



Rondebosch Montessori Preschool – Toddler Class  
(1 to 3 years)

Application Form

Commencement date:

*Information supplied on this document is strictly confidential*

<p>Please attach the following <b>certified</b> documents (not older than 3 months) to this application:</p> <ul style="list-style-type: none"> <li>Child’s unabridged birth certificate</li> <li>Child’s clinic card</li> <li>IDs of both parents</li> <li>Last/previous school report (if applicable)</li> <li>2 Colour ID-size photos of child</li> </ul>	<ul style="list-style-type: none"> <li>Please use <b>BLACK</b> ink only</li> <li><b>Incomplete</b> application forms will not be considered or processed</li> <li>Print clearly</li> </ul>	<p>Email: <a href="mailto:info@rondeboschmontessori.co.za">info@rondeboschmontessori.co.za</a></p> <p>Tel: 021 6719838    Cell: 0844 671 394</p> <p>25 Ranelagh Road, Rondebosch, Cape Town.</p>
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<b>CHILD’S INFORMATION</b>	
Surname	
First name(s)	
Gender	
Date of Birth	
Child’s ID no.	
Number of siblings	
Home Language	
Religion	
Position in family (1 <sup>st</sup> , 2 <sup>nd</sup> , only, etc.)	

**PLEASE ATTACH 2 COLOUR ID PHOTOGRAPHS**

<b>PARENT(S) INFORMATION</b>	<b>Father</b>	<b>Mother</b>
Full Names (as on ID):		
I.D. Number:		
Physical Address:		
Postal Address (if different):		
Home Tel:		
Work Tel:		
Cell Phone:		
Email Address:		
Occupation (if self-employed, please specify):		

**MARITAL STATUS:**    Married     Separated     Divorced     Widowed     Single ...

**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 name and number in case of emergency:	
I.D. Number of alternate person who may collect from school:	

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

I authorize all medical and surgical treatment, X-ray, laboratory, anaesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to be informed for consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

**TODDLER FEE STRUCTURE 2020: NB – School fees are calculated on an annual basis and are charged monthly over 12 months (1 January to 1 December)**

*A once-off non-refundable registration fee R1800 per child is payable on acceptance.*

Please tick the required option:

<input type="checkbox"/> OPTION 1	HALF DAY (8.00am to 12.30pm)	ONCE OFF (ANNUAL): R32 340 MONTHLY OVER <b>12 MONTHS</b> : R2 695
<input type="checkbox"/> OPTION 2	FULL DAY (8.00am to 5pm) Lunch included	ONCE OFF (ANNUAL): R43 320 MONTHLY OVER <b>12 MONTHS</b> : R3 610

**PAYMENT OPTION (please tick one):** Once off  Monthly EFT

- Monthly fees are paid in advance, January to December and are **due on the 1<sup>st</sup> day of each month**. January fees are due on or before the 1<sup>st</sup> day of Term 1. If your child attends for only part of the month, you are still liable for the full month's fee.
- Annual fees are due by 28 February 2020.
- **One term's notice is required if you wish to withdraw your child from the Preschool, irrespective of the length of attendance.**
- SIGNATORY OF THIS DOCUMENT TAKES RESPONSIBILITY FOR THE PAYMENT OF SCHOOL FEES.

**Disclaimer**

1. We, the undersigned, have read and agree to the conditions above.
2. We, the undersigned, fully understand and accept that whilst every precaution will be taken to prevent accidents, Rondebosch Montessori Preschool will not be held responsible for any injury or illness to our child while at school.
3. We, the undersigned, fully understand and accept that all excursions shall be taken at the child's own risk and we hereby absolve Rondebosch Montessori Preschool and its staff from all claims that may arise in connection with any loss or damage to property, or injury to the child during excursions, or arising therefrom.
4. We, the undersigned, fully understand and accept that we are liable for all fees due on the 1<sup>st</sup> of each month, payable in advance and that all extra mural activities are optional and are not included in the tuition fees.

5. **Right of admission is reserved – the Owner of Rondebosch Montessori Preschool reserves the right to dismiss any parent or cancel any child’s enrolment for the following reasons:**

- \* **for not disclosing problems such as physical, mental or psychological behaviour the child may have that the parent(s) were aware of**
- \* **Parents who spread rumours to bring the name of the teachers and/or the School into disrepute.**

Please indicate if photos of your “child at work” can be posted on the school’s website YES  NO

Reason for applying to a Montessori School:						
<b>School History</b>		Crèche	Nursery	Day Mother	Home	
Previous school details (name, from what age, period of attendance, reason for change):						
<b>(please include last school report)</b>						
Name of future primary school:						
Does your child have their own bedroom? YES / NO						
<b>Sleep pattern:</b>	Routine? Y/N	Time?	Good sleeper?	Nightmares?	Restless?	Bedwetting?
Has your child been separated from one or both parents for any reason? If so, how long? (e.g. travel, illness, etc.)						
Does your child watch TV/play TV games regularly and if so how many hours per day?						
Special interests:						
Discipline & boundaries at home (approach, how it is administered, consistency, who administers, child’s reaction):						
<b>General</b>	Birth: Full Term			Birth Premature		
Any other information regarding birth?						
Was your baby easy going?		Was your baby colicky?		Was your baby difficult?		
General motor coordination		Energetic		Listless		Low tone
Milestone age	Sit:	Crawl:	Walk:	Speech:		
Any speech difficulties?				Toileting problems?		
<b>Health</b>	Ear trouble:			Eye problems:		
Has your child been to a specialist?						
Serious illness?						

Allergies:		
Takes regular medication?		
Diet preference:	Food allergies:	Appetite:
Meals: does your child feed him/herself? Y / N	Sit at table with parents?	Own table?
<b>Sensory System:</b>		
Abnormally sensitive to light	Abnormally sensitive to touch	Abnormally sensitive to sound
Concentration:	Does your child pay attention when being spoken to?	
Does your child follow instructions?		
<b>Social/Emotional</b>		
Describe the child's personality. How does your child interact? (e.g. shy, outgoing)		
Is there any tension-related behaviour? (e.g. unusual tantrums, aggression, nail biting?)		
Does your child have any habits/fears that worry you, and if so, how are they handled?		
Any additional information about you or your child you would like us to know:		

**GENERAL:**

- Should your child show symptoms of developmental, physical, social/emotional or behavioural issues, Rondebosch Montessori Preschool (RMP) has a policy of recommendations of assessment by an appropriate specialist. Parents are expected to give full support to any recommended interventions
- Parents who are new to RMP are expected to attend a Parent Information session. You will be advised of the date and time
- All parents are expected to attend all school meetings (Parent Information sessions, Parent/Teacher reviews, school fund raising events, etc.) in the best interest of their child/ren and the relationship between the school and the family
- RMP advises prospective parents to further educate themselves about the Montessori Method so as to support your child’s learning experience
- School terms are according to the Western Cape Education Department’s annual calendar. Children who do not attend school for any reason during each term, will still be charged for the classes they miss.
- I/We agree that, in the event of a dispute regarding any school policy and practice with the school, any employee, or any other parent, I/we will submit a complaint in writing to the school principal and participate in the school’s dispute resolution process in good faith. I also agree that the school may appoint an independent mediator to resolve serious disputes and that I will abide by the mediator’s recommendations.

**PARENT(S) SIGNATURE(S):**

MOTHER \_\_\_\_\_

FATHER \_\_\_\_\_

**WITNESS 1:**

**WITNESS 2:**

NAME & SURNAME \_\_\_\_\_

NAME & SURNAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_