



P E C A N W O O D

Email: biancar2001@yahoo.com

print this form, fill in all details and return original

Child's Details

Surname: _____
 Name: _____
 Pet name: _____
 Gender: _____
 Date of Birth: _____
 Home Language: _____
 Home Telephone: _____
 Home Address: _____
 Postal Address: _____

Parent's Details

	Mother	Father
Name:	_____	_____
Initials:	_____	_____
Surname:	_____	_____
I.D. No:	_____	_____
Home Address:	_____	_____
	_____	_____
	_____	_____
	_____	_____
Home Telephone:	_____	_____
Cell Number:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Work Address:	_____	_____
	_____	_____
	_____	_____
Work Telephone:	_____	_____
Marital Status:	_____	_____

Other Family or Friends

Name: _____
 Surname: _____
 Address: _____

Contagious diseases that he/she already had:

Disease: _____	Date: _____
_____	_____
_____	_____

Immunization:

Disease: _____	Date: _____
Polio: _____	Whooping Cough: _____
Measles: _____	Tuberculosis: _____

Rubella: _____ Diphtheria: _____
Mumps: _____ Tetanus: _____

Allergies: _____

Any other problems that we should know about? (Epileptic, diabetic, ect):

Any operations or accidents: _____

Present health condition: _____

Any physical abnormalities: _____

Information required in case of Medical / Hospital Treatment

Name of member: _____

Name and address of employer: _____

Name of Medical Fund: _____

Number: _____

Force Number: (SAPD), permanent force, ect.) _____

Only fill in this part if you qualify for a lower tariff (for hospitalization)

	Father	Mother
Occupation:	_____	_____
Annual gross income:	_____	_____
No. of dependants:	_____	_____
Including spouse:	_____	_____
Excluding spouse:	_____	_____

Information of Consent for Medical Treatment

I, _____ parent / guardian of _____
(full name and surname) cede my powers as parent/guardian to the principle of Peacanwood Junior Academy, her representative should medical/ surgical treatment be required for my child. As far as I know he/she is in good state of health. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for paying any medical and/or hospital accounts where applicable. I do, however request the responsible persons to note the following: (Any particulars in connection with your child's state of health: allergies etc.) Please note: Crèche staff are unable to administer medicine to children.

Signature of parent / guardian _____

Date _____

Indemnity Form

We the undersigned, parents/guardians of _____ (full name of child)
herewith indemnify the Principle against any incidents of accidents, which might occur while said child is in care of Peacanwood Junior Academy .

Signature of parent / guardian _____

Agreement

I hereby apply for the above child to be enrolled at Peacanwood Junior Academy. I have read the parent's guide, understand and accept it without any reservations. I agree to abide by:

1. The conditions, rules and regulations as stated in the parent's handbook.
2. Paying the prescribed fees before the 1st day of each month and I take note of the penalty for late

payments.

3. Paying penalty fee for collection after 14h00 for half day learners and after 17:30 for full day learners, which will be added to your account.
4. The rule not to give notice for December. OCTOBER AND NOVEMBER IS NOT A NOTICE FOR DECEMBER.
5. The regulation to give A FULL TERMS WRITTEN notice.
6. I understand that I am not to bring my child into crèche is he/she is unwell.
7. I understand that I must immediately return to the crèche to attend to my children should I be requested to do so by the centre staff.
8. I agree to pay any debt collection costs as well as attorney fees (own client cost).

Jungle Tots reserves the right to change the parent's guide after notice.

Signed on the _____ day of _____ 20_____.

Signature of parent / guardian

