 (twenty) business days from the date when the late collection fee is charged, interest will begin to accrue on the outstanding capital amount (ie from day 21) at the rate of 24% (twenty-four percent) per annum (which equates to 2% (two percent) per month) and Parent(s) will become liable for administration expenses incurred by the school in recovering payment of such fees as detailed in the fees schedule (school fee breakdown in prospectus). In the event that the School institutes legal proceedings against the Client(s), the Client(s) will be liable for the legal costs of the School on the scale as between attorney and own client, plus collection commission.

10. Suspension for non-payment

Where fees are not paid, on or before the 1st of the month we urge you to contact the school office immediately to advise when payment will be made. Failure to make payment or contact the school office will result in suspension and access to the school being denied to your child from the 7th of the month until such a time that the school fees have been paid in full. In the event that fees have still not paid within 20 (twenty) business days from date of invoice from the School, this matter will unfortunately be handed over to our debt collectors, and may result in legal action being taken against you. Accounts which are consistently paid after the due date may compromise your child's position at the school.

11. Absenteeism

Parents are obliged to notify the school prior to any absenteeism of their child for any reason whatsoever. Fees are payable irrespective of absenteeism for any reason whatsoever.

12. Termination

Either the school or the parents may terminate this agreement by 1 (one) full terms' written notice to the other, in which event, the parents shall remain liable for payment of all fees during such term and the school shall remain liable to provide the service.

13. Reservation of right to make rules

The School reserves the right to make, change, alter or amend its rules, within reason, from time to time and the Parent agrees to abide by any such rule.

Signed at on this day of 20

Singing Forest Montessori School Father / Legal Guardian Mother / Legal Guardian

INDEMNITY FORM

I/We,
_____ (Full names & ID of Father / Legal Guardian of
pupil) and
_____ (Full names & ID of Mother / Legal Guardian of
pupil)

Hereby consent to my/our
child(ren), _____ (Full names of
child(ren)) participating in the various activities (including, but not limited to, sports activities, camps and educational
shows) arranged, organised or offered by the School and further agree to the condition that, while every precaution will be
taken for the safety and welfare of my child(ren) and for the care of his/her/their possessions, I will hold blameless and
indemnify all persons, Singing Forest Montessori Eco School and all other organisations associated with the activity,
should any prejudice, loss, damage, illness or injury occur to my child(ren). This includes an indemnity against recovery of
costs resulting from damage, loss and/or medical conditions or hospitalisation, unless such loss is caused by the
negligence, wilfulness or deliberate act of the School or one or more of its employees.

I furthermore appoint the school staff supervising any activity organised by the School, to act in loco parentis in respect of
my child(ren) should the need therefore arise.

Signed at on this day of 20
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Singing Forest Montessori Eco School Father / Legal Guardian Mother / Legal Guardian

DEBIT ORDER INSTRUCTION

FROM (NAME OF DEBTOR): _____

ADDRESS: _____

DATE: _____

TO: Singing Forest Montessori

The details from your bank are as follows:

BANK: _____

BRANCH NAME: _____

BRANCH NUMBER: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: _____

I/We hereby request 'instruct' and authorise you to draw against my/our account with the above mentioned bank (or any other bank or branch, to which i/we may transfer my/our account) the sum of _____, 'the amount necessary for payment of the monthly instalment due in respect of the above mentioned agreement/insurance' on (Please circle) 25th/30th day of each and every month commencing on 25th/30th January 2019 and continuing. All such withdrawals from my/our bank account by you, shall be treated as though they have been signed by me personally.

I/We understand that the withdrawals hereby authorised will be processed by computer, through a system provided by the South African Banks, and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

I _____, hereby understand and accept the above terms.

Signed: _____

Date: _____

Singing Forest Montessori Transport Indemnity Form

I / We

 Full Names and Surnames

The parent(s) / guardian(s) (Delete which is not applicable) of

: _____ (child's name #1)

: _____ (child's name #2)

³⁵₁₇ I hereby consent to my child/children's use of the Services of the Singing Forest Montessori Eco School Bus Service from home to school and vice versa.

³⁵₁₇ I acknowledge that in medical circumstances, the driver or advisors will make decisions in terms of the best medical care for the child/children at that time.

³⁵₁₇ I confirm that the above stated child/children are in general good health, and that all relevant ailments and allergies have been disclosed to Heather Kreusch in writing. Should any ailments or allergies arise in the future, I will immediately give Heather Kreusch written notification of such.

³⁵₁₇ I confirm that the use of this service is entirely voluntary and I accept all risks involved therein. Accordingly, Singing Forest Montessori Eco School, its Driver(s), agents and employees, shall NOT be liable for any loss, damage, injury or illness of whatsoever nature and howsoever caused, suffered by me or the afore mentioned child as a result, directly, indirectly or consequentially of using the Service, or failure to utilise the Service due to any reason whatsoever.

³⁵₁₇ I warrant that I am authorised to give this indemnity, and confirm that I have read and understood the Singing Forest Montessori Eco School Transport indemnity, and consider myself bound thereto.

Signed at _____ on this the _____ day of _____ 20 _____

Parent or Guardian Signature

Witness

Full Name: _____

ID number _____

Signature: _____

Contact Number 1: _____

Contact Number 2: _____

PERMISSION SLIP

We are currently updating our Website and Open Facebook page.

We would like your permission to post photos on these forums that may have your child in them.

All photos are of a tasteful and appropriate manner.

I _____ parent of _____ hereby give Singing Forest Montessori Eco School permission to use photos taken of your child on our open Facebook page and website.

Yes, you may post photos of my child on Facebook

Yes, you may post photos of my child on our website

No you may not post photos of my child on Facebook

No you may not post photos of my child on our website

Signed on this _____ day of _____ 20____, at _____.

Name of parent: _____

Signature: _____