

## MOON RISE MONTESSORI APPLICATION FORM

**INFORMATION SUPPLIED ON THIS DOCUMENT WILL REMAIN CONFIDENTIAL**

### PERSONAL INFORMATION

Child's Name & Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Home Language: \_\_\_\_\_ Religion: \_\_\_\_\_

Position in Family (e.g:1<sup>st</sup>, 2<sup>nd</sup>, only) \_\_\_\_\_

Other Children's Names: \_\_\_\_\_

#### Details of Parent/Guardian 1:

#### Details of Parent/Guardian 2:

Name:	Name:
I.D. Number:	I.D. Number:
Physical Address:	Physical Address:
Postal Address:	Postal Address:
Home Tel:	Home Tel:
Work Tel:	Work Tel:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Occupation:	Occupation:

MARITAL STATUS: Married  Separated  Divorced  Widowed  Single  Partnership

### MEDICAL INFORMATION

Child's Paediatrician:	Contact Tel:
Family Doctor:	Contact Tel:
Vaccinations:	
Allergies:	
Prior Illnesses:	
Chronic Medication:	
Medical Aid:	Membership Number:
In case of emergency, which Parent should be contacted?	
Alternative Contact Person in case of Emergency:	
Name of an alternate person who may collect your child from school:	
ID number of an alternate person who may collect your child from school:	

Does your child require a special diet? \_\_\_\_\_

Do you have any special requests for your child? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

6 Turk Street  
Southern Paarl  
7646

Phone: 083 302 3539

email: joe@moonrise.co.za

*"Within the child lies the fate of the future" – Maria Montessori*

## ACCOUNT INFORMATION

Person Responsible for the Account:	
I.D. Number:	
Postal Address:	
Tel:	Cell:

**PAYMENT OPTIONS:**      Annual (1payment)                       Termly (2 payments)                       Monthly EFT   
    Half Day     Mid-Day     Full Day

### **Disclaimer**

1. We, the undersigned, have read and agreed to the Conditions set out in the School Policy & Procedures Document.
2. We, the undersigned, fully understand & accept that whilst every precaution will be taken to prevent such, neither management nor staff may be held responsible for sickness or injury to our child whilst attending Moon Rise Montessori.
3. We, the undersigned, fully understand & accept that all field trips and excursions shall be taken at the child's own risk & we hereby absolve Moon Rise Montessori & its Staff from all claims that may arise in connection with any loss or damage to property, or injury to our child during such a field trip or excursion or arising there from.
4. We, the undersigned, fully understand & accept that, aside from those included in the Tuition Fees, all Extra Mural Activities are optional & will be charged for separately & at a nominal fee and will be payable directly to the Extra Mural facilitators.
5. Right of Admission is Reserved - The Owner of Moon Rise Montessori reserves the right to dismiss any parent or cancel any child's enrolment for the following reasons:
  - a. For not disclosing problems such as physical, mental, or psychological behaviour the child may have that the parent(s) were aware of.
  - b. Parents who spread rumours to bring the name of the teachers and/or the School into disrepute.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2020

### **PARENT'S SIGNATURES:**

PARENT 1 \_\_\_\_\_ WITNESS 1 \_\_\_\_\_

PARENT 2 \_\_\_\_\_ WITNESS 2 \_\_\_\_\_

Forms required	
Completed Application form	Copy of parent's ID
Copy of Birth Certificate	Signed copy of Application form
Up to date copy of Road to Health Book	Utility Bill/proof of residence
Photo indemnity form	Signed back page of Procedure and Policy guide

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