

APPLICATION FORM

A. Personal Particulars of Learner / Child

Name: _____ Surname: _____
 Date of Birth: ___/___/_____ Current Age: _____
 Gender (please circle): BOY / GIRL
 ID Number: _____ Country of Birth: _____
 Home Language: _____ Religion: _____
 Residential Address: _____

 Code: _____
 Previous Educare: _____
 Contact person: _____
 Phone: _____ Cell: _____
 Reason for leaving: _____

Please submit withdrawal letter from previous educare or institution

CONFIDENTIAL

B. Child's Medical History and Family Background

1. Has your child been fully immunised until 9 months? Yes / No
If no, state reasons _____
2. At what age did your child start walking? _____
3. First word of child _____
4. Any medical problem areas? If yes, indicate _____
5. Current Medication? _____
6. Any operations? if yes, specify _____
7. Mother had any complications during pregnancy or at child birth? if yes, specify

8. The child is left / right handed?
9. At what time does the child go to bed at night? _____
10. Does the child have a resting period on weekends? Yes / No Time: _____
11. How does the child interact with family members or strangers? _____
12. Any other qualities about the child? _____
13. Any brothers or sisters Yes / No? How many younger than 18 years old? _____
14. How old are they? _____
15. Who will be responsible for dropping and collecting the child? _____
16. Major accidents do happen, parents will have to take full responsibility to pay doctors fees if taken to the doctor?
Family Doctor: _____ Ph: _____
Address: _____

Medical Aid or Medical Scheme please send certify copy to school: _____

17. Are both parents alive? Yes / No
18. Who is the child living with? _____
19. Who is responsible for the child's Education? _____
20. Who will attend school meetings? _____
21. Who will receive the progress report? _____
22. Who must be contacted in case of emergency?

Name & Surname: _____ Relation: _____

Phone: _____ Cell: _____

I, hereby declare myself that the information given is correct.
Both parents need to sign the document.

Parents

Father: Name & Surname _____ Sign: _____ Date: ___/___/_____

Mother: Name & Surname _____ Sign: _____ Date: ___/___/_____

Manager: Mrs A. Peters _____ Date: ___/___/_____

C. Personal Particulars Of Parents / Guardians

Father: Marital Status (married / divorced / single / re-married)

Name: _____ Surname: _____

ID Number: _____

Occupation: _____

Place of work: _____

Contacts (h): _____ Cell: _____ (w): _____

Email Address: _____

Residential Address if divorced: _____

Employed / Unemployed / Self Employed

Mother: Marital Status (married / divorced / single / re-married)

Name: _____ Surname: _____

ID Number: _____

Occupation: _____

Place of work: _____

Contacts (h): _____ Cell: _____ (w): _____

Email Address: _____

Residential Address if divorced: _____

Employed / Unemployed / Self Employed

Guardian / Foster Carer

Name: _____ Surname: _____



66 Welkom Street, Portland, Mitchell's Plain, 7785
 Cell: 061 356 8065 – Mr T Peters
 Cell: 084 791 3045 – Madeegah
 Email: talieppeters@gmail.com
 Website: www.alfalaaheducare.co.za
 Registration No: C6888, NPO No: 061 938

Relation to child or learner: _____
 ID Number: _____
 Residential Address: _____
 Place of work: _____
 Occupation: _____
 Contacts (h): _____ Cell: _____ (w): _____
 Email Address: _____

D. Final Consent And Indemnity Form

Particulars of Account Payee

1. Who will take responsibility of the school fees? Mother / Father / Guardian
2. Manner in which account will be settled

NB. School's Account: Standard Bank, Promenade, 07 077 623 7

Contract between Al-Falaah Educare and Applicant

I agree to pay R _____ per month on or before 1st of each month.

I undertake to give one full month's notice of termination or two month's fees in lieu thereof.

I understand that payment of a full month's fees is required even if (i) my child is absent (ii) on holiday and for (iii) January and (iv) December of each year whether my child attends or not. (v) If my child is absent for three consecutive weeks without informing the Educare I will be liable to re- register.

I undertake to inform the Educare of any changes of address or telephone numbers.

Applicant: _____

Dated at: _____ Date: _____

Consent And Indemnity

I, _____ the parent/guardian of (child) _____ do hereby give consent for my child to take part in all activities offered at Al-Falaah Educare (including indoor classroom and outdoor activities) as well as educational excursions that may be arranged by the educare.

I appoint the staff members to act in "loco parents" during the cause of such activities. On behalf of myself, my executors, my wife or husband or guardian and my child, I hereby indemnify, hold harmless and absolve the owner and the staff of Al-Falaah Educare and any person who has been appointed by the Educare to transport my child, any claims whatsoever that may arise in connection with damage to property to the person of my child in the course of the activities in the knowledge that all responsible precautions will nevertheless be taken for the safety and welfare of my child.

Name and Surname in block letters: (gaurdian) _____

Identity Number: _____

Name & Surname of learner: _____

Dated at _____ Date _____

Thanks

Mr. T. Peters (Administrator)