



Application for Admission Toddlers & Pre-School

In accordance with the Protection of Personal Information Act, all Personal Information collected via this form will only be used for Application and Registration purposes and will not be shared with any 3rd party without consent.

rainbowmont@mweb.co.za
www.rainbowmontessorischool.co.za

This application is subject to acceptance by Rainbow Montessori School

Anticipated starting date _____

YOUR CHILD

Surname _____ First Names _____

Gender _____ Date of Birth _____ Religion _____

Child's ID Number _____

Home address _____

Home Language _____ Nationality _____

Race _____ is your child adopted _____

PARENT 1 /GUARDIAN ID _____

Surname _____ First names _____

Married divorced separated single widowed (please tick)

Home address _____

Profession, business or occupation _____

Name and address of employer _____

Tel: Home _____ Work: _____

Cell: _____ Email: _____

PARENT 2 /GUARDIAN ID _____

Surname _____ First Name _____

Married divorced separated single widowed (please tick)

Home address _____

Profession, business or occupation _____

Name and address of employer _____

Tel: Home _____ Work: _____

Cell: _____ Email: _____

Status of parents (tick) Living together Living apart

With whom does your child reside? _____

Who may collect your child from school? _____

In the event of an emergency, provide an alternate contact NAME: _____

TELEPHONE NUMBER _____ RELATIONSHIP TO CHILD _____

IF ANYONE OTHER THAN THE PEOPLE LISTED ON THIS FORM ARE COLLECTING YOUR CHILD, THE SCHOOL MUST BE NOTIFIED PRIOR TO COLLECTION.

Who keeps the child in your absence? Tick one.

Grandparent Relative Friend Paid sitter Other

Additional members of the household _____ Tel number/s _____

OTHER SIBLINGS IN THE FAMILY

Name _____ Age _____ D.O.B _____

Name _____ Age _____ D.O.B _____

DOCTOR

Name _____ Tel: _____

Does your child suffer from any allergies, asthma, colour blindness, epilepsy, etc? _____

In case of an emergency, which hospital may your child be taken to? _____

• Please include a copy of your Medical Aid card front and back.

Please sign consent for your child to be administered first aid and/or to call on medical advice or assistance in the case of an emergency:

Parent 1 / Guardian	Parent 2 / Guardian	Date

SPEECH

Any speech difficulties observed? _____

If more than one language is spoken, what other languages are spoken? _____

Does your child use immature or incomplete sentences? Y N Does your child stutter? Y N

When did your child start to talk? _____

SOCIAL AND EMOTIONAL

Does your child appear aggressive, timid, solitary, dependent or anxious? _____

Does your child continually whine Y N cry Y N show aggression? Y N

Does your child have frequent temper tantrums? Y N If so, how are they handled? _____

Does your child have any fears or phobias i.e. noise, dark places, spider or heights? _____

What concerns do you presently have about your child? _____

DISCIPLINE

What kind of discipline is used in your home? _____

Are you aware of the Montessori Method of discipline? Y N

Additional comments: _____

MOTOR DEVELOPMENT

At what age did your child begin to: Sit: _____ Crawl: _____ Walk _____

TOILET

Is your child independent when going to the toilet? Y N

When did your child stop wearing day nappies? _____ When did your child stop wearing night nappies? _____

Does your child have bladder control? Y N Does your child have bowel control? Y N

Does your child need reminding about going to the toilet? Y N

HABITS

Have you noticed your child doing any of the following:

Thumb sucking: Y N other types of sucking: _____ Nail biting Y N Rocking Y N

Excessive drooling Y N Tactile defensiveness Y N Excessively messy Y N Clumsiness/tripping Y N

Dropping things Y N

SLEEP

Does your child sleep soundly? Y N How long? _____ What time does your child go to bed? _____

Does your child sleep during the day? Y N How long? _____ Does your child appear to become fatigued easily? Y N

Does your child suffer from night disturbances e.g. bed-wetting? _____

HISTORY

Is there any family history of learning or developmental disabilities? _____

Has your child ever experienced anything traumatic (e.g. accident, assault, death, separation anxiety, divorce, etc)? _____

Which contagious illnesses has your child had? _____

List any chronic physical problems and any history of hospitalization _____

List any disease, serious illness or operations the child has had _____

Is your child taking any regular medication? _____

Does your child, in your opinion show any signs of visual, auditory, emotional, muscle tone, sensory, hyperactivity, concentration, co-ordination, or speech problems? Please be specific _____

