



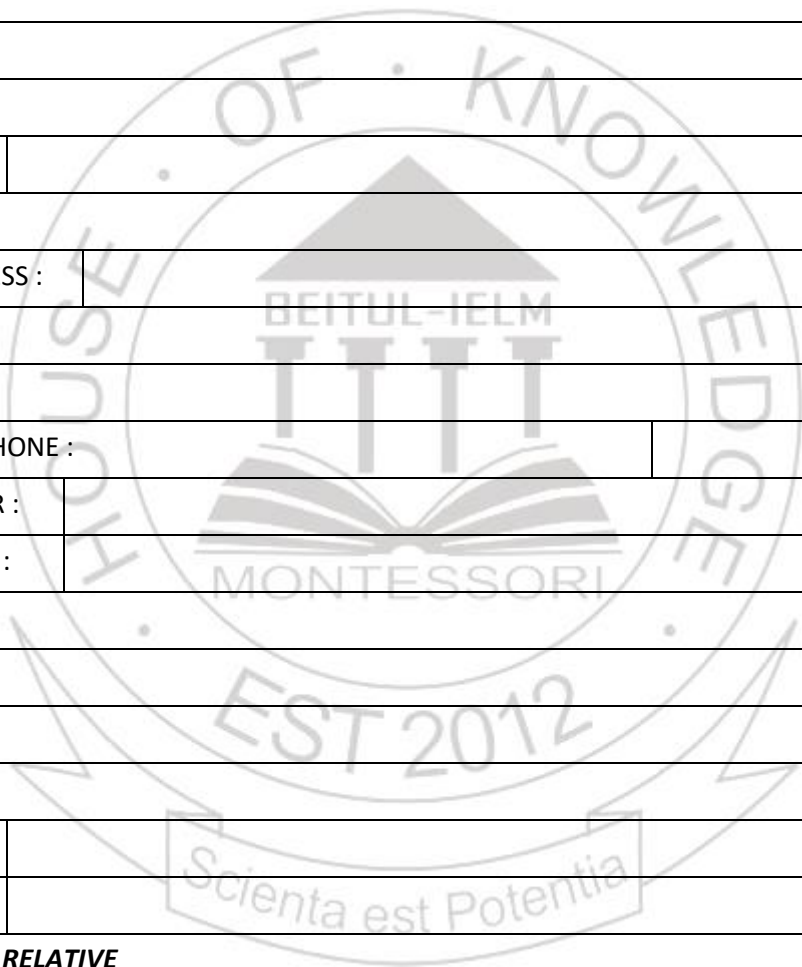
HOUSE OF KNOWLEDGE MONTESSORI PRE-SCHOOL

50 Park Avenue Westridge Mitchells Plain 7785 Tel: (021) 371 3308 Fax: 021 371 3308 email: hokmontessorri@gmail.com Website: www.hokmontessori.co.za

PERSONAL INFORMATION

Date of application:					
STARTING DATE:					
6 – 18 MONTHS		18 MONTHS – 3 YEARS		3 -6 YEARS	
CHILD'S FULL NAME :					
GENDER :	Male / Female				
DATE OF BIRTH:		AGE:			
RELIGION:					
NAME OF PREVIOUS SCHOOL :					
HOME LANGUAGE:					
PARENT/GUARDIAN/CAREGIVER NAME:					
HOME TELEPHONE:					
HOME ADDRESS:					
POSTAL ADDRESS:					
FATHERS NAME:					
FATHERS SURNAME :					
FATHERS I.D. NO :					
FATHERS HOME ADDRESS :					
FATHERS HOME TELEPHONE :					

FATHERS CELL NUMBER :		
FATHERS OCCUPATION :		
EMPLOYER :		
WORK ADDRESS :		
WORK TELEPHONE:		
E-MAIL ADDRESS:		
MOTHERS NAME:		
MOTHERS SURNAME :		
MOTHERS I.D. NO :		
MOTHERS HOME ADDRESS :		
MOTHERS HOME TELEPHONE :		
MOTHERS CELL NUMBER :		
MOTHERS OCCUPATION :		
EMPLOYER :		
WORK ADDRESS :		
WORK TELEPHONE :		
E-MAIL ADDRESS :		
PARTICULARS OF CLOSE RELATIVE		
NAME:		
SURNAME :		
ADDRESS :		
TELEPHONE :		



MEDICAL INFORMATION OF CHILD

NAME OF MEDICAL DOCTOR/PEDIATRICIAN :

TELEPHONE NO:

ADDRESS

CONTAGIOUS DISEASES THAT HE/SHE ALREADY HAD :

DISEASE :

DATE :

IMMUNISATION :

DATE:

ALLERGIES :

MEDICAL

FOOD

ANY OTHER MEDICAL CONDITIONS WE SHOULD KNOW ABOUT? (EPILEPSY ,DIABETIC ETC)

ANY OPERATIONS /ACCIDENTS?

