



Snoopy Doo

Nursery School

2 Vrey Street
Beyers Park
Boksburg

082 565 8354

ENROLMENT FORM

Surname: _____ Full Name: _____

Language: _____ Date of Birth: _____

Home Address: _____ Home Tel No: _____

DETAILS OF FATHER:

Full Name: _____ Occupation: _____

Place of Employment: _____

ID No: _____ Contact No: _____

DETAILS OF MOTHER:

Full Name: _____ Occupation: _____

Place of Employment: _____

ID No: _____ Contact No: _____

Medical Aid: _____ Number: _____

Doctor: _____ Tel No: _____

Name & Telephone Number of a Relative: _____

PERSONAL PARTICULARS OF CHILD:

Has your child suffered from any of the following ailments? Please state Yes or NO

Measles: _____ Whooping Cough: _____ Mumps: _____
Diphtheria: _____ Chicken Pox: _____ Scarlet Fever: _____
Rheumatic Fever: _____

What other diseases has your child suffered from? _____

Is there any problem or condition your child suffers from that you wish to bring to our attention?

Is your child potty trained? _____

Is your child allergic to anything? _____

**Your child should be vaccinated against measles and mumps at the age of 1 year.
Immunisation card or Photostat of this must be handed in on admission.**

Snoopy-Doo cannot be held responsible for any payment of any medical expenses relating to accidents at the school.

Your child must be in possession of a clearly marked suitcase.

Admission Date: _____ Leaving Date: _____

SIGNATURES:

Signed on the _____ day of _____ 20____ at _____

Father: _____ Mother: _____

Reason for Leaving: _____



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SCHOOL HOURS

Monday to Friday 07:00 to 17:30

A Non-Refundable Admin/Fee of R_____ is Levied

TWELVE MONTHLY FEES: **Notice for leaving November/December will not be accepted!**

RULES AND REGULATIONS

1. Fees are paid strictly in advance – before the 5th of every month
2. No money is refundable or discount given for absenteeism, illness or holidays.
3. Notice – One calendar month's notice is to be given, in writing, if you intend taking your child out of the school, otherwise you will be obliged to pay 1 month's notice.
4. The school will be closed over weekends, public holidays and December school holidays and certain long weekends.
5. Any child who is ill, or has been in contact with any infection or contagious disease, will not be permitted to attend school until the quarantine period has elapsed. Should your child become ill during the day, you will be notified and if necessary your own doctor will be consulted at your expense.
6. IT IS YOUR RESPONSIBILITY AS PARENT TO NOTIFY ME IMMEDIATELY OF ANY CHANGE TO DOCTOR, WORK ADDRESS, HOME ADDRESS AND CONTACT TELEPHONE NUMBERS.
7. Clothing and shoes must be clearly marked. No responsibility will be taken for unmarked items.
8. NO RESPONSIBILITY WILL BE TAKEN FOR LOST TOYS (please leave at home).
9. NO RESPONSIBILITY WILL BE TAKEN FOR LOST JEWELLERY (please leave at home).
10. All children must be in the possession of a suitcase.
11. NO medicines will be administered if not clearly marked and handed in at reception.
12. Meals will be served according to the menu.

The school accepts no responsibility for any injuries your child may suffer during his or her stay at the school. The school can also not be held responsible for any medical expense incurred should your child be injured.

Signed on the _____ day of _____ 20__ at _____

Signature of Both Parents:

Father

Mother