



20 First street
 Greymont
 JHB
 2195
 Cell. 082 3364543
 Tel. 011 477 8625
 fax. 011 477 8625

Enrolment Form

We the undersigned, agree to the following terms and conditions for the enrolment of :

Name of child (in Full) :.....
 Address :.....
code.....
 Date of birth :.....(W) Tel.....(H) Tel.....Cell.....

01. The hours are from 06h30 - 18h00 Mondays to Fridays
 Public holidays, weekends and the week between Christmas and New year the school will be closer

02. THE MONTHLY FEES ARE PAYABLE WITHIN THE FIRST THREE (3) DAYS OF THE MONTH.
Full fees must be paid when going on holiday as well as when the child is sick.
Full fees must be paid for the month of December.
There is a R 400-00 registration fee that is non refundable.

03. ONE MONTH'S NOTICE in writing is required for termination of enrolment. If this is not adhered to the full fee must be paid.

04. Refunds will only be made if the Health Department recommend closing the school in the event of an epidemic. Such refunds will be allowed only to the extent the school can save in expenses, food etc. during such period. Children who stays away longer than the period the school is closed, and who are affected by the epidemic will be allowed an extended refund on the same basis. The Principal's decision to close the school during periods of infectious illnesses is binding not to withstanding the Health Departments recommendation of closing the school and refunds will be made on the same basis, at the management's discretion.

05. The school Principal or any member of the school's staff will not be held responsible for damages or injury due to accidents, or any other occurrence during the whole period of attendance or during transportation of children.

06. We are responsible only to the person or persons who signed this form concerning any matter relative to this child. In the event of any dispute between the parents and or any other parties giving conflicting instructions the execution of said instructions will be at the principals discretion and will not be liable for any damage and or inconvenience suffered.

07. We do not take any responsibility for toys or unmarked clothes or shoes and socks that gets lost.

08. The Principal reserves the right of admission.

09. Principal & Owner of Microkidz : Mrs. Regina Talu.

Signed at....., Theday of.....(month).....(year)

Witnesses 1.
 2.....

.....
 Parent or Guardian Signature



Immunization Chart

Child's Name (in full).....

Date of birth :.....

Immunizations	Primary Schedule		Boosters	
	Age	Date given	Age	Date given
B.C.G	1.	_____	2.	_____
Polio	0.	_____		
	1.	_____		
	2.	_____		
	3.	_____		
	4.	_____		
	5.	_____		
D.P.T. (Diphtheria, Whooping cough, Tetanus).	1.	_____	4.	_____
	2.	_____	DT.	_____
	3.	_____		
Hepatitis B	1.	_____		
	2.	_____		
	3.	_____		
Measles / MMR	1.	_____	2.	_____
Hip-Titer	1.	_____		
	2.	_____		
	3.	_____		
	4.	_____		

Types of illnesses & allergies child has / had

.....
.....

Please give clearly marked medicine to the teacher, do not put the medicine in your child's bag.

Please send a letter, with the times when the child must be given the medication.

Is your child allowed to get Panado for pain or fever ?.....

We also need a copy of the Birth certificate !!!!!!!



Indemnity Form

I /We the undersigned, hereby give permission for my/our child
(Child's name).....to be taken to a doctor or hospital in event of
any emergency.

Also

Transportation to and from the school in busses. For any outing e.g Zoo, planetarium etc. or
any other activity off the Nursery school premises.

Permission is granted for the child to participate.

.....
Parent / Guardian Signature

Father's name in full :.....Tel. (H).....
ID. number :.....Cell.....
Occupation :.....Tel. (W).....

Mother's name in full :.....Tel. (H).....
ID. number :.....Cell.....
Occupation :.....Tel. (W).....

Relative's name in full :.....Tel. (H).....
Relationship to child :.....Cell.....
Tel. (W).....

Friend's name in full :.....Tel. (H).....
Cell.....
Tel. (W).....

Medical aid name :.....
Medical aid number :.....
Main Member of medical aid :.....
Name of Doctor :.....Tel.....

Please let us know of any change in address or telephone numbers..