



Little Lights Pre-School

80a Caversham Road, Pinetown

PO Box 15345 Westmead 3608

Tel: 031 700 5503

Fax: 031 700 5349

littlelightsschool@gmail.com

Little Lights Pre-school Application Form

Date of Application: _____ To start: _____

Child's Surname: _____

Child's First Names: _____

Male or Female: _____ Date of Birth: _____

Home language: _____

Child's Home Address: _____

Mothers Name and Surname:

Fathers name and Surname:

Name and address of Employer:

Name and address of employer:

Work tel: _____

Work tel: _____

Cell: _____

Cell: _____

Home tel: _____

Home tel: _____

Marital Status of parents: married divorced single separated remarried

Child lives with: _____

Deceased Parent/s: _____

Other Emergency numbers:

Name: _____

Tel: _____

Name: _____

Tel: _____

Medical History

Any Physical Handicaps: _____

Allergies: _____

Any food/drink not to be consumed: _____

Family Doctor: _____

Doctor's phone number: _____

Doctor's address: _____

I hereby give permission for the teacher to administer

Paracetamol/Panado Syrup in case of emergency Yes No

Has your child been immunised? _____

(A copy of your immunisation card must accompany your application)

Has your child had any of the following (Please tick appropriate boxes & leave others blank): Chicken pox Measles Mumps

Operations - Specify: _____

Anything else you would like the school to be aware of: _____

- ★ I/ We agree to pay the applicable school fees on the first day of each month and that if this form is signed by both parents, that our liability for fees will be both Joint and several.
- ★ I/ We agree that if school fees are not paid by the 15th day of the month that we will not send our child to school until I/ Our payment of school fees is up to date.
- ★ I/ We understand that the school fees are paid on the 1st of February monthly up to and including the 1st of November whether or not the months include school holidays or public holidays.
- ★ I/ We understand that if school fees are not up to date by the middle of the month I/ We are not to send our child to school until the fees are paid.
- ★ I/ We am aware that the school runs by KZN school terms.
- ★ I/ We agree to give you a calendar month's notice to terminate the child's attendance at the school.

Signed and dated at _____

On the _____ day of _____ year _____

Mother/ Guardian

Father/ Guardian

Little Lights Pre-School INDEMNITY FORM

I/ We _____

Of (Address) _____

Hereby declare that I/ We are the parents / Legal guardian of : _____

And do hereby indemnify and hold harmless, absolve and waive against

1. Little Lights Pre-school and/ or

2. It's teachers and staff

3. The elders of Redemption Point Church

Any and all claims whatsoever past, present, or future that may arise from any cause whatsoever and result in loss or damage suffered by my child or me; to his/ her property of his/ her person: resulting from his/ her attendance at school, his/ her participation in any school activities whether before, during or after activities or before, during or after school hours whether at the school premises or not.

SIGNED AND DATED AT: _____

ON THE _____ DAY OF _____ YEAR _____

WITNESS

PARENT/GUARDIAN

PARENT/GUARDIAN