



Roosevelt Park Pre-Primary School

1956/000008/08

29 Amschewitz Street; Roosevelt Park; 2195;
 Tel: 060 879 6833; Email: rooseveltpreschool@mweb.co.za;
 Website: www.rooseveltprimary.co.za

we learn through play

APPLICATION FOR ENROLLMENT

Name of Child		Date of Birth	
Application date	FOR OFFICE TO FILL IN	Year Required	

Name of Previous School if attended	
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I/We request the enrolment of our child on your waiting list for admission to Roosevelt Park Nursery School NPO (AKA Roosevelt Park Pre-Primary), as and when possible in accordance with the decision of the Executive Committee.

Playgroup Application: Children from **20 months** can join our playgroup for 3-5days per week provided that there is space.

School Application: Children from **3yrs of age** and older will join our school fulltime provided that there is space.

School		Playgroup	
Interview date		Deposit Pd Date	

Initial Fees:

1	Application Fee to be paid with this application	R100
2	Registration and administration Fee	R350 On acceptance
3	Deposit asked for on acceptance letter (one month's fees as per yearly budget)	On acceptance

Bank Details: Roosevelt Park Nursery School Association
FNB Northcliff 253705 (EFT 250655)
Cheque account: 504 008 626 25
Reference: Surname; Child's name

1	Copy of parents/legal guardians ID documents.	
2	Copy of ID of the person responsible for fees.	
3	Copy of the child's Birth certificate	
4	Copy of the Childs Immunisation Chart	
5	Proof of Residence	
6	Application fee R100.00 (Cash or Proof of EFT payment)	

PARTICULARS OF CHILD

Surname		Date of Birth	
First Name/s		Pet Name	
ID or passport Number			

Emergency Information for Child

Allergies	
Medical Aid	Medical Aid Number
Doctor	Contact Number

PARTICULARS OF MOTHER

Surname		First Names	
ID or Passport Number			
Occupation		Name of Company	
Contact Numbers		Email	
Home Address			POSTAL CODE
Postal Address			POSTAL CODE

PARTICULARS OF FATHER

Surname		First Names	
ID or passport Number			
Occupation		Name of Company	
Contact Numbers		Email	
Home Address			POSTAL CODE
Postal Address			POSTAL CODE
Cell Number		Alt Phone Number	

Alternate Contact Numbers Should we not be able to contact either guardian listed on this application we need two other emergency persons as contacts

EMERGENCY CONTACT 1	NAME And relationship to the child		
Cell Number		Alt Phone Number	
EMERGENCY CONTACT 2	NAME And relationship to the child		

SCHOOL REGULATIONS AND FEES

1. For the purpose of any proceedings, which may be instituted by virtue hereof, I choose *domicilium citand exeutandi* (where you live) at the following address.
.....
.....Postal Code.....
2. I declare to settle the school fees on the due date in advance for each month of the year.
3. Any extension of time or other indulgence of whatever nature which may be granted by the school in any way under this document and shall not be deemed to be a waiver or abandonment by the school of any of its rights.
4. I agree that if it is necessary for the school to instruct an attorney to take any action in order to enforce the terms and conditions of the application for enrolment, the constitution and regulations of the school, I will be liable for payment of the fees and disbursements of those attorneys on the scale as between attorney and client including collection commission. Payment shall be apportioned for the first towards collection commission, which I agree to be liable, for costs and interest.
5. I agree to give one term's notice in writing if I wish to withdraw my child from the school i.e. If I fail to give one term's notice and wish to withdraw my child, I accept liability for the following terms fees.
6. I agree to abide by the principal's decision as to the class/group in which my child is placed.

I declare that the foregoing details are true and correct and undertake to abide fully with the terms and conditions of the Constitution Regulations of the School.

Name :..... SIGNATURE
(Parent / Legal Guardian)

Signed aton this dayof 20.....

