

Registration Form & Disclaimer

CHILD'S DETAILS

DATE OF REGISTRATION									
NAME									
SURNAME									
DATE OF BIRTH									
HOME LANGUAGE									
ALLERGIES OR SERIOUS ILLNESSES									
DOCTOR'S NAME									
DOCTOR'S PHONE NUMBER									

PARENT'S DETAILS:

MOTHER'S NAME AND									
SURNAME									
MOTHER'S ID									
MOTHER'S OCCUPATION									
TELEPHONE (WORK)									

TELEPHONE (HOME)																
(CELL)																
EMAIL ADDRESS																
ADDRESS 1) Physical 2) Postal																
FATHER'S Name & Surn	ame															
FATHER'S ID																
FATHER'S OCCUPATION																
TELEPHONE (WORK)																
TELEPHONE (HOME)																
(CELL)																
EMAIL ADDRESS																
ADDRESS 1) Physical 2) Postal					<u> </u>											
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MARITAL STATUS	S		M	l		D)						ОТН	IER :		
	S		M			D	1						ОТН	IER :		AGE
Other Children:	S		M			D							ОТН	IER :		AGE
Other Children:	s		M			D							ОТН	IER :		AGE
Other Children: 1 2 3 MERGENCY DETAILS N CASE OF AN EMERGEN		ONTA			R TH			AREI	NTS A	AND F	FAMIL	LY DO				AGE
Other Children: 1 2 3 EMERGENCY DETAILS N CASE OF AN EMERGEN NAME:		ONTA			R TH			AREI	NTS A	AND F	FAMI	LY DO				AGE
Other Children: 1 2 3 EMERGENCY DETAILS N CASE OF AN EMERGEN NAME:		ONTA			R TH			AREI	NTS A	AND F	FAMI	LY DO				AGE
Other Children: 1		ONTA			R TH			AREI	NTS A	AND F	FAMI	LY DO				AGE
Other Children: 1 2 3 EMERGENCY DETAILS N CASE OF AN EMERGEN NAME: SURNAME: TELEPHONE (WORK)		ONTA			R TH			AREI	NTS A	AND F	FAMI	LY DO				AGE
Other Children: 1		ONTA			R TH			AREI	NTS A	AND F	FAMI	LY DO				AGE
Other Children: 1		ONTA			R TH			AREI	NTS A	AND F	FAMIL	LY DO				AGE

TELEPHONE (HOME)																	
(CELL)																	
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EMAIL ADDRESS																	
OTHER IMPORANT		l										l	l	l		l	
INFORMATION																	
DATE																	
SIGNATURE																	L
WHO WILL BRING/COLLECT Y	VOLID CH	וחוו	N TL	IE NA) DNII	NG/	A ETE	DNIO	ONS								
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NAME:																	
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NAME																	
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PERSON RESPOSIBLE FOR TH	E ACCOC	JN1:															
SURNAME:																	
DATE OF BIRTH																	
I D NUMBER																	
(person responsible for acco	School.			-													
Sunbeams Pre-Primary and a												ruie	S all	ı pro	cedu	165 0	i Little
hereby undertake to pay the every Calendar month.	e fees of	R	•••••	•••••		•••••	••••••	as	s indi	cate	d belo	ow, ii	n adv	ance	by t	he 3r	d day
No subtraction of fees will be	taken in	ito co	onsid	erati	on be	ecaus	se of	abse	nce,	illnes	ss or	holid	ays.				
should I elect to send my chil of days above, irrespective of			-								-		-		or th	e set	amou
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I hereby also fully understand that a penalty of R15,00 a day as well as interest, will be charged on overdue accounts, should I fail to pay by the 3^{rd} of each calendar month.

I understand that if the account goes into 60 days, my child may not return to Little Sunbeams until the full amount outstanding is paid

Method of paying (School fees): (Please select	one option in each section)
In Full	
Per term 11 months	
Electronic banking only please.	
DATE:	Signature of Parent:
DISCLAIMER	
Children attending this school do so at their ov	wn risk and we absolve the (school) and/or persons acting on its
,	im whatsoever may arise following upon injury to or the death of the
child in question or any loss or damage to his/	her/our property howsoever the same may be caused
DATE:	Signature of Parent:

This contract will be null and void should it be manually altered in anyway.

