



Norwood or Kensington branch?

LITTLE PARADISE

## STUDENT INFORMATION

Student First Name:

Student Surname:

Date Of Birth:

Student's Current Age:

Number Of Sibling/s:

Sibling/s Age:

Current Residential Address:

(Please include suburb, city  
province and postal code.)

Previous Creche or Pre- school Attended:

How Long:

Reference and Cell Number:

Reason for Leaving:

Should your child have been in  
another school before, briefly  
describe your child's progress,  
problems, attitude etc, at the  
previous school:

Any reasons that may have occurred that would impede learning progress, social interaction, follow instructions, please indicate below by means of a X and specify briefly:

Relocation:

New Sibling:

Medical Reason:

Divorce:

Other:

None:

Reason (Other):

0846451744

LITTLEPARADISESCHOOL@OUTLOOK.COM

## PARENT/S/GARDIAN/S INFORMATION

### MOTHER

First Name:  Surname:

ID Number:

Current Residential and Postal  
Address:

(Please include suburb, city  
province and postal code.)

Cell Number:  Work/ Home/ Alternate Number:

Email Address:

Occupation:

Employer Name and  
Contact Number:

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### FATHER

First Name:  Surname:

ID Number:

Current Residential and Postal  
Address:

(Please include suburb, city  
province and postal code.)

Cell Number:  Work/ Home/ Alternate Number:

Email Address:

Occupation:

Employer Name and  
Contact Number:

## GUARDIAN

First Name:

Surname:

ID Number:

Current Residential and Postal  
Address:

(Please include suburb, city  
province and postal code.)

Cell Number:

Work/ Home/ Alternate Number:

Email Address:

Occupation:

Employer Name and  
Contact Number:

## ACCOUNT HOLDER

Mother: Father: Employer: Other (who):

First Name:

Surname:

ID Number:

Current Residential and Postal  
Address:

(Please include suburb, city  
province and postal code.)

Cell Number:

Work/ Home/ Alternate Number:

Email Address:

Occupation:

Employer Name and  
Contact Number:

## PAYMENT PLAN

Payment Method, Mark with an X

EFT:

Cash:

Payment Cycle, Mark with an X

Monthly:

10 Months:

11 Months:

If other, please specify

## EMERGENCIES

Emergency Contact 1:

First Name:

Surname:

Relationship:

Cell Number:

Address:  
(Please include suburb, city  
province and postal code.)

Emergency Contact 2:

First Name:

Surname:

Relationship:

Cell Number:

Address:  
(Please include suburb, city  
province and postal code.)

Family Doctor:

Dr. \_\_\_\_\_

Doctor's  
Telephone Number and  
Address

Medical Aid Provider  
and Option :

Medical Aid Number:

## MEDICAL HISTORY

Does your child require constant medication: Yes ☐ No ☐

If yes, please specify:

Does your child suffer from any allergies including food allergies: Yes ☐ No ☐

If yes, please specify:

Does your child have any specific dietary requirements, please specify: Yes ☐ No ☐

If yes, please specify:

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## MOTOR DEVELOPMENT

Is your child Right handed or Left handed:

As an infant was your child Active or Inactive:

What attempt does your child make to dress:

Who supervises the child when he/she is dressing:

Do you allow your child to help out at home with any chores:

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## TOILET TRAINING

When did you commence your child's toilet training:

At what age did your child start to control bowel movements:

At what age did your child stop wetting:

Are there any problems we should be aware of now, please specify:

## SLEEPING

Does your child sleep/rest during the day:

What time does your child go to bed:

Does your child sleep alone:

Is your child afraid of the dark:

What is your child's reaction upon waking:

## SPEECH AND LANGUAGE

Does your child have any speech impediments:

Were these corrected or treated:

Do you read to your child:

Does your child sing or listen to music:

Does your child watch television or videos:

When did your child first begin to talk:

## SOCIAL AND EMOTIONAL DEVELOPMENT

Is your child generally happy:

Does your child look after his/her toys:

Does your child tire easily:

Does your child resist direction:

Is there anything that your child is afraid of:

Does your child have an imaginary companion:

Does your child have any habits (e.g. sucking thumb):

Does your child adjust easily to new situations:

## GENERAL

es you:

d in this form we should know about:

rting to attend

ssori as a Pre-

d your child:

## EXTRA MURALS

An updated extra mural roster will be provided by the school upon request. Please note that all extra murals are subject to price increase over time.

