



APPLICATION FORM

If you choose to print & complete the form manually rather than electronically, please print in clear capital letters.

A non-refundable application fee must accompany this form.

Please note, the supporting documents below are a requirement from the Department of Health.

COMPULSORY SUPPORTING DOCUMENTS TO ACCOMPANY THIS APPLICATION FORM

Proof of payment for non-refundable deposit <i>(R1,400 and/or R1100 for siblings)</i>		Copy of Medical Aid Card	
Copy of child's Birth Certificate		Copy of Mother / Guardian's ID	
Copy of child's Immunization Card		Copy of Father / Guardian's ID	

1. CHILD'S DETAILS

Name			
Surname			
Preferred Name			
Date of Birth		Gender	
Home Language		Nationality	
Religion			

2. MOTHER'S DETAILS

Name			
Surname			
Identity/Passport Number			
Home Address			
Cell Number		Home Number	
Work Number		Email Address	
Company/Employer Name			
Work Address			

3. FATHER'S DETAILS

Name			
Surname			
Identity/Passport Number			
Home Address			
Cell Number		Home Number	
Work Number		Email Address	
Company/Employer Name			
Work Address			

4. ALTERNATIVE EMERGENCY CONTACT DETAILS

FIRST ALTERNATIVE EMERGENCY CONTACT PERSON

Name			
Surname			
Relationship to child			
Home Address			
Cell Number		Home Number	
Work Number		Email Address	

SECOND ALTERNATIVE EMERGENCY CONTACT PERSON

Name			
Surname			
Relationship to child			
Home Address			
Cell Number		Home Number	
Work Number		Email Address	

5. ADDITIONAL INFORMATION

Marital status of parents			
Child lives with			
Who will collect the child from school?			
School Hours	½ Day (1pm)	¾ Day (3:30pm)	Full Day (5:30pm)
Previous schools attended			
Does your child have any special needs or allergies?			
Is your child in any form of therapy? If so, please provide more details			
Is your child on permanent medication?			
If YES, please state what medication and why			
How did you hear about Willowbrook Montessori Preschool?			
Date you wish your child to start			
Person responsible for paying school fees			
Cell Number		Email Address	

6. BANKING DETAILS

Bank & Branch Code	FNB (250655)
Account Type	CHEQUE
Account Number	62907091326
Reference	YOUR CHILD'S NAME
Proof of Payment	info@willowmont.co.za / 079 8817 916

MEDICAL FORM

Name of Paediatrician		Contact No.	
Name of GP		Contact No.	
Medical Aid name		M.Aid No.	
Medical Aid plan/option			
List any allergies			
Tests/Evaluations			
Other			
I hereby authorise the principal, teachers, or assistants to seek any medical attention/advice, which my child may require, when the Paediatrician/family Doctor or ourselves cannot be contacted.			
Name of Parent			
Signature of Parent			

CONSENT & INDEMNITY IN FAVOUR OF WILLOWBROOK MONTESSORI ("THE PRE-SCHOOL")

- Hereby give consent for my son/daughter to take part in any mural activities of the Pre-School while on the Pre-School premises including but not limited to soccer stars, swimming, karate, and playfit and other extra mural and to make use of the educational and play equipment at the Pre-School.
- I fully understand and accept that all Pre-School activities of the Pre-School shall be undertaken at my son/daughter and my own risk and I undertake on behalf of myself, the executors of my estate, my spouse, and my child aforesaid, to indemnify, hold harmless and absolve the Pre-School, the owner, principal, teachers and paid or unpaid assistants against and from any claims whatsoever that may arise in connection with any loss and damage to the property, or injury, illness or death to the person of my child aforesaid in the course of an excursion or Pre-School activity not withstanding that the owner, principal, teachers and paid or unpaid assistants will nevertheless take all reasonable precautions for the safety and welfare of my child.

8. TERMS & CONDITIONS

A NOTE TO THE PARENTS:

Please read this Enrolment Agreement carefully. If you do not understand any provision, please ask the principal for clarification. This Agreement, its attachments and the Parent Policy Handbook establish your legal rights and responsibilities and those of Willowbrook Montessori Pre-School (hereinafter "the Pre-School") regarding your child's participation in the Pre-School. Throughout this Agreement and attachments, the terms "you" and "parent" refer to the parent(s) or legal guardian(s) of the enrolled child. The terms "Pre-School" and "we" refer to the Pre-School.

A copy of your child's birth certificate and immunization card must be handed to us together with this form.

If possible, please may we have a copy of your child's last report if possible.

TERMS AND CONDITIONS OF ENROLMENT

I/We, the undersigned, do hereby agree to the following Terms and Conditions:

8.1. Deposit, Fees and Penalty

8.2. Upon acceptance of my child at Willowbrook Montessori Pre-School (hereinafter "the Pre-School") I/we agree to pay:

8.3. A non-refundable registration fee in the amount of R1 400.00 (one thousand four hundred rand), is hereby endorsed. (Use child name as a reference)

8.3.1. We understand and agree that the deposit is not refundable.

We elect to pay the tuition fees of the Pre-School as follows: (Please tick the correct option): -

8.3.1.1. My child's termly fee of _____ that I will pay no later than on or before the first day of each term.

--or--

8.3.1.2. My child's monthly fee of _____ that I/We will pay the first payment on or before the third day of pre-school and thereafter I/we undertake to pay the monthly fee than no later than the third day of the month for twelve consecutive months.

