



Rondebosch Montessori Preschool - 3 to 6 years

Application form

Commencement date: ← **PLEASE FILL IN REQUIRED START DATE (DD/MM/YY)**

Information supplied on this document is strictly confidential

| | | |
|---|--|---|
| <p>Please attach the following certified documents (not older than 3 months) to this application:</p> <ul style="list-style-type: none"> • Child's unabridged birth certificate • Child's clinic card • IDs of both parents • Latest/previous school report (if applicable) • 1 Colour ID-size photo of child | <ul style="list-style-type: none"> • Please use BLACK ink only • INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED OR PROCESSED | <p>Email: info@rondeboschmontessori.co.za</p> <p>Tel: 021 6719838</p> <p>25 Ranelagh Road Rondebosch 7700 Cape Town.</p> |
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FOR OFFICE USE ONLY:

| | | | |
|-------------------|-----------------|-------------------|------------------------|
| BIRTH CERTIFICATE | PARENT IDs | ACCEPTANCE LETTER | PLACEMENT FEE RECEIVED |
| WELCOME LETTER | PARENT HANDBOOK | GENERAL INFO BOOK | COVID-19 PROTOCOLS DOC |

| | | | | | |
|-------------------|------|----------|------------------|------|----------|
| SERVICE AGREEMENT | SENT | RECEIVED | POPIA LETTER | SENT | RECEIVED |
| HEALTH INDEMNITY | SENT | RECEIVED | RULES REPLY SLIP | SENT | RECEIVED |
| COVID INDEMNITY | SENT | RECEIVED | | | |

| | |
|---|--|
| CHILD'S INFORMATION | |
| Surname | |
| First name(s) | |
| Gender | |
| Date of Birth | |
| Child's ID no. | |
| Number of siblings | |
| Home Language | |
| Religion | |
| Position in family (1 st , 2 nd , only, etc.) | |

PLEASE ATTACH ONE COLOUR ID-SIZE PHOTOGRAPH

| PARENT(S) INFORMATION | Father | Mother |
|---|---------------|---------------|
| Full Names (as on ID): | | |
| I.D. Number: | | |
| Residential Address: | | |
| | | |
| Postal Code: | | |
| Home Tel: | | |
| Work Tel: | | |
| Cell Phone: | | |
| Email Address: | | |
| *Occupation (if self-employed, please specify): | | |
| *Name of Employer: | | |

* Required

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: | |

FEE STRUCTURE 2024: 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 placement fee of R2000.00 per child is payable on acceptance.

Please tick (v) the required option:

| | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> OPTION 1 | HALF DAY (8.00am to 12.30pm) | ONCE OFF (ANNUAL): R39 600 MONTHLY OVER 12 MONTHS : R3 300 |
| <input type="checkbox"/> OPTION 2 | FULL DAY (8.00am to 5pm) includes hot lunch | ONCE OFF (ANNUAL): R50 400 MONTHLY OVER 12 MONTHS : R4 200 |

PAYMENT OPTION (please tick (v) one): Once off (less 5% discount) Monthly EFT

| | | | | | |
|---|--------------|--------|---------------------|------------|------|
| How did you hear about our preschool: internet <input type="checkbox"/> current/former parent <input type="checkbox"/> other preschool <input type="checkbox"/> Other <input type="checkbox"/> please specify _____ (compulsory) | | | | | |
| School History: | | Crèche | Nursery | Day Mother | Home |
| Previous school details (name, from what age, period of attendance): (please include last school report) | | | | | |
| Reason for leaving previous school: | | | | | |
| Any speech difficulties? | | | Toileting problems? | | |
| Health | Ear trouble: | | Eye problems: | | |
| Has child been to a specialist? | | | | | |
| Serious illness? | | | | | |
| Takes regular medication? PLEASE NOTE THAT THE PRESCHOOL IS NOT ALLOWED TO ADMINISTER ANY MEDICATION. | | | | | |
| Social/Emotional: | | | | | |
| 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: | | | | | |

CONSENT, DISCLAIMER AND INDEMNITY:

Right of admission is reserved. In addition, the Owner of Rondebosch Montessori Preschool (RMP) reserves the right to dismiss any parent or cancel any child's enrolment for, inter alia :

- * *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 tick the boxes in acknowledgement of below before returning the application form:

- We, the undersigned, have read and agree to the conditions as stipulated in this application form.
- We, the undersigned, will read and sign RMP's mandatory Protection of Personal Information Act consent letter as part of our legal obligation to ensure compliance with the POPI Act.
- We, the undersigned, give consent to have my child's photo taken and used only in school communications.
- We, the undersigned, give consent to receive school notifications via WhatsApp or email.
- We, the undersigned, fully understand and accept that whilst every precaution will be taken to prevent accidents, RMP will not be held responsible for any injury or illness to our child while at school.
- We, the undersigned, fully understand and accept that all excursions shall be taken at the child's own risk and we hereby absolve RMP 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.
- In the event of our/my child needing medical treatment, We/I give permission for the Carer in charge to call a doctor/seek appropriate medical assistance and we/I agree to pay all costs involved.
- We agree to read and adhere **strictly** to RMP's sick child and COVID-19 policies and protocols.
- We agree to provide the once-off annual resource levy of R500,00 and the quarterly toiletry supplies as per requirement list issued on registration of our child.
- We/I will give **one term's written notice** before removing our/my child from RMP, or 3 months' payment in lieu thereof will be required, irrespective of length of attendance or reason for withdrawal.
- School terms are generally 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. We close for the two Eid celebrations.

SIGNATORY OF THIS DOCUMENT TAKES RESPONSIBILITY FOR THE PAYMENT OF SCHOOL FEES.

- We, the undersigned, fully understand and accept that we are liable for all fees **due on the 1st of each month, payable in advance** and that all extra mural activities are optional and are not included in the school fees.
- We acknowledge that school fees are calculated on an annual basis and are charged monthly over 12 months, 1 January to 1 December. (If your child attends for only part of the month, you are still liable for the full month's fee.)
- We, the undersigned, acknowledge that failure to pay school fees will result in our child being asked to leave RMP. Should fees be outstanding for 2 months or more, you will be handed over for accountability and you will be liable for all legal costs incurred.
- Should a place be available, you will be called for an interview and your child will need to attend an assessment.
- If your interview is successful, a non-refundable placement fee of R2000.00 is payable on acceptance of your child to RMP.
- We agree to pay a late collection penalty fee of R25.00 for every 15 minutes' late collection.

- We, the undersigned, acknowledge that we will abide by the Rules of RMP and that by signature hereto, consider ourselves bound by such rules and conditions.
- Should your child show symptoms of developmental, physical, social/emotional or behavioural issues, 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 familiarise themselves with RMP's General Information booklet and Parent Handbook which will be emailed to you on or before registration.
- It is of the utmost importance that parents and caregivers understand the Montessori philosophy of teaching and to fully support its methods. Montessori education is most effective when a child's parents/primary caregivers understand and co-operate with the long-term programme. Parents or caregivers are strongly encouraged to educate themselves to further their understanding of the Montessori Philosophy and Methodology so as to support your child's learning experience.
- Preschool children must be aged three years or older, be fully toilet-trained and be able to communicate their needs clearly. Preference will be given to younger children because it is important that they complete the three-year cycle to adequately prepare them for Primary school, especially if the child is to continue their primary education within Montessori. We attempt to achieve a balance of age, gender and experience in each class.
- In the best interest of the child/ren and the relationship between the school and the family, parents or caregivers, we agree to support the RMP staff. We agree to be willing participants and fully support all initiatives of RMP school in fundraising ventures, working days, parent evenings, equipment making and social events.
- We agree to assist RMP in the following areas (**PLEASE SPECIFY YOUR OWN PARTICULAR SKILLS AND/OR PREFERENCE FOR AREAS YOU WOULD LIKE TO ASSIST WITH, e.g MAINTENANCE/HANDYMAN, FUNDRAISING, ETC.**):

- I/We agree that, in the event of a dispute regarding any school policy and practice with RMP, 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/We also agree the school may appoint an independent mediator to resolve serious disputes and that we will abide by the mediator's recommendations.
- I hereby give permission for a reference check to be completed and my child's previous school can be contacted.

PARENT(S) SIGNATURE(S):

MOTHER _____

FATHER _____

DATE: _____

WITNESS 1:

NAME & SURNAME _____

SIGNATURE _____

DATE: _____

WITNESS 2:

NAME & SURNAME _____

SIGNATURE _____

DATE: _____