WITNESS 1

WITNESS 2



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AGREEMENT TO PAY FEES & NOTICE PERIOD 3 MONTHS

(This form is for the person responsible for fees) School Regulations;

I fully understand the School regulations and the agreement to pay fees as set out in the previous form **SCHOOL REGULATIONS AND FEES**

I agree to give one terms notice (3 months) in writing if I wish to withdraw my child from the school. If I fail to give one terms notice and wish to withdraw my child, **I accept liability for the following term's fees (3 months)**

Child's full name _____

Parents Full Name: _____ ID no: _____

Date: _____ Signed _____

CONTACT AND COMMUNICATION PERMISSION

We circulate a list of contact details of all the families at the school. The list includes the names of children, the names of their parents, a physical address and both home and cell phone numbers. ***This list may not be used for eliciting any business.***

We also like to keep parents in touch with what is happening through our Whatsapp class group messaging service.

I understand that the WhatsApp groups are for the purpose of communicating school business only.

I undertake to treat all information received as confidential and that said information will not be used for the solicitation of any business

Please sign acceptance of the above.

Signed : _____ Date: _____

CONSENT AND INDEMNITY FORM

Dear Parents,

During the course of your child's stay at the Roosevelt Park Pre-primary school, we arrange excursions for our pupils like the visit to the zoo. In addition, children make use of educational and play equipment at the school.

The children are always accompanied by members of staff and are under constant supervision. Nevertheless, it would be appreciated if you would kindly complete the Indemnity Form attached below. THIS FORM APPLIES TO THE ENTIRE PERIOD OF TIME YOUR CHILD REMAINS ENROLLED AT THE AFORE-MENTIONED SCHOOL.

J. FERREIRA
PRINCIPAL

ROOSEVELT PARK PRE-PRIMARY SCHOOL ASSOCIATION

29 AMSCHEWITZ STREET
ROOSEVELT PARK

NB: PARENT OR LEGAL GUARDIAN SIGN THIS FORM PLEASE

CONSENT AND INDEMNITY FORM

I. (Full name)

Address:

The parent and guardian/guardian of:.....

hereby give consent for my son/daughter to take part in the extramural activities of the school, including games, athletics, educational tours and country excursions of historical or geographical interest, as well as to make use of educational and play equipment at the school.

I fully understand and accept that all tours, excursions and school activities during the entire duration or my child's stay at Roosevelt Park Pre-primary school shall be undertaken at my son's/daughter's own risk and I undertake on behalf of myself, my executors, my husband/my wife and my child aforesaid to indemnify, hold harmless and absolve the Provincial Administration, the Principal and her permanent staff and unpaid temporary assistants against and from any claims whatsoever may arise in connection with any loss or damage to the property or injury to the person of my child aforesaid in the course of any such tour or excursion, or school activity, in the knowledge that the Principal and her permanent staff and unpaid temporary assistants will, nevertheless, take all reasonable precautions for the safety and welfare of my child.

Signature of Parent and Guardian/Guardian: _____

Date: _____

Place: _____

MEDICATION PERMISSION FORM

So as to comply with legislation and best practice we ask permission to make use of certain First Aid products in the event of your child or children injuring themselves whilst at the school.

Please complete the slip and return it to the school so that it can be filed.

Should you ever need us to administer prescription medication during school hours we need the labelled (child's name and dosage) medicine to be handed in at the office. We would require you to complete a permission slip too.

We thank you for your co-operation in this regard.

The staff and Governing Body of RPPS.

I _____ I.D. No. _____ parent/guardian of

_____ hereby give permission for the staff at Roosevelt Park Nursery School to administer the following products if and when my child is injured at school. (Please tick)

<input type="checkbox"/>	Natura Anti-Bee homeopathic tablets (ingested)
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<input type="checkbox"/>	Natura Rescue tablets (ingested)
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<input type="checkbox"/>	Weleda Graze and Weeping Wound Powder (topical)
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<input type="checkbox"/>	Herbaforce Calendula ointment (topical)
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<input type="checkbox"/>	Burnshield (topical)
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<input type="checkbox"/>	XTRAX Drawing Ointment (topical)
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<input type="checkbox"/>	Bicarobonate of Soda (topical)
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<input type="checkbox"/>	Plasters and Micropore Tape (topical)
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<input type="checkbox"/>	Nature fresh Herbal First Aid Therapy Balm (topical)
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Signed at _____ on this ____ day of _____ 20 ____

Signature: _____ Witness: _____