

FOR OFFICE USE ONLY

1. Application form and supporting documentation

- | | |
|-----------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Section 1 | <input type="checkbox"/> Acceptance, Consent and exemption |
| <input type="checkbox"/> Section 2 | <input type="checkbox"/> Urgent medical procedure |
| <input type="checkbox"/> Section 3 | <input type="checkbox"/> Birth certificate |
| <input type="checkbox"/> Section 4 | <input type="checkbox"/> Clinic card / Immunisation record |
| <input type="checkbox"/> Section 5 | <input type="checkbox"/> ID copies of both parents |
| <input type="checkbox"/> Medical information | <input type="checkbox"/> Financial / Debit order forms |
| <input type="checkbox"/> Administration of medicine | <input type="checkbox"/> Latest progress report |
| <input type="checkbox"/> Permission to fetch | |

2. **Accepted:** YES NO

If not, place child on waiting list: YES NO

Parents have been informed:

By phone By email In person

Date: _____

3. **Acceptance**

- Proof of payment received: Deposit of first month's school and/or aftercare fees
- Date on which learner must start: _____

4. **Babbel & Krabbel Aftercare:**

Aftercare service required: YES NO

5. **Office Admin:**

- Classlist CEMIS SMS Services Tel Books
- Report Cover A3 Term Reg School Reg Progression Schedule
- To Financial office To Aftercare MySchool Karri App

Welcome to



**FOUNDATION THROUGH LEARNING,
FRIENDSHIP AND FUN!**

Lord Roberts Road
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Hermanus 7200

Tel: (028) 313-1025

E-mail: info@hermanuspreprim.co.za

www.hermanuspreprim.co.za

Name: _____

Date of birth: _____

Starting date: _____



APPLICATION FORM

1. PERSONAL DETAILS

1.1 CHILD

Full name: _____ First name: _____

Surname: _____ Male Female

Child's ID number: _____

Date of birth: _____

1.2 FATHER / GUARDIAN

Initials: _____ Surname: _____ First name: _____

ID number: _____

Residential address: _____

Postal Address: _____ Tel home: _____

_____ Cell phone: _____

Occupation: _____ Name of Company/Business: _____

Work address: _____ Tel work: _____

Email address: _____

1.3 MOTHER / GUARDIAN

Initials: _____ Surname: _____ First name: _____

ID number: _____

Residential address: _____

Postal Address: _____ Tel home: _____

_____ Cell phone: _____

Occupation: _____ Name of Company/Business: _____

Work address: _____ Tel work: _____

Email address: _____

2. BABEL & KRABEL AFTERCARE

My child will be staying at Aftercare YES NO



ADMINISTRATION OF MEDICATION

Child Name and Surname: _____

Parent/Guardian Name and Surname: _____

In case of any serious illness, the procedures are as follows:

1. Parents will be contacted telephonically concerning the child's state.
2. In any other case such as a high fever or anything that looks like a contagious illness, it will be expected from you to come and fetch your child as soon as possible.
3. In any other circumstances where the parent cannot fetch the child immediately, medication will be administered as prescribed on the label, only if this permission section has been signed.

The abovementioned child is not allergic to Paracetamol (eg. Panado or any other generic equivalent.)

Signature (Parent / Guardian)

Date

PERMISSION FOR SOMEONE OTHER THAN MYSELF TO FETCH MY CHILD FROM SCHOOL / AFTERCARE.

I, _____ parent/guardian of _____ give permission that the following persons may fetch my child/children from school/aftercare.

Name	Relationship to child	Telephone
<input type="checkbox"/> _____	FATHER _____	_____
<input type="checkbox"/> _____	MOTHER _____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Thank you for your co-operation.

Signature (Parent / Guardian)

Date

Very important!

Please note that your child may only be fetched by persons on this list. If the person is not on the list we need to receive written permission from you as parent (by letter / email / Whatsapp or sms to the class teacher).

HERMANUS PRE-PRIMARY ENROLMENT



DOCUMENT CHECKLIST

REQUIRED DOCUMENTS	TICK BOX
Copy of learner's latest Progress report	
Copy of learner's Birth Certificate	
Copy of learner's Vaccination records	
Copy of Parents' ID Documents	
Completed Application form	
Completed and signed Financial / Debit Order Form	

ADDITIONAL DOCUMENTATION REQUIRED FROM FOREIGN NATIONALS:

REQUIRED DOCUMENTS	TICK BOX
Copy of Learner's Study permit	
Copy of temporary Visa or Permanent Residency Permit from the Department of Home Affairs (for both parents and child)	
Copy of evidence that you have applied for permission to legally work and stay in South Africa	
Copy of both parents' and child's passports	

MOST IMPORTANT

This Application for Admission will only be processed if ALL fields are completed legibly, are signed and ALL necessary supporting documents are attached.



