



# LITTLE EARTH

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## PRE-SCHOOL

**Where little is great**

### APPLICATION FOR ADMISSION

Month and year applied for: \_\_\_\_\_

**We require the following documents:**

- Copy of child's birth certificate
- Copy of child's vaccination record
- Copy of both parents ID documents
- Section 1 – 10 completed and signed
- Recent colour photo of your child

Please send the completed application to [info@littleearth.co.za](mailto:info@littleearth.co.za)  
and we will contact you immediately.

### SECTION 1: PERSONAL DETAILS OF CHILD

Surname: \_\_\_\_\_

Full names as on birth certificate: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

ID number: (fill in blocks)

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Age: (as on 1st day at Little Earth) \_\_\_\_\_

Gender:

Boy	Girl
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Nationality: \_\_\_\_\_

Land of origin (if applicable): \_\_\_\_\_

Date of immigration (if applicable): \_\_\_\_\_

## LANGUAGE(S) OF LEARNING AND TEACHING:

Home language: \_\_\_\_\_ Other spoken languages: \_\_\_\_\_

English class:

Afrikaans class:

Please note the following:

- The baby section (3 – 24 months) is bilingual, but communication will be in the preferred language.
- Little Earth's older classes (2 – 5 years) might initially be bilingual depending on the numbers. Once there is enough children for both languages, the classes will be divided between English and Afrikaans

## THE FAMILY:

Number of children in family: \_\_\_\_\_ Ranking order of child in family: \_\_\_\_\_

Religion: \_\_\_\_\_

Residence of child:

Parents

Guardians

Other

Name and relationship of person dropping child at school:

\_\_\_\_\_

Name and relationship of person collecting child at school:

\_\_\_\_\_

## CHILD'S MEDICAL DETAILS:

Blood type:

O+	O-	A+	A-	AB+	AB-	B+	B-	UNKNOWN
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Family doctor:

\_\_\_\_\_

Telephone number:

\_\_\_\_\_

Doctor's Address:

\_\_\_\_\_

Name of Medical Fund:

\_\_\_\_\_

Member number:

\_\_\_\_\_

Main member's initials and surname: \_\_\_\_\_

Main member's ID number (fill in blocks):

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Has the child received all the necessary immunisations?

YES

NO

If no, please state the reason: \_\_\_\_\_

Does your child suffers from any illnesses or disabilities?

YES

NO

If yes, please supply details: \_\_\_\_\_

Does your child suffer from any allergies?

YES

NO

If yes, please supply details: \_\_\_\_\_

Has or does your child suffer from any psychological or emotional conditions which needed or still needs therapy or treatment?

YES

NO

If yes, please supply details: \_\_\_\_\_

Did your child had any operations?

YES

NO

If yes, please supply details \_\_\_\_\_

Please specify any other relevant medical details: \_\_\_\_\_

## MEDICAL CONSENT

In an emergency, the school will always contact the parents first. If the parents are not available, the school reserves the right to utilise the quickest medical service available.

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_, agree that a medical practitioner may provide emergency treatment as necessary.

Signature of parent/guardian: \_\_\_\_\_

## SECTION 2: PERSONAL DETAILS OF FATHER/LEGAL GUARDIAN

Surname: \_\_\_\_\_

Full name as on ID document: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Titel: 

<b>Mr</b>	<b>Dr</b>	<b>Rev</b>	<b>Prof</b>	<b>Other</b>	
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ID number (fill in blocks):

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Marital status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Work address: \_\_\_\_\_

Tel Home: \_\_\_\_\_

Tel Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email address: (please write legibly) : \_\_\_\_\_

Parental status:

<b>Child living with parent/s</b>	<b>Access rights to child</b>	<b>Access rights in an emergency</b>	<b>Child's legal guardian</b>
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## SECTION 3: PERSONAL DETAILS OF MOTHER/LEGAL GUARDIAN

Surname: \_\_\_\_\_

Full name as on ID document: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Titel: 

<b>Mrs</b>	<b>Ms</b>	<b>Dr</b>	<b>Rev</b>	<b>Prof</b>	<b>Other</b>	
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ID number (fill in blocks):

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Marital status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Work address: \_\_\_\_\_

Tel Home: \_\_\_\_\_

Tel Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email address: (please write legibly) : \_\_\_\_\_

Parental status:

<b>Child living with parent/s</b>	<b>Access rights to child</b>	<b>Access rights in an emergency</b>	<b>Child's legal guardian</b>
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**SECTION 4: DETAILS OF ANOTHER CONTACT IN CASE OF AN EMERGENCY**

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Tel home: \_\_\_\_\_

Tel work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email address: (please write legibly): \_\_\_\_\_

## SECTION 5: DECLARATION OF PARENTS/LEGAL GUARDIANS

We, the undersigned,

\_\_\_\_\_ (name of father/legal guardian)

\_\_\_\_\_ (name of mother/legal guardian)

Hereby certify that the information given by us in this application for admission is complete and accurate.  
We also agree to the conditions as set out herein.

