



WILLOWBROOK
MONTESSORI PRESCHOOL

APPLICATION FORM

10 Chopin Road, Buurendal (Hurlyvale), 1609

Tel +27 79 8817 916

Email: info@willowmont.co.za

Website: www.willowbrookmontessori.co.za

Please print in clear capital letters

A non-refundable application fee must accompany this form

A copy of child's birth certificate, immunization card, medical aid card and copy of both parents ID's must be handed to the Pre-School.

This is a requirement of the Health Department.

Date: ____/____/20__

Child Details

Name: _____

Surname: _____

Name by which they are called _____

Date of Birth: ____/____/____

Gender: Male | Female

Home Language: _____

Nationality: _____

Mother Details

Name: _____

Surname: _____

Home No.: _____ Cell No.: _____

Work No.: _____ Email: _____

Company / Employer: _____ ID Number: _____

Home Address: _____

Work Address: _____

Fathers Details

Name: _____

Surname: _____

Home No.: _____ Cell No.: _____

Work No.: _____ Email: _____

Company / Employer: _____ ID Number: _____

Home Address: _____

Work Address: _____

In case of Emergency

First Alternative Emergency Contact Person

Name: _____

Surname: _____

Relationship to child: _____

Cell No.: _____

Home No.: _____ Work No.: _____

Address: _____

Second Alternative Emergency Contact Person

Name: _____

Surname: _____

Relationship to child: _____

Cell No.: _____

Home No.: _____ Work No.: _____

Address: _____

Additional

Marital status of parents: _____

Child lives with: -- Both parents | Mother | Father | Other: _____

Who will collect the child from school? _____

School Hours (tick one)

- Half day (13:00)
- ¾ day (15h00)
- Full Day (17h30)

Previous schools attended:

Does your child have any special needs or allergies we should be aware of?

Is your child in any form of therapy? If so, please give details.

Is your child on any permanent medication? YES/NO

If so, please state what and why? _____

Date you wish your child to start: ____/____/20__

Please may we have a copy of the following:

A copy of your child's birth certificate

A copy of your the child's Immunization card

A copy of your medical aid card

A copy of both parents ID's

How did you hear about the Willowbrook Montessori Preschool? _____

Person responsible for school fees: _____ Contact Details: _____

Email address: _____

Non-refundable deposit paid R1500.00 and siblings R1050.00 -- YES | NO

Banking details:

First National Bank Account Type: Cheque

Branch Code: 250655

Account no: 62410672514

Please use your child's name as reference, email proof of payment to
danni@willowbrookmontessori.co.za or 079 8817 916

TERMS AND CONDITIONS

TO THE PARENTS: Please read this Enrolment Agreement carefully. If you do not understand any provision, please ask the Principle for clarification. This Agreement, its attachments and the Parent Policy Handbook establish your legal rights and responsibilities and those of the 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.

TERMS AND CONDITIONS OF ENROLMENT

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

1. Deposit, Fees and Penalty

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

1.2. A non-refundable registration fee in the amount of R1 500.00 (one thousand five hundred rand), is hereby endorsed. (Use child name as a reference)

1.2.1. 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):-

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

-- or --

B. 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.

B.1 I/We understand that should I opt for the monthly fee option, fees for December and January are full payments.

Initial

-- or --

C. My child's annual fee of _____ (inclusive of 10% discount) which is payable in advance, before the 31st of January.

1.2.2. A 10% 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.

1.6. 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.

1.7. 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 2 herein.

1.8. Accounts two weeks in arrears may result in immediate termination of service, however, upon payment, enrollment 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.

I have read and understand the terms and conditions on this page.

Please initial: _____

2. Penalty on Notice of Termination

2.1. I _____ agree to give one calendar month's written notice by no later than 5pm on the 1st of the month 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.

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

SIGNATURE _____

3. General

3.1. I /We understand and agree as follows:-

3.1.1. 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.

3.1.2. 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.

3.1.3. 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. 3.1.5. I agree to pay the full tuition fee even if my child is absent for one or more days.

3.1.6. 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.

3.1.7. 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.

