



PIKKIELAND PLAYGROUP / SPEELGROEP

OWNER: LINDA RADEMEYER
TEL : (011) 764 - 2032
CELL : 082 452 5287

36 DEBONAIR AVENUE
HELDERKRUIJN
1733

APPLICATION FORM

Details of Child

Surname: _____

First Names: _____

Date of Birth: _____

Details of Parents

Initials and Surname:

Home Address:

Postal Address:

Home Phone Number: _____

Home Language: _____

Father Name: _____ ID Number: _____

Occupation: _____ Tel: _____

Cell Number: _____

Email: _____

Mother: _____ ID Number: _____

Occupation: _____ Tel: _____

Email: _____

Cell Number: _____

Marital Status: _____

Number of children in family: _____ Ages: _____

Position of child in family: (Please Circle) 1 2 3 4

Is this child: Own _____

Adopted _____

Fostered _____

From mother's previous marriage _____

From father's previous marriage _____

Has your child lost a parent or sibling due to death? _____

PIKKIELAND PLAYGROUP / SPEELGROEP

Details of contact person If parents can't be reached

Name and Surname: _____

Phone Number: _____

Cell Number: _____

Medical Details

Allergies:

Serious illnesses e.g. Diabetes Epilepsy etc:

Hereditary illnesses:

Name of doctor: _____

Phone Number: _____

Name of Medical Aid: _____

Number: _____

Person responsible for account: _____

ID Number: _____

Birth History

Weight at birth: _____

Any complications during or after birth: _____

Is there anything else you would like us to know about your child:

We / I, the Father and/or Mother/Guardian of the child do hereby agree:

1. Acknowledge and abide by the rules and regulations of PIKKIELAND PLAY GROUP / SPEELGROEP.
2. Understand that the rules and regulations are subject to change.
3. To pay the fees by the 3rd of the month.
4. That Linda and her staff endeavour, to the best of their ability, to take care of my/our child/children.
5. PIKKIELAND PLAYGROUP / SPEELGROEP cannot be held responsible should any injury or accident occur in any form whilst my/our child/children are in PIKKIELAND'S care.
6. To waive any claims in our personal capacity as parents or guardians to the child/children, and to expressly exempt the person in charge of any such claims.
7. To ensure that my/our child/children have all the necessary immunisation and supply documentation thereof.
8. That in an emergency the person in charge may sign for my/our child/children to receive anaesthetic and any life saving operation or medical treatment as deemed necessary by a medical practitioner in attendance.
9. That the person in charge may in an emergency transport my/our child/children to the nearest MEDICAL FACILITY or to the FLORA CLINIC EMERGENCY UNIT. I will then immediately be informed.

I/We declare that I/We have read and understand the rules and regulation.

Signed at _____ on this _____

day of _____

Father/Guardian: _____

Mother/Guardian: _____

INDEMNITY FOR OUTINGS

I/We give permission that my/our child/children may attend all outings as arranged by PIKKIELAND PLAYGROUP / SPEELGROEP

I /We will not hold PIKKIELAND PLAYGROUP / SPEELGROEP OR Linda responsible for any injury or accident that may occur to my/our child/children on any of the above-mentioned outings.

Furthermore, I understand that the APPLICATION FORM grants the staff my/our permission to sign for the necessary medical attention that may occur and that the cost thereof will be paid for by you the Father / Mother / Guardians.

Father: _____

Mother: _____

Guardian: _____

Date: _____

PIKKIELAND PLAYGROUP / SPEELGROEP BANKING DETAILS:

LINDA RADEMEYER (trading as) as PIKKIELAND SPEELGROEP

First National Bank

Cheque

Account number: 51230056727

Branch: 250 – 141

Branch: Florida

For ETF Payment's SMS Linda 082 452 52 87

PIKKIELAND PLAYGROUP / SPEELGROEP

RULES AND REGULATIONS

School times are strictly 6:30 a.m. to 17:30 p.m. from Monday to Friday. The school is open every weekday except public holidays and our annual December shut down for approximately 15 working days.

School fees do not include other activities such as outings, puppet shows, entertainment etc.

**One calendar month notice, in writing is required.
All children must be re-registered each year.**

Meals are supplied by PIKKIELAND PLAYGROUP / SPEELGROEP. A list of toiletries will be required for each child at the beginning of every month. This list is available from Linda.

All medicine sent to school must be clearly marked.

An indemnity form is to be completed on enrolment.

NO TOYS ARE TO BE BROUGHT TO SCHOOL

Two sets (2) clearly marked, cloths are to be sent to school everyday.

Please ensure that the front gate is firmly closed every time you enter or leave the school.

All relevant changes of addresses and contact persons are to be given Linda as soon as they occur.

All birthday parties are to be discussed with Linda before the day that the party is to be held.

Please advice Linda should someone else other than the usual person, be collecting your child from school.

PIKKIELAND PLAYGROUP / SPEELGROEP have an open-door policy – we are always approachable.

Signed this day _____ of _____ 20____ at Roodepoort.

Signature _____ Witness _____