

ALEX BLAIKIE MONTESSORI 2009 REGISTRATION FORM

INFORMATION SUPPLIED ON THIS DOCUMENT WILL REMAIN CONFIDENTIAL

PERSONAL INFORMATION

Child's Name & Surname: _____ Date of Birth: _____

Gender: _____ Home Language: _____ Religion: _____

Position in Family (1st, 2nd, only) _____

Other Children's Names: _____

Date of admission: _____

Details of Mother:

Details of Father:

Name:	Name:
I.D. Number:	I.D. Number:
Physical Address:	Physical Address:
Postal Address:	Postal Address:
Home Tel:	Home Tel:
Work Tel:	Work Tel:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Occupation:	Occupation:

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 in case of Emergency:	
ID: number of alternate person who may collect from school:	

Does your child require a special diet? _____

Do you have any special requests for your child? _____

FEE STRUCTURE 2009

A once-off Registration Fee R2500 per child,

You have Options: A, B or C

YOU CAN PAY:

ONCE OFF: less 5%

12 x MONTHLY: no discount

4 X PER TERM PAYMENT:

Siblings are entitled to a 10% discount per sibling.

<p>OPTION A 7:30am to 15.00pm</p> <p>MONTESSORI EDUCATION MONTHLY FEE R1750</p>	<p>OPTION B 15:00 am to 17h00pm</p> <p>Aftercare all Classes R500.00 Jan to November Holiday Care is free for all children in Aftercare – excluding December</p>
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ACCOUNT INFORMATION

Person Responsible for the Account:
I.D. Number:
Postal Address:
Tel:

PAYMENT OPTIONS: Once Off Monthly EFT Per term

Disclaimer

1. In the event legal action being instituted for non payment I/We agree to pay all costs on the scale as between attorney and client, including collection commission and tracing charges.
2. I/We nominate my/our domicilium citandi et executandi the address reflected on the face hereof for service upon me/us of all notices and processes in connection with this agreement and it's implementation.
3. We, the undersigned, have read and agreed to the Conditions set out in the School Policy & Procedures Document.
4. We, the undersigned, fully understand & accept that whilst every precaution will be taken to prevent such, neither management nor staff may be held responsible for sickness or injury to our child while attending Alex Blaikie Montessori.
5. We, the undersigned, fully understand & accept that all field trips and excursions shall be taken at the child's own risk & we hereby absolve the Alex Blaikie Montessori & its Staff from all claims that may arise in connection with any loss or damage to property, or injury to the child in the course of such a field trip or excursion, or arising there from.
6. We, the undersigned, fully understand & accept that, aside from those included in the Tuition Fees, all Extra Mural Activities are optional & will be charged for separately & at a nominal fee and will be payable directly to the Extra Mural facilitators.
7. *Right of Administion is Reserved - The Owner of Alex Blaikie Montessori reserves the right to dismiss any parent or cancel any child's enrolment for the following reasons:*
 - a. For not disclosing problems such as physical, mental or psychological behaviour the child may have that the parent(s) were aware of.
 - b. Parents who spread rumours to bring the name of the teachers and/or the School into disrepute.
 - c. If it is in the best interest of the child or Alex Blaikie Montessori
6. **EXTRA COSTS:**
Optional Extra Murals as selected by Parents, payable directly to the Extra Mural facilitators.
All Outings and Special Events, which will be scheduled throughout the year.

Signed at _____ on this _____ day of _____ 200

PARENT'S SIGNATURES:

MOTHER _____

FATHER _____

WITNESS 1 _____

WITNESS 2 _____