We accept that the school is based on Christian principles and undertake that this will not be undermined.

We understand that the prescribed number of children per class may be exceeded.

\_\_\_\_\_  
Signature of father/legal guardian:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of mother/legal guardian:

\_\_\_\_\_  
Date:

## SECTION 6: DETAILS OF THE PERSON RESPONSIBLE FOR PAYING THE ACCOUNT (ACCOUNT HOLDER)

Surname: \_\_\_\_\_

Full name as on ID document: \_\_\_\_\_

Titel: 

Mr	Mrs	Ms	Dr	Rev	Prof	Other	
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ID number (fill in blocks):

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Relationship: \_\_\_\_\_

Marital status: : \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Residential address:: \_\_\_\_\_

Postal address: \_\_\_\_\_

Work address: \_\_\_\_\_

Tel home: \_\_\_\_\_

Tel work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email address: (please write legibly): \_\_\_\_\_

Ouerstatus:

Child living with parent/s	Access rights to child	Access rights in an emergency	Child's legal guardian
Other			

## SECTION 7: FINANCIAL TERMS AND CONDITIONS

1. Fees for 12 (twelve) months are payable monthly in advance on or before the 3rd day of each calendar month or annually in advance by 31st of December.
2. Little Earth reserves the right to charge 15% interest on all accounts that are in arrears by 30 days or longer.
3. In the event where the undersigned surety, account holder or legal guardian commits a breach of contract, the school may in its sole discretion refuse the child to attend school.
4. Fee increases will take place in January. Parents will be informed in writing one month in advance.
5. The enrolment fee is a once-off and non-refundable fee.
6. In the event where the account holder fails to pay the school fees and Little Earth takes legal action against the account holder, he/she will be liable for paying all legal fees.

### PAYMENT OPTIONS:

Monthly EFT:

Annually in advance:

### DECLARATION OF ACCOUNT HOLDER

NB: THE SIGNATURES OF BOTH PARENTS AND/OR LEGAL GUARDIANS ARE REQUIRED WHERE APPLICABLE

We, the undersigned,

\_\_\_\_\_ (name of father/legal guardian)

\_\_\_\_\_ (name of mother/legal guardian)

Hereby certify that the information given by the account holder in this application for admission is complete and accurate. We accept joint liability to Little Earth for the due and punctual payment of the once-off, non-refundable enrolment fee, school fees and any other amounts which may become due and payable to the school or in respect of participation in or attendance of any extra-curricular activities.

\_\_\_\_\_  
Signature of account holder:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of 2nd parent/legal guardian:

\_\_\_\_\_  
Date:

## SECTION 8: GENERAL INDEMNITY

Little Earth undertakes to implement measurements to ensure the safety and well being of the child, educators and visitors to the school at all time and to conduct and manage the various school activities in a responsible manner.

Accidents happens from time to time and Little Earth cannot accept any responsibility for accidents that may take place in the class or on the school grounds, except if such loss, damage or injury arises as a consequence of the gross negligence or wilful misconduct of the school.

Little Earth seeks a very high standard of hygiene and health. To prevent the spreading of any infectious diseases, sick children are not allowed to attend school.

Herewith I,

\_\_\_\_\_ (name of Father/legal guardian)

\_\_\_\_\_ (name of Mother/legal guardian)

indemnify Little Earth of any losses or damage in general whilst participating in school activity, except if such loss, damage or injury arises as a consequence of the gross negligence or wilful misconduct of the school.

Signed at: \_\_\_\_\_ (location) on \_\_\_\_\_ (date)

Father/legal guardian: \_\_\_\_\_ Mother/legal guardian: \_\_\_\_\_

Witness 1: \_\_\_\_\_ Witness 2: \_\_\_\_\_

## SECTION 9: PERMISSION TO USE PHOTOS

From time to time, informal photos are taken at school from the children. These photos may be used in electronic or print media which has been approved by Little Earth. All photos will be treated anonymous.

Herewith, I give permission for above

I do not give permission for above

\_\_\_\_\_ (signature of Father/legal guardian)

\_\_\_\_\_ (signature of Mother/legal guardian)



# SECTION 10: CANCELLATION OF APPLICATION

The account holder undertakes to give 30 (thirty) calendar days written notice of termination of the enrolment of the child referred to in this document. In failing to do so, the liability incurred for the full amount of the following calendar's month school fees.

The full fees will be charged for the month of December, as December will not be accepted or acknowledged as a month of notice.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date:

## FOR OFFICE USE

Appointment date: \_\_\_\_\_ Approved: \_\_\_\_\_ Family code: \_\_\_\_\_

Commencement date: \_\_\_\_\_ Class/group: \_\_\_\_\_

Siblings at Little Earth: \_\_\_\_\_

Credit reference: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