Has your child been referred to a specialist? Y N If yes, please specify? _____

List any medications (food supplements, modified diets or fluoride supplements) currently being administered to the child : _____

List any accidents the child has had _____

Has your child ever had ear/hearing examinations or treatment? Y N when? _____
With Whom? _____ Results: _____

Has your child had grommets inserted? Y N if so when? _____ Are they still in place Y N

Has the child ever had vision examination or treatment? Y N If so, when? _____
By whom? _____ Results: _____

What foods does your child especially like? _____

Are there any foods your child dislikes? _____

Is there any food/s your child should not eat? _____

For: (tick) medical religious personal reasons

Is your child on a special diet? Y N if so, what kind? _____

Does your child take a bottle? Y N Dummy? Y N Does your child have trouble chewing or swallowing? Y N

Does your child often have Diarrhea? Y N Constipation? Y N

Do you have concerns about what your child eats? _____

Is there any other information you would like to share about your child's eating habits? _____

DEVELOPMENTAL HISTORY

What kind of birth and were there any problems? _____
Where there any complications after birth? _____
Was your child breastfed? Y N if so, how long did you breast feed _____
Comment on the health of the mother during pregnancy _____

PLAY AND SOCIAL EXPERIENCES

Does your child participate in any group activities? Y N Where? _____ Does your child enjoy it? Y N
How does your child relate to other children? _____
Do other playmates visit the child? Y N Does your child visit other playmates in their homes? Y N
Does your child prefer to play (tick) alone Y N with other children Y N
Does your child have imaginary friends? Y N Explain? _____
Does your child have any pets? Y N if so what? _____
What are your child's favourite toys and or activities? _____
What is your child's favourite TV program? _____
How long does your child watch TV each day? _____
What are your child's favourite books? _____
How many times a week does your child read a book? _____

EXPECTATIONS

Why did you choose Montessori Education for your child? _____
What are the three most important goals you have for your child in the next three year cycle?
1 _____
2 _____
3 _____

In what ways would you like to see your child develop during their time at Rainbow Montessori School? _____

PREVIOUS EDUCATION

Previous schools or day care attended? 1) _____ Tel _____
Time spent there? _____ Reason for leaving? _____
2) _____ Tel _____
Time spent there? _____ Reason for leaving? _____

HOW DID YOU FIND RAINBOW MONTESSORI SCHOOL? _____

I am committed to enrolling my child from / to :

Age 18 months – 3 years Age 3 years – 6 years Age 6 years – 9 years Age 9 years – 12 years

I declare that to my best knowledge the information given in this document is true and correct. Please sign below:

Parent 1 / Guardian	Parent 2 / Guardian	Date

****There is an Application Fee of R100 which must accompany the Application Form.**

Banking Details: Rainbow Montessori School, ABSA Bank – Cheque Account; Branch Code: 632005; Account 4049577292

CONSENT AND INDEMNITY

As a parent, I will acquaint myself with the school rules and policies and undertake to co-operate fully with the school authority in enforcing them. I have also acquainted myself with the school layout and equipment and am satisfied that my child can safely, with the necessary supervision, make use thereof.

In the knowledge that the head teacher, staff, contracted agents and or parents assisting the school shall take all responsible precautions for the safety and welfare of my child. I hereby indemnify Rainbow Montessori School, the staff thereof (whether temporary or permanent), contracted agents and or parents assisting the school, arising from any injury or harm which may be suffered by my child/children.

This indemnity is irrevocable and shall be full of force and effect for the entire duration of my child's enrolment at Rainbow Montessori School.

The school accepts no responsibility for the insurance of pupils' possessions.

The head teacher or her nominee is authorized to make any decision, in loco parentis, when specific authority cannot be reasonably sought in time (providing that such decision is taken in the best interest of the child). In particular, if in the opinion of the Head teacher or the nominee, an emergency has arisen, she is authorized to take the child to the nearest doctor/medical center/hospital to carry out the necessary treatment that may be considered necessary.

This application is viewed as an expression of the parents or legal guardians' trust in this school. As such, it is requested that recommendations made by the child's teacher and or Head teacher will be carefully considered and followed if the child is to remain enrolled. Lack of co-operation of school policies and/or recommendations will be grounds for terminating the enrolment contract.

I hereby consent, in terms of Sections 45 (1) of the Magistrates Court Act Number 32 of 1944, as amended, in respect of any proceedings that may be instituted herein, to the jurisdiction of the Magistrates Court. Furthermore, should the School institute any legal proceedings for the recovery of any amounts outstanding, I agree to pay all legal costs and charges on the ATTORNEY/ own client scale incurred by the Rainbow Montessori School.

Upon the signature by the Head teacher/ Principal of Rainbow Montessori School and Parent/ Guardian, a legal contract is concluded.

POPI ACT COMPLIANCE

I/We understand that we are providing personal information to the school as part of the application and enrollment process. By personal information I/we understand this to be personal information as defined in the POPI Act.

I/We understand that the personal information related to me/ourselves as well as our child/children shall be used by the school in order to fulfill statutory and operational obligations.

I/We understand that the school shall not give any information to third party sources without prior consent from parents.

I/We understand that the School shall obtain my/our consent to use information outside of statutory and/or operational requirements. No personal information about any learner shall be published on any social media platform without my/our signed consent.

*Should your application with Rainbow Montessori School be unsuccessful, all personal information pertaining to this application will be destroyed by means of shredding.

Upon the signature by the Head teacher/ Principal of Rainbow Montessori School and Parent/ Guardian, a legal contract is concluded.

Parent 1 / Guardian	Parent 2 / Guardian	Date
Principal		Date

LETTER OF UNDERTAKING

Contract of payment

DECLARATION OF PARENT/GUARDIAN

Name of Child _____
ID _____

Full names and ID for the person who is responsible for the school account. _____

Full address _____

Postal Code _____

I hereby accept that as my above mentioned child has been offered a place at Rainbow Montessori School, commencing with Term _____ the following conditions and undertakings will apply and this will constitute a legal document and forms the basis of a contract between RAINBOW MONTESSORI SCHOOL and myself.

I hold myself responsible for the payment of the full amount of fees charged by RAINBOW MONTESSORI SCHOOL in respect of the period during which my child is registered as a learner at the school and understand that the fees are payable in advance.

The Principal/Head teacher is empowered to suspend or remove any learner for adequate cause judged by her in her absolute discretion that may be considered necessary, in consultation with the involved parents.

Should a pupil be removed from the school by no reason of breach of school rules, the parents shall remain liable for full fees due for the full calendar month during which the pupil was removed and if such fees were paid in advance, the school shall not be obliged to refund any portion thereof.

I undertake to pay, using one of the following payment options for the year

1. ANNUAL PAYMENT

The total sum of money for the year payable before the 1st February
A discount of 5% will be deducted from your account.
Should there be any additional costs to outings, visits etc they shall be paid as necessary.

2. QUARTERLY PAYMENT

Four payments at the beginning of every term. i.e. 1st Jan, 1st April, 1st June, 1st Sept via the school debit order system

3. MONTHLY PAYMENTS

Paid every month by the 1st of the month, in advance via the school debit order system

PENALTY FEES:

- School fees are payable via Debit Order through the school, should the payment fail, a fee of R200 will be added to the account for transaction costs.
- A charge of R100 per half an hour of part thereof will be charged for late collection from school – 12:00; 12:30; 4pm
- A charge of R200 per half an hour or part thereof will be charged for late collection after 18:00. If the child has still not been collected by 18:30 an extra R200 will be added to the account. Repeated late collection within the same month will be charged at double the cost R400 for each late collection.

If payments are made after the 4th of the month confirmation of payment is needed. A reference should be put on the transaction such as your child's name as proof of payment. If payments are received after the 4th of the month, a R200 penalty fee will be added to your account.

A full calendar months notice of withdrawal must be given in writing to the school. Any outstanding fees must be paid in full before the child leaves the school.

I hereby consent, in terms of section Magistrate's Court act number 32 of 1944, as amended in respect of any proceedings that may be instituted herein, to the jurisdiction of the Magistrate's Court. Furthermore, should the school institute legal proceedings for the recovery of any amounts outstanding. I agree to pay all legal costs and charges to the Attorney/own client scale incurred by the RAINBOW MONTESSORI SCHOOL.

Upon the signature of the Principal/Head teacher of the RAINBOW MONTESSORI SCHOOL and parent/guardian, a legal contract is concluded.

Parent 1 / Guardian	Parent 2 / Guardian	Date
Principal		Date