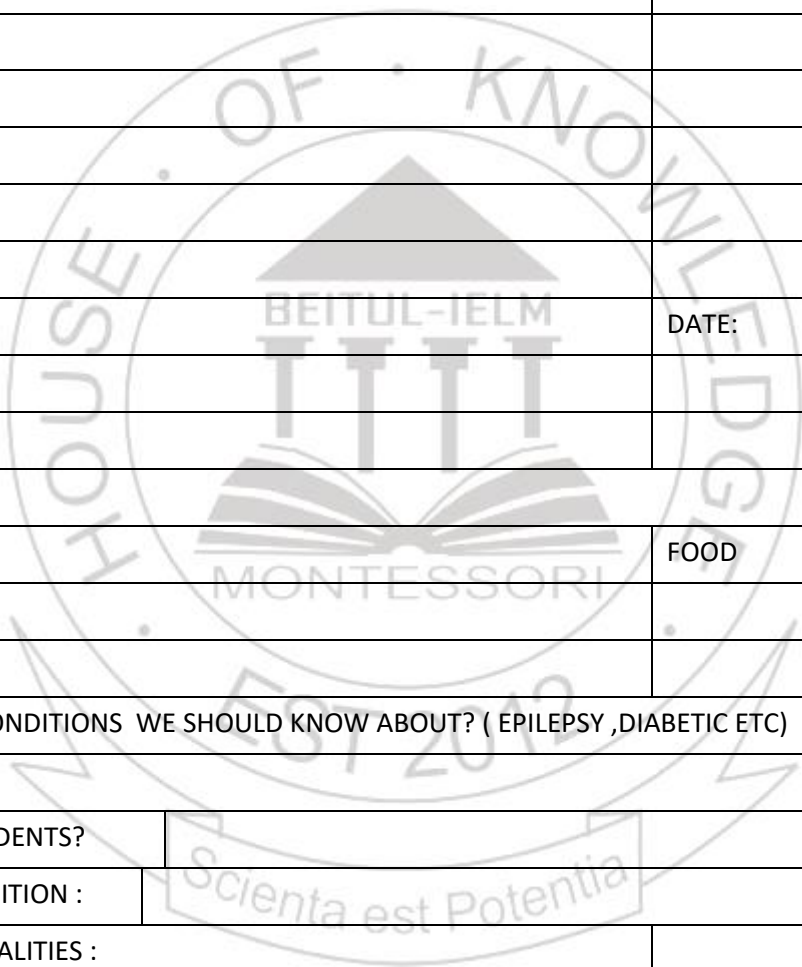
CURRENT HEALTH CONDITION :

ANY PHYSICAL ABNORMALITIES :

INFORMATION REQUIRED IN CASE OF MEDICAL/HOSPITAL TREATMENT

NAME OF MEMBER :

MEDICAL AID :



INDEMNITY

We the undersigned, parents/guardians of..... (Full name of child) herewith place my child, at my own risk in the care of and hereby indemnify the principal and responsible persons from any liability, against any incidents or accidents which might occur while my child is in the care of House of Knowledge-Beitul Ielm Montessori Pre-School. I am aware that all safety precautions will be taken for the safety of my child.

.....
Signature of parent/guardian

INFORMATION REQUIRED FOR CONSENT FOR EMERGENCY MEDICAL TREATMENT

I,.....PARENT/

GUARDIAN of(FULL NAME AND SURNAME OF CHILD) cede my powers as parent/guardian to the principal of House of Knowledge Montessori Pre-School , or her representative , should emergency medical/surgical treatment be required for my child. As far as I know he/she is in a good state of health. In the event of the child requiring emergency medical treatment, I authorize House of Knowledge –Beitul Ielm or its principal to consent such treatment on my behalf. I understand that in case of such an event every effort will be made to contact the parent or guardian of the child first.

I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for paying any emergency medical and/or hospital accounts incurred on behalf of my child where possible.

I also consent that the child may be transported to the nearest hospital or medical facility for medical attention, should the principal deem it necessary.

I do, however request the responsible persons to note the following: (Any particulars in connection with your child’s health: allergies, epilepsy and any other conditions, etc)

.....
.....
.....

.....
Signature of parent /guardian

.....
Date

.....
Signature of parent /guardian

.....
Date

CHILD INTRODUCTION FORM

Please help me get to know your child. What are his/her routines, likes, dislikes etc.

Eating _____

Sleeping _____

Toileting _____

Daily Activities

Fears _____

Likes _____

Dislikes

Habits

Favourites

What other information should we know/be aware of to care for your child as an individual? Events at home often influence your child's behaviour. We are better able to help your child when you inform us of situations and/or events that might influence his/her overall behaviour such as:

- Divorce.
- Separation / Death from a relative or friend.

Knowing about these transitional times allows me to give special attention, understanding, and care. The information you give us will remain confidential. Has anything happened recently in your child's life that might have an effect on her/him?
