

## REGISTRATION FORM

### APPLICATION FOR:

<b>MORNINGS ONLY (07:30 – 13:30)</b>		<b>FULL DAY (07:30 – 17:00)</b>	
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### LEARNER

Full name(s) and surname: \_\_\_\_\_

Name used at home: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/20\_\_\_\_

ID Number: \_\_\_\_\_

Residential address: \_\_\_\_\_

### FATHER/GUARDIAN

Name and surname: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work address: \_\_\_\_\_

E-mail: \_\_\_\_\_

### MOTHER/GUARDIAN

Name and surname: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### OTHER CONTACT (If parents or guardian can not be reached in case of an emergency)

Name and surname: \_\_\_\_\_

Relationship to parents: \_\_\_\_\_

Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

### OTHER INFORMATION

Home language: \_\_\_\_\_

Name of previous school attended by child: \_\_\_\_\_

Date child left previous school: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Please list the permitted persons (other than yourself) who are allowed to collect your child from Busy-Bugz:

\_\_\_\_\_

\_\_\_\_\_

Other children in family (at Busy-Bugz or not) Please provide their names and ages:

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL INFORMATION**

Name and surname of your house doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please tick behind illnesses your child has had:

Measles		German measles		Whooping cough		Chickenpox		Mumps		Jaundice	
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Please tick behind illnesses against which your child has been immunised:

Tuberculosis BCG		Diphtheria		Whooping cough		Tetanus		Measles		Poliomyelitis	
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***Please note: learners must have been immunised against the above-mentioned illnesses. Immunisation against Poliomyelitis and Tuberculosis BCG is legally compulsory.***

Please list any allergies your child may have:

_____	_____
_____	_____
_____	_____

Please list any other illnesses your child is suffering from:

_____	_____
_____	_____

Please list any chronic medication your child is taking:

_____	_____
_____	_____

Medical aid name: \_\_\_\_\_

Medical aid number: \_\_\_\_\_

Name of main member: \_\_\_\_\_

**OTHER**

Please describe any situation or information relevant to the child or family that the school should know:

\_\_\_\_\_

\_\_\_\_\_

**MY SCHOOL PROJECT**

Our school can collect valuable additional income when parents use a **My School Card** and will appreciate your participation in this programme.

Please indicate if you already have a My School Card

YES	NO
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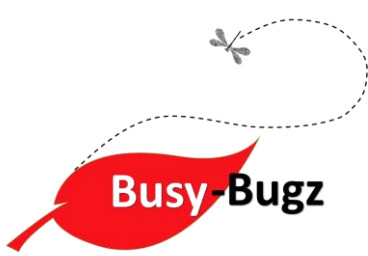
If No, please indicate whether you want to receive a My School Card

YES	NO
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Hereby I, \_\_\_\_\_, confirm that the above information is correct and up to date and that I will inform the school immediately of any changes in the above information.

SIGNED: \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_

***Please note that the school must have copies of your child's birth certificate and clinic card on record.***



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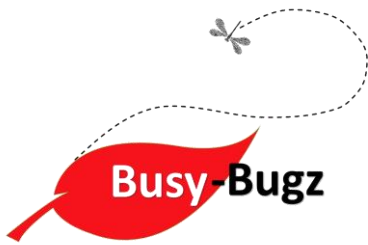
## INDEMNITY

I, \_\_\_\_\_ (full name and surname of parent/guardian), the undersigned parent/guardian of \_\_\_\_\_ (full name and surname of child), with contact details as declared in registration form attached, hereby make the following declaration regarding the aforementioned child:

1. I hereby grant permission for my aforementioned child to participate in sport and trips organised by the school and to be transported safely for such purposes at the instance of the school. This permission is granted with the understanding that I will be warned in advance of such occasions and given the option to withhold him/her should I consider it necessary.
2. I hereby indemnify the school, the governing body and staff or employees of any loss or damage to property that I may suffer against any injury or accident in respect of such child occurring in any manner while such child is under supervision of the school or its staff or employees. Providing that such indemnity shall not apply where the school is insured against loss or damage to property or injury or accident where the same is covered by Multilateral Motor Vehicle Accidents Fund Act of 1989 (Act 93 of 1989).
3. I hereby grant permission to the school and its staff or employees to act as they seem fit in circumstances where such child sustains an injury, granting unto such person the right to treat such child for minor disorders as is reasonable under the circumstances. Should such a child require professional medical attention then, in the absence of a directive from me, I hereby authorise the staff member or employee to take such steps as are reasonable in respect of the well-being of such child.
4. I hereby grant permission for my child to be tested or assessed by the school for remedial purposes as deemed necessary by the principal and staff.

***Please note: This indemnity is valid for all school activities for as long as the child is enrolled at Busy-Bugz.***

SIGNED: \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_



## SCHOOL RULES

1. Children have to be accompanied to school by an adult and be handed to a teacher or assistant. No child will be allowed to leave the school grounds on his/her own and needs to be collected by a parent(s) or other previously arranged person. Please let the staff know if someone other than you will be collecting your child. For reasons of your child's safety, staff may refuse to let your child leave with persons other than those nominated on your registration form.
2. **NO TOYS MAY BE BROUGHT TO SCHOOL.**
3. No sweets, cake or fizzy drinks may be brought to school. We encourage healthy food. Please peel fruit such as oranges at home. No raw noodles please.
4. Sick children must stay at home for as long as they are contagious. No child with a fever or gastroenteritis will be allowed at school. If on antibiotics the child must have completed 24 hours of treatment before returning to school. Children with head lice must stay at home until all lice and eggs have been removed.
5. Inform the class teacher or principal if your child will not be attending school for any reason.
6. Clothes should be comfortable and practical for play. Try to dress children in older clothes, considering that children can sometimes play rather roughly.
7. **PLEASE MARK ALL CLOTHES CLEARLY.**
8. When sending money to school, please hand over to a staff member – inside an envelope with the following written on it: child's name and surname, class, the amount and what the money is for.
9. School fees are payable in advance, by the 7<sup>th</sup> of every month. A reminder will be sent to parents who had not paid by the 7<sup>th</sup>. If it is still not paid by the 14<sup>th</sup>, a notice will be sent out that the child may not attend school from the 15<sup>th</sup>. Any school funds that remain outstanding will be handed to an attorney for collection.
10. No money will be paid back in case of absence.
11. The school requires one calendar month's notice if the child is leaving the school. Should the child be taken out without notice, a full month's school fee remains payable.
12. We regularly send notices in Communication Books. Please sign and send the book back to school **THE FOLLOWING DAY.**
13. Please support our fundraising projects and parent meetings as they are important for the wellbeing of the school and children.
14. Parents are welcome to make an appointment with the principal and/or class teacher to discuss problems concerning their children at a time and place where it can be conducted without interruption.
15. Parents are also welcome to arrange with the class teacher to celebrate a child's birthday at school.
16. You will be informed of all outings in writing and we request that you give written permission for your child to attend. No child will be taken on an outing without the written permission of a parent or guardian.
17. Discipline is necessary to assure successful learning. If a child is misbehaving it will be expected of him or her to have a 'cool down' period in the corner. They will also be informed of exactly what they did wrong and why it is unacceptable.
18. If the school experiences extreme difficulties with your child, you will be informed in person and if the behaviour persists you may be requested to remove your child from the school.

**THE SCHOOL RULES ARE THERE TO ENSURE YOUR CHILD'S SAFETY AND TO CREATE AN IDEAL ENVIRONMENT FOR WHOLESOME AND CONSTRUCTIVE PLAY AND LEARNING. WE THANK YOU IN ADVANCE FOR YOUR COOPERATION. – Governing Body, Busy-Bugz Early Development Centre**

SIGNED: \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_