ACCEPTANCE, CONSENT AND EXEMPTION

I, _____, parent/guardian of _____,
residing at (address) _____
accept the admission of my child to Babbel & Krabbel aftercare and at the same time grant permission for my son/daughter to take part in all activities of the aftercare, including, but not limited to, games and educational excursions. I fully understand and accept that all these activities, games and excursions are undertaken at my son/daughter's own risk. I therefore agree not to lay any claims against Babbel & Krabbel aftercare, the Governing Body, the Department of Education, the Principal or the personnel, for any loss of property or injuries to my child as mentioned above during the performance of these activities, games or excursions as well as the transportation to and from the Primary School.

The school/aftercare may publish photos of my child on their Website, Social Media platforms like Facebook and class Whatsapp groups.

Yes No

PARENT/ GUARDIAN (FATHER) Name: _____ **Signed:** _____

PARENT/ GUARDIAN (MOTHER) Name: _____ **Signed:** _____

DATE: _____

EMERGENCY MEDICAL PROCEDURE

Hereby permission is given that should my child need any **emergency** medical help as a result of injury/injuries, sickness or any urgent epidemic, this can be administered without my explicit permission/consent according to the judgment of the Aftercare Head or any other person in charge at that specific time at Babbel & Krabbel aftercare. I also give permission that my child may be transported by the Aftercare Head or any other person in charge, to the hospital of our choice as indicated on this application form.

PARENT/ GUARDIAN (FATHER) Name: _____ **Signed:** _____

PARENT/ GUARDIAN (MOTHER) Name: _____ **Signed:** _____

DATE: _____



3. GENERAL INFORMATION

3.1 Home background

Family status: married / living together / divorced / single parent / other

Is the child: your own / adopted / fostered / family member

If not your own: child knows / does not know / must not know.

Language: Father _____ Mother _____ Child _____

Number of children in family: _____

Position of child: 1st 2nd 3rd 4th

Age(s) of other child(ren): _____

Religion: _____

Race: Asian / Black / Brown / White / Indian / Other _____

In which language should your child receive tuition? _____

3.2 Emotional

Mention shortly any other situations / happenings which may have had an effect on your child's life that you feel are of importance and that we need to know of in order to understand your child better:

Underline ALL the attributes relevant to your child:

Introverted, unsettled, nervous, daydreamer, needs lots of cuddling and pampering, poor self control, fears and phobias, jealous, moody, undisciplined, rebellious, cries a lot, tells lies, theft, fighting, selfish, helpful, bites nails, wets bed, masturbation, anything else of importance:



4. SCHOOL / DAYCARE HISTORY

Please indicate which institution your child attended / is attending:

Play group / Day mother / Pre-Primary school / Grandmother / Family / None

Name of institution: _____ Town / City: _____

Teacher / Principal Name: _____ Tel: _____

Date completed: _____

5. DEVELOPMENTAL HISTORY OF CHILD

5.1 Pregnancy

No problems / complications

Any of the following: Bleeding / threatening miscarriage / kidney problems / high or low blood pressure / swollen joints, hands, feet.

Duration of pregnancy: normal / early birth / late birth

Any other pregnancy problems/concerns: _____

5.2 Birth

Birth weight: _____

Labour: ____ hour(s)

Underline where applicable:

Quick labour / instruments / caesarean (c-section) / lack of oxygen / breathing problems / jaundice / special aid needed (please specify):

Any other birth complications:



MEDICAL INFORMATION

1. Do your child suffer from any life-threatening allergies? (eg. bee sting / food / any other)

YES / NO (if yes, please specify)

2. Is there any other specific medical condition that we must be aware of? (eg. diabetic / epilepsy / asthma / other)

YES / NO (if yes, please specify)

3. General Practitioner in Hermanus:

Doctor Name and Surname: _____

Address: _____

Telephone number: _____

4. Emergency:

Should neither of the parents be available, please contact:

Person: _____ Tel Number: _____

Person: _____ Tel Number: _____

MEDICAL AID	STATE PATIENT
Fund Name:	File Name:
Principal member:	File Number:
Membership number:	
IN CASE OF AN EMERGENCY, TRANSPORT MY CHILD TO:	
PROVINCIAL HOSPITAL <input type="checkbox"/>	PRIVATE HOSPITAAL <input type="checkbox"/>



5.3 **Bodily development**

Breastfed: Duration: _____ **Bottle fed:** Duration: _____

Any feeding problems (please specify): _____

Crawl: Normal time (8 -10 Months) /earlier / later (_____ months)

Duration: _____ months

Method: hands & knees / on bottom / shuffle

Walk: Normal time (12-14 months) /earlier / later (_____ months)

Was your child ever in a walking ring? Yes / No

If yes, time spent in it per day: _____ for a duration of : _____ months

Full bladder control / toilet training: under 2 years / between 2 & 3 years / after 3 years / still experiencing problems (please specify):

Speech / Language

First words at: Normal time (12-16 months) / earlier / later (_____ months)

6-word sentences: Under 2 years / between 2 & 3 years / after 3 years

Does your child still pronounce any sounds/words incorrectly? Yes / No

Is your child sucking his/her thumb

NO **YES,** during daytime during bedtime

Senses

Hearing: Good / uncertain / problems (please specify): _____

Sight: Good / uncertain / problems (please specify): _____
