



65 Amanda Avenue; Glenanda, 2091

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Email: info@littlestepsdaycarecentre.co.za

Website: www.littlestepsdaycarecentre.co.za

LITTLE STEPS DAY CARE CENTRE

WE LEARN THROUGH PLAY

APPLICATION FOR ADMISSION

Details of Child applying for admission		Boy / Girl:	
Surname:		First Name:	
Date of Birth:		I.D. Number:	
Who will fetch child from school:		Previous school:	
Names of Siblings at Little Steps Day Care:			
Do You want to use school transport: Y/N		Morning Collect time:	Afternoon Time:
FAMILY DETAILS			
Home Address:		Postal Address:	
Home Tel:			
Cell Phone Number:		Home Language:	
Email address:			
Medical Aid Name:		Medical Aid Number:	
Family Doctor:		Contact Details:	

PARENTS'S DETAILS WHO LIVE WITH THE CHILD

	Mother/Guardian	Father/ Guardian
Names:		
I.D. Number:		
Employer:		
Period of Employment:		
Occupation:		
Work Address:		
Work Tel Number:		
Cell Phone Number:		
Emergency Contact		

FAMILY RELATIONSHIP

Married:	Divorced/ Separated:	Living with Both Parents:	Living with Mother:	Living with Father
Who is Responsible to pay school fees:				

Any Allegies for the Child:				
Any special condition/ requirements for the child:				
Full Day	Half Day	After Care		
If "After Care" Please state the main school:				

INDEMNITY DECLARATION

a) I ID Number

Of Addressin my capacity as Parent/Legal Guardian of the child.....hereby waive all my claims I may have against Little Steps Day Care centre (referred to as School) and their employees and volunteers arising from any loss or damage to property, any bodily injury, sickness or death that may occur to the above-mentioned child attending the Little Steps Day care activities.

b) I hereby authorise Little Steps Day Care Centre to take all steps that they may deem necessary to have the said child admitted to a hospital, and/or treated by a doctor or other medical attendant I the event of a serious illness or injury.

c) I declare that I sign this declaration with complete understanding that I hereby indemnify Little Steps Day Care Centre against all such claims.

FURTHER DECLARATION

D) I HEREBY AGREE TO ABIDE BY THE FOLLOWING:

1. I will abide by the rules and regulations of the school (Little steps Day Care Centre)
2. I am responsible to pay the school fees to the school which is an Annual fee. The Annual fee can be paid over 12 months (Monthly fee) and payment is required in advance and payable by the 7th of each month.
3. I accept that if the Monthly fee is not paid by the said of 7th of each month, an additional amount of R50 Service fee will be charged.
4. I will provide the school with One calendar month’s written notice prior to removing my child from the school. Failure to provide notice will render me liable for the payment of One month’s school fees.
5. I will advise the school of any serious contagious disease contracted by member of my household at any time.

Signed at..... On this theday of20.....

Full Name.....

Signature.....

NB: Kindly fill in the above forms and send a scanned version to: applications@littlestepsdaycarecentre.co.za

See our account details below.

OUR ACCOUNT DETAILS:

Business cheque account

FNB The Glen

Account number: 62718725403

Branch code: 259605

Reference: Use the name and surname of the child as reference.