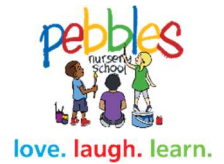


Pebbles Nursery School

PO Box 1320 Bedfordview 2008 Benard Rd East, Morninghill
 Tel. 011-615 3721 E-mail: info@pebblesschool.co.za www.pebblesschool.co.za



REGISTRATION

Morning Programme Full-time aftercare Casual Aftercare Starting Date: _____

Full Names and Surname of Child	
Preferred name	

Date of Birth:		Gender:	M	F	Home Language	
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Residential Address	
Postal Address	

Home Telephone nr.		Parents' Marital Status:	
Number of siblings:		Church Affiliation:	
Names & Ages of Siblings	1.	3.	
	2.	4.	
Who will bring the child to / fetch from Nursery School:	1.		
	2.		
	3.		

Father's details:			
Name & Surname:			
Occupation:		Work phone nr:	
Company:		Cellphone nr.:	

Mother's details:			
Name & Surname:			
Occupation:		Work phone nr:	
Company:		Cellphone nr.:	

Email addresses:	
Email for Newsletters:	1. 2.
Email for Accounts:	1.

Alternative contact (Not Parents):			
Name & Surname:			
Relation to child:		Work phone nr:	
Home nr.:		Cellphone nr.:	

Please Note: Your child **WILL NOT** be released to anyone other than the nominated collecting person. It is **VITAL** to let the office know (in writing), if you will send another person in place of your nominated collecting person.

Developmental History	
Mother's health during pregnancy	
Type of delivery	
Did your child crawl?	
Does your child usually have a nap?	
Has or is your child on therapy?	
Name and contact number of the therapist (if applicable):	

Medical Details	
Member's Name:	
Medical Aid:	Medical Aid Number:
Family Doctor:	Tel No.:

NB: In case of emergency, paramedics will be contacted and your child will be taken to the nearest hospital. Any costs incurred for ambulance and or medical care will be for the parents account.

Immunization Record: A photocopy of this document MUST be handed in together with this completed registration document.

Copy of Immunization Record attached?	Yes		No	
Are any chronic ailments, allergies and / or any medically related information that we need to be made aware of:				

Note: In case of an allergy, please supply Pebbles with a written confirmation from your doctor, and let your child wear the Alert celet or necklace. Pebbles will not be held liable for non-disclosure.

DECLARATION BY PARENT / GUARDIAN

1. I hereby declare that the information I have given is true in every respect, and that I have read and understood all that this Form contains.
I agree to be bound by the Rules and Regulations of the School and the terms and conditions set out in our Prospectus which may be subject to change from time to time.
2. I hereby give permission that my child receives the necessary medical attention needed in case of an emergency. I hereby appoint the Principal of the School and/or any other authorized persons to act, if deemed advisable by such persons, on behalf of my child, *in loco parentis*.
4. I hereby indemnify *Pebbles Nursery School* or any member of staff or any other duly authorized person, for any loss, damage, whether damage to property or personal or bodily injury or otherwise from whatsoever cause arising.
5. I hereby give consent for my child to go on outings and indemnify all staff or any person conveying my child against any claim that may arise.
6. I agree to pay the School fees **IN ADVANCE** by the 1st of each month.
7. I hereby give consent for photos or video footage to be taken of my child for newsletters and for occasional use in Cornerstone Church and publishing on Pebbles website. I understand that these will not be given to the media or sold.
I declare that I have read, understood and will abide by, the Rules and Regulations of *Pebbles Nursery School*

Surname & full initials (please print) Signature of Parent/Guardian Date

GENERAL CONSENT AND INDEMNITY

I hereby give permission for my child/ward (Full Names) _____
to attend PEBBLES NURSERY SCHOOL.

I hereby unconditionally indemnify, absolve and hold blameless *Pebbles Nursery School*, and it's directors, employees, agents, contractors, office or any other organisation or persons, from and against any claims, actions, proceedings, costs, demands, liabilities, losses and expenses of any nature whatsoever, whether directly or indirectly, whether for death, personal injury, illness, disease or any other loss or harm by my child, for whatsoever reason and of whatsoever nature, or any damage to the property of my child or any other person, including any consequential damages, as a result of, during, or in the course of his / her attendance at *Pebbles Nursery School* or any other place of child care which is under the jurisdiction of *Pebbles Nursery School*, including, without limiting the generality of the foregoing provision, any journey, trip or excursion undertaken by my said child/ward whilst enrolled at *Pebbles Nursery School*.

Parent/Guardian Signature__ DATE __

Parent/Guardian Full Names __

MEDICAL CONSENT

I hereby give consent that my child/ward may receive any necessary first-aid and/or medical treatment in case of any emergency and I will be liable for the costs incurred.

Parent/Guardian Signature__ DATE __

I have read, and understand all that is contained in the prospectus.

Signature