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PLEASE SEE THE NEXT PAGE...



## TERMS AND CONDITIONS OF ENROLMENT AND INDEMNITY

The persons in charge of the child will take every precaution to the best of their ability to ensure the child's safety. Neither they nor any persons connected to Little Paradise Montessori Preschool will accept any liability for any claims arising from any accident or injury happening to the child while the child is in the care of the group supervisor. Furthermore, you agree to waive and abandon any claims, which may, at any time, arise as aforesaid, both in your personal capacity, and in your capacity as a parent or as guardian of the child, and you expressly indemnify the supervisor or such person against any such claim which may arise or be instituted.

You agree that the supervisor of the group, or, in her absence, any other responsible person connected with it, may give the required permission and sign the necessary written consent for the child to be subjected to surgery or other medical treatment, provided that this will be executed on the advice, and under the supervision of a medical doctor. Furthermore, you agree that you will bear all medical costs related to your child under these circumstances.

You accept liability to the school for the due and punctual payment of all fees, subscriptions, levies and other amounts which may be payable to the school or in respect of the child's participation or attendance at any extra-curricular activities. Little Paradise Preschool retains the right to take appropriate action in respect of overdue accounts. Any legal costs on the scale between Attorney and the Client will be for the account of the Client. You agree that in the event of a late payment of fees a penalty of R50.00 will be charged for every day that elapses after the due date of payment. No allowance will be made for absence during the school year. Little Paradise Montessori Preschool also retains the right to refuse school attendance of a child until such time that the full outstanding amount due to the school, is paid.

In particular you are aware that a 1 months' notice must be given in writing before your child leaves, otherwise you agree to pay a full month's fees in lieu of your notice. Little Paradise Montessori Preschool reserves the right to deduct any monies owing from the deposit that is paid upon enrolment. The deposit is non-refundable. You hereby agree to accept and abide by the terms and conditions governing Little Paradise Montessori Preschool with which you declare yourself fully acquainted. No notice will be accepted in the months of October and November. A copy of your child's immunization card and birth certificate must be handed to the school upon enrolment. You also declare that all the information in this enrolment form is true and correct.

Representation on Authority of Parties/Signatories. Each person signing this Agreement represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Agreement. Each party represents and warrants to the other that the execution and delivery of the Agreement and the performance of such party's obligations hereunder have been duly authorized and that the Agreement is a valid and legal agreement binding on such party and enforceable in accordance with its terms.

**IN WITNESS HEREOF AND DONE, EACH PARTY TO THIS AGREEMENT HAS  
CAUSED IT TO BE EXECUTED AT**

\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Authorized Signature \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Print Name and Title \_\_\_\_\_

\_\_\_\_\_  
For and behalf of Little Paradise Montessori Pre-School

## INDEMNITY

I, Mr, Mrs, Ms (Full Name) \_\_\_\_\_

Residing at \_\_\_\_\_

Parent/s of \_\_\_\_\_

Hereby give my consent for my child to take part in extra-mural activities of the school, including games,

educational tours or places of interest.

I fully understand and accept that all tours and excursions shall be undertaken at my child's own risk and I undertake, on behalf of myself, my executors, my wife and my child aforesaid to indemnify, hold harmless and absolve the department, the principal and her staff against and from any or all claims whatsoever that may arise in connection with any loss or damage to the property or injury to the person of my child aforesaid in the cause of any such tour or excursion, in the knowledge that the principal, and staff will, nevertheless take reasonable precautions for the safety and welfare of my child.

Signature of Parent / Guardian \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
For and on behalf of Little Paradise Montessori Pre-School

Principal: Maseeha Suliman

## RULES AND REGULATIONS

### 1. Fees:

All school fees are payable in advance on the first of every month and are structured over a twelve month period (January – December). The school fees are still due and payable even if the school is closed for holidays and no deductions will be made with regard to absenteeism. Upon enrolment there is a R1500. 00 non-refundable registration fee together with a deposit of one month's fees. Both items are payable in advance once the enrolment is confirmed. The registration will include a Montessori Golfer, a cap and a rain coat.

Fee structure for 2025:

#### Kensington

Half day R2100pm

Full day R2650pm

Registration R1500

Stationery R800

Half day children left after 12h45 will be sent to aftercare where a fee of R70 will be charged for late pick ups and full day kids left after 17h30 will be charged R120.

You would need to sign in the aftercare register on late arrival for your child. This fee will be added to your school fee invoice at the end of the month.

## 2. Requirements for Little Paradise Montessori Preschool on Application:

- Copy of birth certificate
- Copy of immunisation card
- 2 ID photographs

## 3. Stationery and Equipment Fee:

A once off fee of R800 is charged at the beginning of January in which all your child's stationery is bought for the year.

## 4. Holidays:

I follow a four term year in accordance with government holidays. I close during the school holidays and public holidays. School fees are payable on the 1st of each month over 12 months of the year (Jan-Dec) irrespective of school holidays.

School will be open to accommodate the aftercare children at an extra fee. Amount is to be discussed. We do however close for a week during the 2nd term holidays and we close during a few weeks in December.

## 5. Morning Arrivals:

Gates will be opened by 7:00am and closed by 8:15am. Please ensure that your child is at school on time. Under no circumstances will late arrivals be tolerated nor will the gates be opened after 8:15am. This is due to security reasons as well as to ensure it does not disturb the teachers during their lessons.

A doctor's note or very valid written reason needs to be given to the school should you need to bring your child in later than 8:15am. Children who arrive without a valid reason will not be allowed to attend school for the day and will be asked to return home.

## 6. Medication:

Never leave medicine of any kind in your child's bag. If any kind of medication is to be given to your child, the medicine book must be completed by the parents themselves. Should your child have any contagious illness, they are not allowed to attend school until they have recuperated completely. Should your child fall ill at school, the school will administer homeopathic medicine and in the case of fever, Panado Syrup. The parent will be contacted and requested to collect the child from school should the child be in the discomfort and in the need of medical attention.

## 7. Clothing:

All children are to be provided with a change of 2 sets of clothing, irrespective of their age. The clothing is to be kept in their bags at all times. Please ensure all clothing items are clearly labelled with your child's name. We will not be held responsible for any items which are misplaced or lost.

## RULES AND REGULATIONS CONTINUED...

### 8 .Communication:

If your child is to go home with anybody other than who regularly collects them, the school requires the pupil to come with a letter signed by the parent, clearly indicating who will collect the child or a phone call from the parent should be made to the school. The school will not release the child to anybody that the school does not know or has not been informed about – no exceptions. I welcome regular feed back from parents about the progress of their children and more importantly, the concerns that you as a parent might have. I prefer to do this on an individual basis so as to allow sufficient time to understand the concerns of the parent and to allow the school to make the necessary plans to address the concerns. So please feel free to make an appointment with me at any time.

### 9 .General:

1.The school reserves the right to organise visits to places of interest or arrange visitors of interest (for the children), to the school. A fee will be charged to cover the cost thereof. No child is obliged to attend to such visits. If a child is allowed to attend an outing, the parents will be requested to sign an Indemnity Form before the child is taken off the premises.

2.Birthdays are celebrated at school with a birthday ring in the child's honour and cake. Please discuss and arrange a suitable date with the principle in advance to avoid clashes with others. You are more than welcome to join us for the birthday ring.

3.During November or December, the school has a concert, where all are welcome.

4.Please ensure that the school is always kept informed of any changes in phone numbers, addresses and changes in family status.

5.In the event your child gets lice, the child may not return to school until you have a clinic or doctor's certificate stating that the child is clear of lice.

**END**