3.1.8. 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.

3.1.9. 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.

3.1.10. A fine of R30 will be charged for every 5 minutes or part thereof if children are fetched late in order to cover the cost of the overtime.

4. 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).

5. 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.

6. Waiver

I have read and understand the terms and conditions on this page.

Please initial: _____

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 Enrollment 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.

Signed aton theday of20

Father/Guardian name printed:

Signature:

Mother/Guardian name printed:

Signature:

MEDICAL FORM

Name of Paediatrician: _____

Telephone number: _____

Name of Doctor: _____

Telephone number: _____

Medical aid name: _____

Medical aid number: _____

Any allergies and reactions: _____

Other: _____

Tests/Evaluations: _____

INFORMATION REQUIRED FOR CONSENT FOR EMERGENCY MEDICAL TREATMENT:

I,.....Parent/Guardian of

.....(FULL NAME AND SURNAME)

cede my powers as parent/guardian to the principal of Willowbrook Montessori, or her representative, should emergency medical/surgical treatment be required for my child. As far as I know he/she is in a good state of health. In the event of the child requiring emergency medical treatment, I authorize Willowbrook Montessori or its principal or staff to consent to such treatment on my behalf. I understand that in case of such an event every effort will be made to contact the parent or guardian of the child first.

I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for paying any emergency medical and/or hospital accounts incurred on behalf of my child where applicable.

I hereby delegate to the principal of the school or his representative, the power to authorize whatever treatment/surgery, he/she, in their sole discretion deem necessary should medical treatment/surgery be deemed necessary for my child. As far as I know he/she is in good health.

I also consent that the child may be transported to the nearest hospital or medical facility for medical attention, should the principal or representative deem it necessary.

(Signature of person responsible for account)

(Print Name)

I have read and understand the terms and conditions on this page.

Please initial: _____

CONSENT AND INDEMNITY IN FAVOUR OF WILLOWBROOK MONTESSORI (“THE PRE-SCHOOL”)

Hereby give consent for my son or 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, building bricks, dance mouse, swimming, music 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.

I, _____ **PRINT FULL NAME** _____ with ID number _____

signed at _____ on this **DATE** _____ hereby consent to

these agreed terms and conditions as outlined.

Signature: _____

Mother/Guardian 1: _____ **PRINT FULL NAME** _____ Signature: _____

Father/Guardian 2: _____ **PRINT FULL NAME** _____ Signature: _____

-- No changes, copies, or omitted sections of this Indemnity will be accepted --

RESPONSIBILITY FOR PAYMENT OF SCHOOL FEES:

I, the undersigned am responsible for the payment of school fees. A full month’s notice in writing is required from me after the acceptance of application for enrolment, or in lieu thereof. I agree to pay a full month’s school fees before removing my child from the school.

(Signature of person responsible for account)

(Print Name)

Photo Consent Form:

I/We (full name and surname) the undersigned, parents/guardian of..... (full name of child) irrevocably consent to Willowbrook Montessori to distribute photos/ images or illustrations taken during school hours on our Willowbrook Facebook/Instagram page.

Willowbrook Montessori and organizations associated with Willowbrook Montessori, will ensure that photos do not have the names of children or any information about that person or group unless there is a good case for honouring that person or group for their achievement and/or this is what they have specifically requested. The pictures and materials will not be sold, given to others, or used in any way to make a profit. The photographs will become the property of Willowbrook Montessori, and will be watermarked to proof ownership.

I/We waive any right to inspect or approve the images or any right to compensation for the use of the photos/images or illustrations by Willowbrook Montessori. I/We undertake on behalf of myself/my executors, my spouse and my child aforesaid, to indemnify, absolve and hold blameless Willowbrook Montessori and all other persons and organizations associated with Willowbrook Montessori against any or all claims, actions, proceedings, demands and expenses and any other liability that may arise in connection with the use of the photos/Images or illustrations.

I confirm that I am adult person, acting out of my own free will and have agreed to the above terms by signing in the space provided below. I understand and agree to the above.

Parent/Guardian Name and Surname: Signed: Date:
