

## Application Form

<b>Administration only</b>	✓	x	Date Application received:	_____
Immunisation Records	_____	_____	Waiting List No.:	_____
Birth certificate	_____	_____	Fee Tier:	_____
Paid admin fee (E150.00)	_____	_____		
Proof of monthly income	_____	_____		

### Family Details

Mother's Surname: \_\_\_\_\_  
 Mother's First Name: \_\_\_\_\_  
 Mother's Home Tel/Cell: \_\_\_\_\_  
 Mother's Occupation: \_\_\_\_\_  
 Mother's Employer: \_\_\_\_\_

Father's Surname: \_\_\_\_\_  
 Father's First Name: \_\_\_\_\_  
 Father's Home Tel/Cell: \_\_\_\_\_  
 Father's Occupation: \_\_\_\_\_  
 Father's Employer: \_\_\_\_\_

Full Name of Guardian: \_\_\_\_\_  
 (if not Mother or Father)  
 Guardian's Tel/Cell: \_\_\_\_\_  
 Guardian's Occupation: \_\_\_\_\_  
 Guardian's Employer: \_\_\_\_\_  
 Guardian's Post Box: \_\_\_\_\_

### Child's Details

Child's Surname: \_\_\_\_\_  
 Child's First Name: \_\_\_\_\_  
 Child's Preferred Name: \_\_\_\_\_  
 Child's Date of Birth: \_\_\_\_\_  
 Child's current age: \_\_\_\_\_  
 Child's Physical Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parents' Post Box: \_\_\_\_\_

Who does your child live with? \_\_\_\_\_

What is your home language? \_\_\_\_\_

What is your religion (if any)? \_\_\_\_\_

### Other Siblings

Name & Age: \_\_\_\_\_  
 Name & Age: \_\_\_\_\_  
 Name & Age: \_\_\_\_\_  
 Name & Age: \_\_\_\_\_

### Particulars of Child [Please circle the correct answer]

Does your child wear nappies? Yes|No

Has your child been fully immunised? Yes|No

Has your child been to school before? Yes|No

If your child has attended school before, please state which school they attended & your reasons for leaving: \_\_\_\_\_  
 \_\_\_\_\_

Position in family (eg. youngest, eldest, second, etc.): \_\_\_\_\_

Has your child got any special food requirements? Yes|No

(eg. no dairy, no wheat, etc.)

Please state any special food requirements here: \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any allergies? Yes|No

Including food, drugs, plants, animals & insects.

Please state any allergies here: \_\_\_\_\_  
 \_\_\_\_\_

What do we do if your child has an allergic reaction?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any other important medical issues we should know about?

(eg. Asthma, TB, injuries, existing medical conditions, receiving current or ongoing treatment for any medical, surgical or psychological conditions, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have special interests?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Desired date of enrollment: \_\_\_\_\_

Intended length of enrollment: \_\_\_\_\_

## ACKNOWLEDGEMENTS & INDEMNITY

I \_\_\_\_\_ (parent/guardian) given consent for my child \_\_\_\_\_ (child's name) to take part in all activities at Guba Farm Playschool. I understand & accept that all activities shall be undertaken at my child's own risk, & I agree to indemnify, hold harmless, & absolve Guba Farm Playschool & St Clements Ltd. their representatives, staff, & any other people as may be involved with - or assisting - my child from any claims, injury or loss to my child in the course of any such activity. I hereby give my permission to the authorities of Guba Farm Playschool to transport my child on my behalf to a doctor or clinic for emergency treatment in the event of any injury at Guba Farm Playschool.

Date & signature: \_\_\_\_\_

## FEES AGREEMENT

For new applications, a non-refundable once-off administration fee of E150.00 is required.

Guba Farm Playschool termly fees are assessed according to parental gross monthly income to provide a quality preschool service accessible to all members of our community. To calculate termly fees for your child, **proof of the combined parental (gross) monthly income is required with this application form.** If the combined parental gross monthly income is E15,000.00 (fifteen thousand) or more you are not required to provide proof of income, you will automatically qualify for Tier 5 fees which is in-line with private preschools in Swaziland. Tiers 1 fees are in-line with local community preschool fees. Half of our school community are from Tiers 1, 2 & 3, & half are from Tiers 4 & 5.

Please state here what the combined gross monthly income of both parents/guardians is so that we can accurately allocate a tuition fees tier to you as soon as possible.

Total combined gross monthly income of both parents/guardians: E\_\_\_\_\_

I \_\_\_\_\_ [parent/guardian], will provide proof of our monthly family income when I register my child. I agree to honestly assess & declare my full family income in order to be placed correctly on the Guba Farm Playschool sliding fees scale. I agree to pay at least 50% of the termly fee on the first day of term & the remaining sum before the midway point of term (unless an alternative payment plan has been agreed with the Guba Finance & Admin team).

I agree to provide the school Principal with a minimum of a full terms' written notice if my child is withdrawn from school before the end of the school year (which includes school holidays & term time). If I am unable to adhere to this school policy, I agree to pay for the remainder of the term without hesitation, even if my child is no longer attending the school for the duration of that term.

I acknowledge & understand that Guba needs my financial commitment in order to deliver the quality services I require for my child & uphold the values represented by the schools approach.

## PARENTS' DECLARATION

I, \_\_\_\_\_ [parent/guardian], hereby certify that the above details are correct & true, & I understand & agree to the above statement & will uphold the values contained within.

## Guba's bank details are:

Standard Bank, Matsapha Account name: Guba Account number: 0140062980401 Branch code: 663464 Reference: Your child's name
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Signature:	_____
Name:	_____
Date:	_____

## Please tell us how you heard about Guba Farm Playschool:

Word of mouth	<input type="checkbox"/>
Website	<input type="checkbox"/>
Facebook	<input type="checkbox"/>
Other	<input type="text"/>

## Why do you want to join our school community?

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## Emergency Information

I [insert your name] \_\_\_\_\_, would like my child [insert child's name] \_\_\_\_\_ to be taken to [insert name of Clinic or Hospital] \_\_\_\_\_ in a medical emergency. I confirm that the person[s] to call in an emergency are as written below & the phone number[s] are correct.

Please add a tick the correct box below:

- I do not have medical aid  
 I do have medical aid

Medical Aid Provider: \_\_\_\_\_ Medical Aid Policy Number: \_\_\_\_\_

<b>Emergency Contact 1:</b>
Name: _____
Relationship to Child: _____
Home Phone: _____
Cell: _____

<b>Emergency Contact 2:</b>
Name: _____
Relationship to Child: _____
Home Phone: _____
Cell: _____

**THANK YOU!**