



# Little Green Elephant Nursery School

Teaching is our Inspiration



[www.littlegreenelephantnurseryschool.co.za](http://www.littlegreenelephantnurseryschool.co.za)

33 Bottlebrush street, Noordwyk, 1687

0795757882/0844072667

info@littlegreenelephantsnurseryschool.com

**FOR OFFICE USE ONLY**

R500 registration fee  
paid

## APPLICATION FORM FOR NURSERY SCHOOL

### A. CHILD'S PERSONAL INFORMATION

Child's Name: \_\_\_\_\_ boy/girl

Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent/Mother (name & address): \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

Parent/Father (name & address): \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternative Contact & phone number: \_\_\_\_\_

Health Visitor: \_\_\_\_\_

Pre-Nursery experiences, e.g. at home/child minder/playgroup: \_\_\_\_\_

What language(s) does your child hear at home? \_\_\_\_\_

It would help us to know if your child is, or has been receiving support from:

Speech & Language Therapy, Child Development Centre, Portage, Medical Professional, Family  
Centre \_\_\_\_\_



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Is there anything else we should know? (Such as fears or anxieties) \_\_\_\_\_

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## B. MEDICAL INFORMATION

Child's Name: \_\_\_\_\_

Medical Aid Name: \_\_\_\_\_

Medical Aid Number: \_\_\_\_\_

Principal Member: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Pediatrician: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address: \_\_\_\_\_

Does your child have any allergies to specific medications?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any other allergies (hay fever, bees, plasters, food)?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical problems?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any nervous or health problems (epilepsy, convulsions, diabetes, abnormal bleeding)?

\_\_\_\_\_



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FOOD MENU					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>Breakfast</b> 08:00	Mealie Meal Porridge	Jungle Oats	Maltabela Porridge	Maize Meal Porridge	Jungle Oats
<b>Lunch</b> 12:00	Rice with Mince & Vegetables	Macaroni with Chicken & Vegetables	Spaghetti with Mince & Vegetables	Mashed Potatoes with Mince	Pap with Chicken & Vegetables
<b>Snack times</b>	<b>Snacks</b>				
10:30	Sandwich with either –Jam/ Peanut Butter/ Bovril Served with Tea or Juice				
15:30	Sandwich with either –Jam/ Peanut Butter/ Bovril Served with Tea or Juice & A Fruit				

## F. MEALS

### D. ESSENTIALS & STATIONERY

*Please ensure that at the beginning of the year your child comes with the following:*

- 20xToilet papers
- 4xTissue Boxes
- R550 for the yearly stationery

### Banking Details

Name: Little Green Elephants Nursery School

Bank: FNB

Account Type: Business Cheque



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Branch Code: 250 655

Account Number: 62515316330

**\*Please use your child's name & surname as a reference**

## E. REGISTRATION AGREEMENT & ADDITIONAL INFORMATION

*Please read carefully before signing:*

1. I agree to pay a R500.00 non-refundable enrollment fee to secure my child's place. This fee covers admin.
2. The fees for 2022 which I will pay per month in advance by the 2<sup>nd</sup> of the month are: R2000.00 for half day, or R2300.00 for full day, which includes all meals and a snack, R1000 for aftercare. A R550 yearly stationary fee is payable for all currently enrolled children, this is due in January.
3. Fees are payable over 12 months including **December** and **January** . I agree to pay all **12 Month's** fees by no later than the 2<sup>nd</sup> day of the month.
4. **No cash will be accepted on premises.** For safety reasons, we do not accept large cash payments all monthly/ termly fee payments must be made by cash deposit or EFT into the account above. Ad hoc payments such as Extra mural payments, special events etc. will still be accepted by cash. Please send any ad hoc payments in a sealed envelope with your child's name, amount and what the money is for.
5. Should my child be taken out of school for any period due to being sick, going on holiday etc. school fees are still payable.
6. I will give one full calendar month's written and verbal notice to Little Green Elephants Nursery School's management if I will be withdrawing my child from the school. Failing to do so, I shall be liable for full payment of school fees for one month. I acknowledge that any unpaid fees that are still owed once my child leaves the school will be handed over for debt collection and I will be responsible for payment of the outstanding fees and any fees added on by the debt collector.



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7. I agree to not engage in slander in any form or on any medium about the school, while my child attends Little Green Elephants Nursery School or once they leave the school as this may result in legal action.
  8. I will settle all fees in full before leaving Little Green Elephants Nursery School.
  9. I will make sure that all belongings are **clearly marked**.
  10. I will not send toys or sweets with my child to school (unless specifically requested, i.e. birthdays, theme work), as they will be removed and returned at home time.
  11. I agree to notify the principal of any absence, if possible before 9am.
  12. I agree to not send my child to school if they are suffering from any infectious sicknesses, and to keep them at home for at least 24hrs after starting a course of antibiotics.
  13. I authorize Little Green Elephant Nursery School to administer Panado Syrup to my child if deemed necessary and Allergex syrup in the case of an insect sting.
  14. I agree to fetch my child by 18:00 pm each day or to pay a spot fine of R30.00 late pick up fee for every 15 minutes or part thereof to the teacher on duty.
  15. I understand that there are no refunds of any monies paid under any circumstances, including stationery fees.
- I hereby give permission to staff members of Little Green Elephant's Nursery School to:**
16. Attend to any minor injuries my child might sustain at the School
  17. Take my child to a registered medical practitioner in the neighborhood in the event of the child needing immediate medical attention other than hospitalization.
  18. Take my child to hospital in the event of an occurrence where my child needs attention
  19. Other than hospitalization.
  20. Procure the services of an ambulance to transport my child to hospital in the event of my child being too sick/ injured to be transported by a member of staff.
  21. Administer CPR by trained/qualified staff to my child in the event of cardiac and/or pulmonary arrest.

*\*All designated teachers and certain staff have undergone CPR and basic first aid training.*



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I am aware that:

22. A written note needs to be sent to school with any medication to be administered, clearly stating the dosage, times to be administered and duration of arrangement.

**I fully understand and acknowledge the above terms:**

I \_\_\_\_\_ will be responsible for payment of fees

Place: \_\_\_\_\_

Signature \_\_\_\_\_

ID Number: \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT AND INDEMNITY**

**PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE**

1) I \_\_\_\_\_ (FULL NAME),

AS PARENT/GUARDIAN OF \_\_\_\_\_ (FULL NAME),

DO HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL SCHOOL ACTIVITIES, WHICH FORM PART OF THE DAILY ROUTINE AT LITTLE GREEN ELEPHANT NURSERY SCHOOL

2) THE SCHOOL RESERVES THE RIGHT TO SEEK MEDICAL ASSISTANCE FOR A SICK OR INJURED CHILD, ALTHOUGH EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT IN EVENT OF THIS. THE PARENT OR LEGAL GUARDIAN WILL BE LIABLE FOR ANY COSTS RESULTING FROM MEDICAL ASSISTANCE SOUGHT BY LITTLE GREEN ELEPHANT NURSERY SCHOOL FOR YOUR CHILD.

3) I, THEREFORE UNDERTAKE ON BEHALF OF MYSELF, SPOUSE, EXECUTORS AND APPLICANT TO INDEMNIFY AND ABSOLVE LITTLE GREEN ELEPHANT NURSERY SCHOOL AND ITS STAFF MEMBERS AGAINST AND FROM ANY AND ALL CLAIMS WHATSOEVER THAT MAY ARISE IN CONNECTION WITH ANY LOSS AND / OR DAMAGE TO THE PROPERTY OR INJURY TO MY CHILD, OR FOR ANY OTHER UNFORTUNATE EVENT THAT MAY OCCUR WHILST IN THE CARE OF, OR ON THE PROPERTY WHERE LITTLE GREEN ELEPHANT NURSERY SCHOOL OPERATES.

4) I CEDE MY POWERS AS PARENTS/GUARDIAN TO THE PRICIPAL OR HER RESPRESENTATIVES SHOULD ANY MEDICAL TREATMENT/SURGERY BE DEEMED NECESSARY FOR MY CHILD IF NEITHER PARENT/GUARDIAN CAN BE CONTACTED IN TIME.



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5) I ACCEPT THAT THIS GENERAL INDEMINITY SHALL REMAIN IN FORCE FOR THE FULL DURATION OF MY CHILD'S REGISTRATION AT LITTLE GREEN ELEPHANT NURSERY SCHOOL.

6) I FURTHER UNDERTAKE TO FURNISH THE SCHOOL WITH ANY ALTERATIONS TO THE REQUIRED INFORMATION.

7) I AGREE TO ABIDE BY THE RULES OF THE SCHOOL

8) I HEREBY **CONSENT/DO NOT CONSENT** TO LITTLE GREEN ELEPHANT NURSERY SCHOOL OCCASSIONALLY POSTING PHOTOS OF MY CHILD TO THE SCHOOLS CLOSED FACEBOOK GROUP AND WEBSITE

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

I.D NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_