



ALEX BLAIKIE MONTESSORI APPLICATION 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) and sibling names _____

Year 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 Other

MEDICAL INFORMATION

Child's Paediatrician:	Contact Tel:
Family Doctor:	Contact Tel:
Vaccinations:	
Diagnosis:	
Allergies /Prior Illnesses:	
Chronic Medication:	
Medical Aid:	Membership Number:
In case of emergency, which Parent should be contacted?	
Alt Contact Person and number in case of Emergency:	
2 nd alternate person & number who may collect:	

Does your child require a special diet? _____

FEE STRUCTURE 2025

A once-off **non-refundable** Placement Fee R2 000 per child

Payment options:

ONCE OFF PAYMENT FOR YEAR: R49 200

PER TERM PAYMENT (X4): R12 300

11 MONTHS: R4 473

12 MONTHS: R4100

less 5% if amount is paid before 1st January 2025

less 2% if amount is paid by the first day of each term

January - November

January - December

Siblings are entitled to a 5% discount off school fees.

<p><u>SCHOOL HOURS: 7:30am to 15.00pm</u></p> <p style="text-align: center;">MONTESSORI EDUCATION</p> <p>MONTHLY FEE R4 100 incl.</p> <ul style="list-style-type: none"> ➤ Breakfast ➤ Two snacks ➤ Sleep time 	<p><u>AFTERCARE: 15:00 pm to 17:00pm</u></p> <ul style="list-style-type: none"> • Full Time aftercare R 1100 per month including holiday care. <li style="text-align: center;">or • Casual aftercare R90 per day. <p>Please tick if you required Full Time aftercare. <input type="checkbox"/></p>
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ACCOUNT INFORMATION

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

PAYMENT OPTIONS: Once off: per term: Monthly EFT: 11 Month EFT

Disclaimer

1. We, the undersigned, fully understand that completion of this form does not guarantee a place for my child at the Alex Blaikie Montessori.
2. We, the undersigned, fully agree to read and sign the Conditions set out in the School Policy & Procedures Document once our child is accepted.
3. 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.
4. 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.
5. 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.
6. The Owner of Alex Blaikie Montessori reserves the right to require withdrawal of any child or cancel an application for enrolment, which decision will result in a forfeiture of any fees previously paid, 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 or bring the name of the teachers, school and/or Owner of the School into disrepute.
 - c. If it is in the best interest of the child or Alex Blaikie Montessori
 - d. Non payment of school fees or aftercare fees.
 - e. Non-compliance with the above terms and conditions
7. **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.
8. 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.
9. 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 its implementation.
10. Please note that all details collected in this form will remain confidential as per the Protection of Personal Information Act (POPI 2020) and will only be processed in relation to the application for enrolment to our school.

Signed at _____ on this _____ day of _____ 20__

PARENT'S SIGNATURES:

MOTHER _____ WITNESS 1 _____

FATHER _____ WITNESS 2 _____

PHYSICAL ADDRESS: 20A Crinum Road, Bloubergrand 7441, Cape Town, South Africa

TEL / FAX: 021 556 8564 **EMAIL:** admin@puremontessori.com **WEBSITE:** www.puremontessori.com

FOR OFFICE USE ONLY

Placement fee		Birth certificate		Copy of Parents/Guardian ID	
Signed Policy & procedure form		Signed health & behaviour policy		Copy of the road to health	
Starting date		Leaving date			