



APPLICATION FOR ADMISSION AANSOEK OM TOELATING

Age group applied for / Ouderdomsgroep waarvoor aansoek word:

- 3-12 months / maande
 12-18 months / maande
 18-24 months / maande
 2-3 years/jaar
 3-4 years/jaar
 4-5 years/jaar

Supporting Documents / Stawende dokumente:

- Copy of Birth certificate / Afskrif van Geboortesertifikaat
 Copy of Immunization Record / Afskrif van Immuniseringsertifikaat
 Parent 1 ID / Ouer 1 ID
 Parent 2 ID / Ouer 2 ID
 Medical Aid card / Mediesefondskaart
 Registration fee / Registrasiefooi

PERSONAL INFORMATION OF CHILD / PERSOONLIKE INLIGTING VAN KIND

Gender Geslag		Surname Van	
Full names Volle name		Preference name Voorkeurnaam	
Date of birth Geboortedatum		Date of admission Toelatingsdatum	
Home Language Huistaal		Teaching Language Onderrigtaal	
OPTION (Circle) OPSIE (Omkring)	FULL DAY / VOLDAG 5 HALF DAY / HALFDAG 5	Number of children in family: Hoeveelheid kinders in gesin:	Previous school attended: Vorige skool bygewoon:

MEDICAL INFORMATION OF CHILD / MEDIESE INLIGTING VAN KIND

Doctor Dokter		Tel. no	
Medical aid name Mediese fonds naam		Medical aid number Mediese fonds nommer	
Has the child received all the necessary immunizations? If no please specify the reason. Het die kind al die nodige inentings ontvang? Indien nee asseblief dui rede aan.	<input type="checkbox"/> Yes / Ja <input type="checkbox"/> No / Nee Reason/ Rede: <input type="checkbox"/> Yes / Ja <input type="checkbox"/> No / Nee	Does the child suffer from any allergies? If yes, please specify Het die kind enige allergiee? indien ja, dui aan.	<input type="checkbox"/> Yes / Ja <input type="checkbox"/> No / Nee Detail: <input type="checkbox"/> Yes / Ja <input type="checkbox"/> No / Nee
Does the child have any special medical needs? If yes, please specify. Het die kind enige mediese toestande? Indien ja, dui aan	Detail:	Does the child suffer from any other illnesses or conditions? If yes, please specify Het die kind enige ander siektes of toestande? Indien ja, dui aan	Detail:

Contact person in case of emergency (NOT PARENTS) / Kontakpersoon in geval van nood (NIE OUERS):

Full name / Volle naam: _____

Relation / Verwantskap: _____

Phone number / Telefoonnommer: _____

Permission for treatment in case of emergency / Toestemming vir behandeling in geval van nood:

I hereby give permission to the the staff of Little Footprints to transport my child for medical treatment, which includes the authority to fill out and sign admission forms at a medical institution. / Ek gee hiermee toestemming aan die personeel van Little Footprints om my kind te vervoer vir mediese versorging asook die voltooiing van toestemmingsvorms by die mediese instansie.

 Full name of parent/guardian
 Volle naam van ouer/voog

 Signature of parent/guardian
 Handtekening van ouer/voog

PARENT / GUARDIAN INFORMATION OUER / VOOG INLIGTING

PARENT / GUARDIAN 1 (Father) OUER / VOOG 1 (Vader)		PARENT / GUARDIAN 2 (Mother) OUER / VOOG 2 (Moeder)	
Surname Van		Surname Van	
Title Titel		Title Titel	
ID Number ID Nommer		ID Number ID Nommer	
Marital Status Huwelikstatus		Marital Status Huwelikstatus	
Occupation Beroep		Occupation Beroep	
Name of employer Naam van instansie		Name of employer Naam van instansie	
Home address Huisadres		Home address Huisadres	
E-mail address E-pos adres		E-mail address E-pos adres	
Tel (h)		Tel (h)	
Tel (w)		Tel (w)	
Cell		Cell	
Parental status Ouerskapstatus	<input type="checkbox"/> Child living with parents / Kind bly by ouers <input type="checkbox"/> Access rights to child / Toegangsregte tot kind <input type="checkbox"/> Child's legal guardian / Kind se wettige voog	Parental status Ouerskapstatus	<input type="checkbox"/> Child living with parents / Kind bly by ouers <input type="checkbox"/> Access rights to child / Toegangsregte tot kind <input type="checkbox"/> Child's legal guardian / Kind se wettige voog

PARENT / GUARDIAN 1 Signature
OUER / VOOG 1 Handtekening

PARENT / GUARDIAN 2 Signature
OUER / VOOG 2 Handtekening

Date Signed / Datum Geteken

Date Signed / Datum Geteken

AGREEMENT / ONDERNEMING

1. I confirm that all the information is correct / Ek bevestig dat al die inligting korrek is.
2. I am familiar with and accept the contents of the rules of Little Footprints Nursery and Preschool / Ek is vertroud met en aanvaar die inhoud van die interne reëls van Little Footprints Babakamer en Voorskool.
3. I undertake to pay my child's school fees in advance and not later than the 7th day of the month. I understand that a levy of **R30 per day** will be additionally charged in the case of late payments / Ek onderneem om maandeliks my kind se skoolgeld vooruit te betaal, nie later as die 7de dag van elke maand nie. In die geval van laat betalings, sal 'n addisionele fooi van **R30 per dag**, gehef word.
4. I undertake to pay the full 12 months fees, even when I go on holiday / Ek onderneem om my volle 12 maande fooie ten volle te betaal al gaan ek met verlof.
5. I understand fee increases will take place in January / Ek verstaan fooie verhoog in Januarie.
6. I accept that when school fees are neglected to be paid, the school may refuse the child access to the school / Ek verstaan dat indien skoolfooie nie betaal word nie, mag die skool toegang vir die kind weier.
7. I undertake to give two (2) month's written notice when my child leaves Little Footprints / Ek onderneem om twee (2) maande skriftelik kennis te gee indien my kind Little Footprints verlaat.
8. Little Footprints will not be held responsible for any injuries, illness or damage to any personal property that happened on the premises or on outings / Little Footprints sal nie verantwoordelik gehou word vir beserings, siekte of beskadiging van persoonlike eiendom wat op die perseel of op uitstappies opgedoen word nie.

PARENT / GUARDIAN 1 Signature
OUER / VOOG 1 Handtekening

Date Signed / Datum Geteken

PARENT / GUARDIAN 2 Signature
OUER / VOOG 2 Handtekening

Date Signed / Datum Geteken

CERTIFICATE OF IDEMUNITY / SERTIFIKAAT VIR VRYWARING

INFORMATION OF CHILD / INLIGTING VAN KIND

Full name of child / Volle naam van kind: _____

Date of birth / Geboortedatum: _____

I, _____, parent of the above-mentioned child, understand that the necessary precautionary measure will be taken to ensure the safety of me and my child. Should there be any unforeseen incidents inside the school or on the school premises, Little Footprints, any of the staff, temporary help and volunteers will not be held responsible for loss or damage.

Ek, _____, ouer van bogenoemde kind, verstaan dat die nodige voorsorgmaatreëls geneem sal word om die veiligheid van my en my kind te verseker. Indien daar enige onvoorsiene insidente binne die skool of op die skoolgronde sou gebeur, sal Little Footprints, enige van die personeel, tydelike helpers of vrywilligers, nie verantwoordelik gehou word vir enige verlies of skade nie.

PARENT / GUARDIAN 1 Signature
OUER / VOOG 1 Handtekening

PARENT / GUARDIAN 2 Signature
OUER / VOOG 2 Handtekening

Date Signed / Datum Geteken

Date Signed / Datum Geteken



Dear Parent

The Protection of Personal Information Act, "POPIA", becomes operational on 1 July 2021.

It is required that our school has certain policies and procedures in place, so as to comply with the Act.

One of these requirements are, that we obtain a Parental Consent Form from each parent, where the parent provides permission that we can (1) use the information provided to us, for the purpose for which it was obtained and (2) take informal photographs of the school and the children, to be used in electronic or print media.

Attached please find Consent Form. Kindly sign and return to our office as soon as possible

We wish to place on record that this Consent is for our record purposes only and would not be disclosed to any third party

Our POPI Guideline is available in hard copy at our office, should you wish to familiarize yourself with the content thereof.

Please do not hesitate to contact me should you require any further information

Please don't hesitate to contact me should you have any questions or concerns.

Yours sincerely,

Elmaré Cronje
Information Officer
admin@little-footprints.co.za
0218701801 / 0846823545

LITTLE FOOTPRINTS

PROTECTION OF PERSONAL INFORMATION POLICY

ANNEXURE C: PARENTAL CONSENT FORM

PROTECTION OF PERSONAL INFORMATION

By signing this form, and unless you at any time instruct the School expressly and in writing to the contrary, your consent is given for the School to:

- collect, store and process credit information;
- collect, store and process names, contact details and information relating to yourself and your Child, and to such information being made available to staff or responsible persons engaged or authorized by the School for School-related purposes to the extent required for the purpose of managing relationships between the School, parents/guardians, and current learners as well as providing references and communicating with the body of former learners;
- include photographs, with or without name, of your Child in School publications, on WhatsApps, on the School's website or in press releases to celebrate the School's or your Child's activities, achievements or successes;
- supply information and a reference in respect of your Child to any educational institution which you propose your Child may attend. We will take care to ensure that all information that is supplied relating to your Child is accurate and any opinion given on his ability, aptitude and character is fair.
- The School cannot be liable for any loss you or your Child is alleged to have suffered resulting from opinions reasonably given, or correct statements of fact contained, in any reference or report given by us including informing any other school or educational institution to which you propose to send your Child of any outstanding fees.

The School may not distribute or otherwise publish any of your personal information in its possession, unless you give your consent, in writing, to the School that it may do so. Should this be the case, the School may only distribute or otherwise publish the information specified in your consent to the people and for the purpose stated in your written consent.

Name of Parent: _____

Signature: _____

Date: _____