

# Jean's Playglen cc

2 Elizabeth Road, Hillcrest, 3610  
[www.jeansplayglen.com](http://www.jeansplayglen.com)

0679941542  
 jeansplayglen@gmail.com



Name of Child:		Admitted ..... Left: ..... Reasons: ..... .....
Please tick (✓) ½ day without meal <input type="checkbox"/> ¾ day with meal <input type="checkbox"/> Full Day <input type="checkbox"/>		
Date enrolled:		
Date of birth:		Sex: M <input type="checkbox"/> F <input type="checkbox"/> Please tick ✓
Nickname:		
Place and country of birth:		
Present residential address:		
Present postal address:		
Father's name:		Cell:
Father's occupation:		Tel home:
Business Name & Address:		Tel work:
Mother's name:		Cell:
Mother's occupation:		Tel home:
Business Name & Address:		Tel work:
In the event of an emergency, who should be contacted:		Tel:
Name:		Relationship to child:
Is the family unit complete (i.e. parents living together, separated, divorced, etc.):		
Who is the child living with:		
Address:		Tel:
<b>INDEPENDENCE</b> Please tick (✓) where applicable		
1.	Does the child need help dressing/ undressing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Does the child need help eating?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Does the child need help washing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	What term does the child use when he/she wishes to go to the toilet?	
5.	Is the child toilet trained?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Has the child been separated from the parent before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If so, when and for how long?	
7.	If the child misbehaves, do you think the child should be disciplined?	
	To what form of discipline does your child positively respond?	
8.	Who will bring the child to school?	
9.	Who will collect the child from school?	
10.	Why do you wish to place your child in a centre (e.g. working mum, stimulation, etc).	

## **TRANSPORT**

I, the undersigned, agree to my child being transported to outings in the school bus. I further confirm that I have satisfied myself that the drivers of said bus are the holders of a South African PDP licence. I understand that the school bus is fully roadworthy, that the said vehicle is suitable to transport my child and that my child is insured while being transported by the qualified driver.

I agree that I will not hold the school liable for any injury or harm sustained whilst my child is in transit where such injury or harm is not as a result of the school's recklessness or negligence and where such injury or harm could not have been reasonably foreseen by the school or its staff.

I, the undersigned, hereby acknowledge that it is necessary for the centre to collect and process my/our personal information and that of my/our child for the purpose of service delivery and we hereby consent to the collection and processing of the relevant information.

I, we have been informed that the centre may from time to time take photographic images of their learners during school or on outings and consent to these images being used on our website.

I, we further undertake to immediately notify the Centre of any changes to my/our contact details and addresses.

***I hereby apply for the admission of the above child and agree to abide by the conditions of entry and regulations of the centre which I have read and accept without reserve.***

Signature of Father / Mother / Guardian:

Print Name:

\_\_\_\_\_

e-mail address.

Date:

***I hereby give consent for photo's to be used on the Jean's Playglen website.***

Please tick appropriate box

**Yes, I do give consent**

**No, I do not give consent**

# HEALTH REPORT

## Does your child suffer from:

- |                                   |                              |                              |
|-----------------------------------|------------------------------|------------------------------|
| a. Asthma                         | Yes <input type="checkbox"/> | No. <input type="checkbox"/> |
| b. Heart Trouble                  | Yes <input type="checkbox"/> | No. <input type="checkbox"/> |
| c. Epileptic Fits                 | Yes <input type="checkbox"/> | No. <input type="checkbox"/> |
| d. Attacks of dizziness           | Yes <input type="checkbox"/> | No. <input type="checkbox"/> |
| e. Any serious illness or disease | Yes <input type="checkbox"/> | No. <input type="checkbox"/> |

If yes to any of the above, please give details and state whether the child is still suffering from the above.

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## Does your child have any allergies to?

- a. Food ☐      b. Medication ☐      c. The environment. (i.e. grass, bee-stings etc.) ☐

If yes, please give details and state medication and precautions taken.

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## Has your child had all the childhood inoculations?

Please attach photocopy of the clinic card.

Do you give your permission for a mild painkiller, e.g. Panado Syrup or Ponstan to be administered to your child for pain or fever and for salves and creams, e.g. Salvon, antihistamine lotions etc., to be used for insect bites, rashes and grazes etc.

yes ☐      no ☐

Name of your own Doctor-----

Tel. no.-----

Surgery-----

Add.-----

In the event of an emergency, and should the person-in-charge be unable to contact the above-named doctor, I agree to the person-in-charge using their discretion and agree to hold the centre indemnified for any claim that might arise as a result of this action on their part.

I, the undersigned hereby acknowledge that I understand the purpose of the centre collecting the above information and understand that this information will be kept in the strictest confidence by the centre. I further confirm that the information supplied is correct and accurate to the best of my knowledge and will not hold the Centre liable for any illness or harm suffered where I have either failed to furnish information or where the information furnished is inaccurate.

Signature-----date-----

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## **INDEMNITY FORM**

I, the undersigned..... Parent/Guardian of  
.....

Understand that whilst Jean's Playglen and its staff will exercise the necessary diligence and care whilst my child is in their care, understand that Jean's Playglen and / or its staff, in their personal or corporate capacity will not accept liability for any injury, death, loss or damage to personal property whilst the child is on the property or in the care of the school or staff member where the cause thereof is not due to any recklessness or gross negligence or where the cause thereof could not reasonably have been foreseen.

Signed at .....this.....day of .....20.....

SIGNATURE OF PARENT/GUARDIAN:

\_\_\_\_\_

NAME OF PARENT/GUARDIAN:

\_\_\_\_\_

ADDRESS OF PARENT/GUARDIAN:

\_\_\_\_\_

WITNESSES:

1.

NAME

SIGNATURE

2.

NAME

SIGNATURE

\_\_\_\_\_

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## **SCHOOL FEES COMMITMENT FORM**

	Father /Guardian	Mother/Guardian
Name:		
I.D. No.		
Cell No:		
Home No:		
Work No:		
Physical Address		
Postal Address:		
Work Place:		

I/We hereby undertake to pay school fees for my/our child/children (please write names below)

1) \_\_\_\_\_ 2) \_\_\_\_\_

monthly, in advance before the 7<sup>th</sup> of each month for as long as my child/children shall be enrolled at Jean's Playglen.

We/I also understand that one full month's notice must be given, in writing, before taking my child/children out of the school. Should the need arise for my child/children to be taken out before one month has passed I/We still undertake to pay fees for the notice month.

I authorise Jean's Playglen to carry out any checks and/or traces that they deem fit with any registered credit bureau or credit reference and also to list me with any credit bureau in the event of my defaulting in payment in terms of this agreement.

\_\_\_\_\_  
Father / Guardian

\_\_\_\_\_  
Mother / Guardian

Signed at \_\_\_\_\_ on \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_.