



= AKASIA KINDERLANDGOED =

21 JOHN STREET HEATHERDALE AKASIA / TSHWANE – 012 0070268 / 0636215267
0793166130 – E-MAIL: akasiaklg@gmail.com / www.akasiakinderlandgoed.co.za

Pre-primary School / After Care

Registration/Information

Date of enrolment: _____

Date that child will be attending school for the first time: _____

Child/Leaner Information:

Full Name and Surname:

Preferred Name:

Date of Birth:

School Name / Grade (If aftercare Leaner)

Home Language:

Teaching Language:

Any other important information:

Parent / Guardian Information:

Name and Surname – Father:

Name and Surname – Mother:

I.D. nr – Father:

I.D. nr – Mother:

Cell nr – Father:

Cell nr – Mother:

Tel nr Work – Father:

Tel nr Work – Mother:

E – mail – Father:

E – mail – Mother:

Occupation – Father:

Occupation – Mother:

Street Address – Father:

Street Address – Mother:

Postal Address – Father:

Postal Address – Mother:

Name and Surname Family Member:

Contact nr:

Name and Surname Friend:

Contact nr:

In case you can't pick up your child who may?

Name:

Contact nr:

Medical Information:

Medical aid:

Medical aid nr:

Allergies:

Any other medical conditions:

Transportation Form (Taxi).

Child/Leaner name: _____ **Surname:** _____

Date of Birth: _____

Please clearly state who will transport your child from and to school.

Name of company / Person: _____

Contact nr: 1) _____ 2) _____

Please note: If the third party / person does not collect your child from school, it will be the responsibility of the parent guardian to get alternative transport before 17:30

Payment

School fees are payable in advance, and payable in the event of holidays or illness. Yearly school fees are thus payable in 12 installments.

Akasia Kinderlandgoed, owner or staff cannot be held responsible for any injury or loss sustained by my child, as a result of actions by, myself, my child, other adults while on the premises or when my child take part in organized and/or spontaneous play.

I _____ (Parent/guardians full names and surname) give full parental responsibility to **Akasia Kinderlandgoed** for the duration of the full school day.

In case of emergency, I give **Akasia Kinderlandgoed** full authority to contact any medical practitioners or emergency medical services or to transport my child to a hospital in case of emergency, I further give **Akasia Kinderlandgoed** permission to give authority for any emergency medical procedures.

Signature – Parent/Guardian: _____ Date: _____