--or--

8.3.1.3. My child's annual fee of _____ (inclusive of 5% discount) which is payable in advance, before the 31st of January.

8.3.2. A 5% discount has already been deducted from the annual fees (as reflected directly above); if they are not paid **in full** by the 31st of January then I agree to pay pursuant to the termly fee structure and failing that to the monthly structure.

8.4. We understand and agree that the Pre-School shall have the right to withhold any and all services to the child or dismiss the child without notice should the undersigned not pay their fees on the due date.

8.5. Be Advised that in the event of cancellation or withdrawal of the child's enrolment in the Pre-School the Pre-School shall be entitled, despite any other clause in this Agreement, to charge a penalty in the form of loss of any discount granted for early payments and/or as contemplated in clause 8.2 herein.

8.6. Accounts two weeks in arrears may result in immediate termination of service, however, upon payment, enrolment may be reinstated with applicable paid tuition and registration fee should your child's place still be available. Accounts in arrears may be referred to a collection agency. In the event that an account is sent to collections, I/we will be responsible for the balance of my/our account and any reasonable collection and attorney fees and costs associated with the collection of the account.

9. Penalty on Notice of Termination

9.1. I, _____ agree to give one month's written notice before withdrawing my child from the Pre-School, otherwise fees in lieu of notice will be charged by the Pre-School and paid by us.

9.2. No notice may be given for the month of November.

MOTHER/GUARDIAN SIGNATURE _____

FATHER/GUARDIAN SIGNATURE _____

10. General

- 10.1. I /We understand and agree as follows: -
- 10.2. To comply with all the rules and regulations of the Pre-School, which rules and regulations are incorporated in these terms and conditions. Failure to comply with the Pre-School rules and regulations will result in the termination of this contract without notice. The Pre-School reserves the right to make any changes to the rules and regulations with or without notice if deemed necessary.
- 10.3. I will contact the school telephonically if someone other than myself or my spouse will pick up my child on any day and I will provide the name, phone number and pickup time for that person.
- 10.4. I understand that the Pre-School prohibits attendance of a child during any illness. I agree to contact the Pre-School when my child has come down with a communicable disease so that other parents can be notified that their child has been exposed.
- 10.5. I agree to pay the full tuition fee even if my child is absent for one or more days.
- 10.6. My child may have the opportunity to participate in a special program or field trip. This may result in an additional fee due before the day of the event and may require completion of a specific permission slip.
- 10.7. In the event that the Pre-School incurs expenses in connection with the enforcement of this contract and/or collection of monies owed to the Pre-School, I/we will be responsible for reimbursing the Pre-School for such expenses incurred, including attorney's fees and costs, tracing fees and collection costs.
- 10.8. Acting on behalf of yourself and your child, you hereby indemnify, waive and agree to release any claims which you, your child, or your child's heirs and successors may have against the Pre-School for any and all injuries, losses and damages to your child, your child's personal property and your personal property to the extent that those injuries, losses and damages are not covered by the Pre-School's insurance policies, or to the extent that the monetary amount of such injuries, losses or damages exceeds any amount payable under the Pre-School's insurance policies.
- 10.9. Any changes in personal details, especially telephone numbers and/or addresses, should be communicated to the school to ensure that our records are up to date as required by the Department of Health.
- 10.10. A fine of R50 will be charged for every 5 minutes or part thereof if children are fetched late in order to cover the cost of the overtime.

11. Continuation of Terms and Conditions

I/we acknowledge and understand that the terms and conditions contained in this Enrolment Form is binding on me/us for the duration of my/our Child's attendance at the Pre-School, whether it is for one or more scholastic year(s).

12. Severability

Each of the provisions of this Agreement shall be considered as separate terms and conditions and in the event that this Agreement is affected by any legislation or any amendment thereto, or if the provisions herein contained are by virtue of that legislation or otherwise, held to be illegal, prohibited or unenforceable, then any such provisions shall be ineffective only to the extent of the illegality, invalidity, prohibition or unenforceability and each of the remaining provisions hereof shall remain in full force and effect as if the illegal, invalid, prohibited or unenforceable provision was not a part hereof.

13. Waiver

No waiver of any of the terms and conditions of this Agreement will be binding for any purpose unless expressed in writing and signed by the party giving the same, and any such waiver will be effective only in the specific instance and for the purpose given. No failure or delay on the part of either party in exercising any right, power or privilege will operate as a waiver, nor will any single or partial exercise of any right, power or privilege preclude any other or further exercise thereof or the exercise of any other right, power or privilege.

By signing this Enrolment Agreement, I/We are entering into a legally binding contract to pay the full amount of the annual tuition stated herein and I/we agree to be bound by the terms and conditions contained herein.

I/We, the undersigned _____
 with ID number _____
 hereby consent to these agreed terms and conditions as outlined above.

Thus signed and dated at _____ on this the _____ day of
 _____ in the year 20____.

Mother/Guardian Full Name _____

Signature _____

Father/Guardian Full Name _____

Signature _____