



HILTON PRE-PRIMARY

Ready....Steady....Grow!

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Hilton
3245
Vlei Road
Hilton

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Phone / Fax: 033-3434090

ENROLMENT FORM

| | |
|---|----------|
| Are you aware that we are a Christian Based School and part of our Curriculum is Christian based? | Yes / No |
| Year of enrolment | |

PERSONAL DETAILS OF PARENTS/GUARDIANS

| | MOTHER | FATHER |
|---|--------|--------|
| Title: Prof/Dr/Mr/Mrs/Ms | | |
| Surname | | |
| First name | | |
| Identity number | | |
| Occupation | | |
| Company | | |
| Telephone – work | | |
| Telephone – home | | |
| Telephone - cell | | |
| Marital status | | |
| Residential address | | |
| Postal address | | |
| In use e-mail address | | |
| Alternative contact person in case of emergency (name and relationship and telephone number) | | |
| Accounts (Person responsible for payment of school account) | | |
| Email address to which account must be sent | | |

PERSONAL DETAILS OF CHILD

| | |
|----------------------------|--|
| Surname | |
| First names | |
| Name called | |
| Gender | |
| Home language | |
| ID number | |
| Place and Country of birth | |
| Nationality of child | |
| Religion | |

MEDICAL DETAILS

| | |
|-------------------------------------|--|
| Doctor – name and telephone number | |
| Medical Aid name and number | |
| Is the child allergic to beestings? | |
| If yes, what should we do? | |
| Any other allergies? | |

INDEMNITY

I(parent/guardian) hereby give consent for my child
..... to use all the facilities at Hilton Pre-Primary School at
his/her own risk.

Signed:

Date:

FAMILY HISTORY

| | |
|---|----|
| Position of child in family: 1st, 2nd, 3rd etc. | |
| Is the child adopted? | |
| Any other children in the family. Names and ages: | |
| | 1. |
| | 2. |
| | 3. |
| | 4. |
| Other members living in the household – grandparents etc. | |
| Is the family unit complete? | |
| If not, state whether separated, divorced or widowed. | |
| Who is the child living with? | |
| Who will bring the child to school? | |
| Who will fetch the child from school? | |
| Medical problems | |
| Any particular habits or fears? | |

GENERAL INFORMATION

| | |
|---|--|
| Previous schools/crèches attended | |
| Contact number of last school/crèche | |
| Will you require aftercare? | |
| Until what time? | |
| <u>IF YOU HAVE YOUNGER SIBLINGS, PLEASE ENROL THEM NOW OTHERWISE WE CANNOT GUARANTEE THEM A PLACE.</u> | |

UNDERTAKING TO PAY SCHOOL FEES

I, _____ (father/guardian),

ID Number _____
and

_____ (mother/guardian),

ID Number _____

Hereby undertake to pay school fees for _____ (name of child) for the

school year/s whilst he/she is enrolled at **HILTON PRE-PRIMARY SCHOOL** ("the School") and agree to be subject to the following terms and conditions:

1. School fees are due, owing and payable in full on or before 31 January each year.
2. Parents/Guardians are jointly and severally liable for the payment of school fees.
3. The School is prepared to accept payment of school fees in the following manner:

Please circle your choice of payment a, b, or c.

- a. 10 equal monthly instalments, the first of which is due by 31 January and thereafter by the last day of each succeeding month; or
 - b. 4 equal quarterly payments, each within one week of the commencement date of each term; or
 - c. 1 payment in full and final settlement on or before 28 February if you are taking advantage of the discount given.
4. Should we fail, neglect or refuse to pay in terms of our undertaking in point 3. above, on or before due date, we understand that we will immediately be liable for the entire year's school fees.
 5. In the event of failure to pay school fees as set out herein, the school may hand over my/our account for collection without notice to me/us.
 6. School fees are due, owing and payable, notwithstanding periods of closure for circumstances outside of the School's control, including but not limited to political unrest, intimidation, outbreak of infectious disease or a threat thereof at the School or for any other reason deemed necessary by the School for the safety of the learners and staff of the School.
 7. Should it be necessary for the School to handover my/our account for collection, I/We accept liability for all legal costs on the scale as between attorney and client, including collection commission and tracing fees.
 - 8. If fees are not settled in full by the end of each term, I acknowledge that my child/children may not return to school.**
 9. In the event of removing the learner from the School before the end of their Gr R year, I/we must give at least 1 term's written notice to the principal of the School.
 10. I/We nominate the following address as my/our *domicilium citandi et executandi*:

SIGNED: _____

DATED: _____

HILTON PRE-PRIMARY DUCKLINGS ONLY

Child's Name:

Name they go by:

Is he/she potty trained:

Aftercare required:

Special needs:

.....

.....

.....

Who will fetch:

CHILD'S DEVELOPMENTAL HISTORY

CHILD'S NAME.....

D.O.B.....

FAMILY HISTORY:

Number of children in family.....

Position of child.....

BIRTH:

Was he / she full term or premature?.....

Natural birth / Caesarean?.....

PHYSICAL DEVELOPMENT AND HEALTH

When did he / she crawl?

When did he / she take first step?.....

General health?

Has your child had a hearing test?

If so, when?

IS ANYONE IN THE FAMILY ALLERGIC TO BEES?.....

If yes, who?

Any other allergies?

Have grommets been inserted?

Any physical problems?

Is there any information in connection with the child's health which the school should be aware of? If so, please furnish details:

.....

.....

EATING HABITS

Appetite?

Any allergies?.....

LANGUAGE DEVELOPMENT:

When did child start talking ?

Present state of speech ability.....

Impediments?

Stutters? Lisp?

Can child express him / herself easily?

Any other information that might be of value? eg. Death, divorce, separation, adoption or accidents:

.....
.....
.....

Briefly, describe child's personality.....

.....
.....
.....

Signature: