

T: 031 2628392 | F: 031 262 0947 | E: littledolphin.reception@gmail.com
Tullibardine Road, Westville North 3629 | PO Box 308, Westville 3630

APPLICATION FOR ADMISSION TO LITTLE DOLPHIN PRE-PRIMARY SCHOOL

I REQUEST ADMISSION FOR THE UNDERMENTIONED CHILD ON YOUR ASSOCIATION'S WAITING LIST FOR ADMISSION TO THE PRE-PRIMARY SCHOOL AS AND WHEN POSSIBLE IN ACCORDANCE WITH THE DECISION OF THE EXECUTIVE COMMITTEE, AND TENDER PAYMENT HEREWITH OF AN AMOUNT OF **R400,00 AS REGISTRATION FEE.** I UNDERSTAND THAT THIS IS NOT REFUNDABLE OR TRANSFERABLE IF THE VACANCY IS NOT ACCEPTED WHEN OFFERED BY THE REQUESTED DATE, BUT THAT THIS FEE WILL BE REFUNDED IF THE SCHOOL CANNOT OFFER A VACANCY BEFORE THE CHILD REACHES COMPULSORY SCHOOL-GOING AGE.

DATE TO START AT LITTLE DOLPHIN:

PERSONAL DETAILS OF PUPIL/LEARNER

SURNAME: FIRST NAME:

NAME KNOWN BY: DATE OF BIRTH:

SEX: NATIONALITY:

FLUENCY IN ENGLISH: SPEAK:
UNDERSTAND:

PREVIOUS PRE-PRIMARY SCHOOL:

FAMILY/HOME

HOME LANGUAGE: HOME RELIGION:

POSITION OF CHILD IN FAMILY (1ST/2ND ETC.): ADOPTED?

OTHER CHILDREN IN THE FAMILY

NAME: AGE: ADOPTED?

NAME: AGE: ADOPTED?

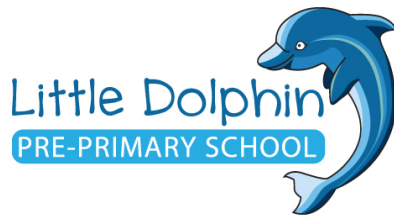
NAME: AGE: ADOPTED?

IS THE FAMILY UNIT COMPLETE?

(PLEASE STATE WHETHER PARENTS ARE SEPARATED/DIVORCED/WIDOWED).

WHO IS THE CHILD LIVING WITH?

WHO WILL FETCH THE CHILD FROM SCHOOL?



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CHILD'S HEALTH/DEVELOPMENT

IS THE CHILD IN GOOD HEALTH?

DOES THE CHILD HAVE ALLERGIES?

HAS THE CHILD HAD ANY SERIOUS DISEASES?

ANY OPERATIONS?

ANY DISABILITIES OR DEFECTS (CONGENITAL OR ACCIDENTAL)?

INDICATE ANY SPEECH DIFFICULTIES

DO YOU FEEL THE CHILD'S SPEECH REQUIRES ATTENTION

HAS VISION BEEN CHECKED BY A DOCTOR?

HAS HEARING BEEN CHECKED BY A DOCTOR ?

ANY PARTICULAR HABITS OR NERVOUS FEARS?

NB: DOCTOR TO CONTACT IN AN EMERGENCY: TEL:

FATHER/GUARDIAN

SURNAME: FIRST NAMES:

HOME ADDRESS:

..... CODE:

OCCUPATION:

BUSINESS NAME AND ADDRESS:

.....

.....

TELEPHONE (HOME): (WORK): (CELL):

EMAIL ADDRESS:

MOTHER

SURNAME: FIRST NAMES:

HOME ADDRESS:

..... CODE:

OCCUPATION:

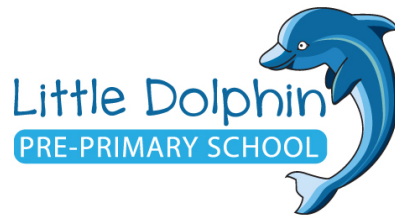
BUSINESS NAME AND ADDRESS:

.....

.....

TELEPHONE (HOME): (WORK): (CELL):

EMAIL ADDRESS:



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PERSON RESPONSIBLE FOR PAYING FEES

SURNAME: **FIRST NAMES:**

HOME ADDRESS:
.....
..... **CODE:**

OCCUPATION:

BUSINESS NAME AND ADDRESS:
.....
.....

TELEPHONE (HOME): **(WORK):** .. **(CELL):**

GENERAL INFORMATION

IN THE EVENT OF AN EMERGENCY WHO SHOULD BE CONTACTED:

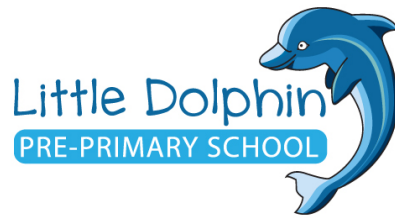
TELEPHONE: **RELATIONSHIP TO CHILD:**

STATE WHERE YOU HEARD ABOUT THE SCHOOL (FOR STATISTICAL PURPOSES):
.....
.....

ANY OTHER INFORMATION YOU WOULD LIKE TO ADD:
.....
.....

AFTERCARE (12 NOON UNTIL 5PM):

DO YOU REQUIRE AFTERCARE?



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RULES AND REGULATIONS

- THE CHILD MUST BE A MINIMUM OF 2 ½ YEARS OLD.
- THE CHILD MUST BE POTTY TRAINED (**FULLY**).
- ANY CHANGE OF ADDRESS OR TELEPHONE NUMBER MUST BE NOTIFIED IN WRITING IMMEDIATELY.
- THIS APPLICATION FORM MUST BE ACCOMPANIED BY A COPY OF THE CHILD'S BIRTH CERTIFICATE, A COPY OF THE PARENTS' I.D. BOOK AND A COPY OF THE IMMUNISATION CARD (CLINIC CARD).

FEES

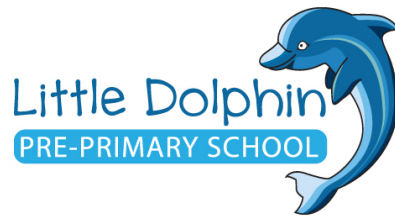
- FEES ARE PAYABLE ANNUALLY OR MONTHLY AT THE START OF EACH YEAR AND THE PARENTS WILL BE ASKED TO NOMINATE WHICH PAYMENT PLAN THEY OPT FOR.
- FEES ARE PAYABLE AS USUAL DURING A CHILD'S ABSENCE DUE TO ILLNESS OR HOLIDAYS.
- ONE FULL MONTH'S NOTICE OF WITHDRAWAL IN WRITING IS REQUIRED OR A FULL MONTH'S FEES ARE PAYABLE.
- ALL MONIES MUST BE SENT TO SCHOOL IN A SEALED ENVELOPE OR BANK BAG MARKED WITH CHILD'S NAME, AMOUNT AND WHAT THE MONEY IS FOR. THE PARENT MUST THEN WRITE IN THE CHILD'S BOOK AS TO WHAT IS BEING SENT TO SCHOOL.

TERMS AND HOURS

- TERMS COINCIDE WITH THOSE OF THE KWAZULU NATAL EDUCATION DEPARTMENT.
- HOURS OF THE SCHOOL ARE FROM 08H00 TO 12H00.
- NO CHILD WILL BE ALLOWED TO ARRIVE AFTER 08H00 OR LEAVE BEFORE 12H00 WITHOUT THE PERMISSION OF THE PRINCIPAL.
- CHILDREN MAY BE DROPPED OFF FROM 07H15 BUT NO LATER THAN 08H00.
- THE CHILD MUST BE FETCHED BEFORE 12H15. ANY CHILD NOT FETCHED BY THIS TIME WILL GO TO AFTERCARE, FOR WHICH A FEE WILL BE PAYABLE (*R35.00 UP TO SECOND HOUR, THEREAFTER R70.00*).

EACH CHILD MUST BRING

- SCHOOL BAGS ARE COMPULSORY.
- AT THE START OF EACH TERM ***WE MIGHT*** ASK EACH CHILD TO BRING ONE OF THE FOLLOWING: BOX OF TISSUES, CAKE OF SOAP, 1 TOILET ROLL AND 1 KITCHEN PAPER ROLLER TOWEL.
- HIS/HER OWN SNACK EACH DAY THAT WILL CONSIST OF THE FOLLOWING: A SANDWICH OR SAVOURY BISCUITS AND A PORTION OF FRUIT OR VEGETABLES AND FRUIT JUICE OR MILK. **NO SWEETS, CHIPS OR SWEET BISCUITS.**
- **AFTERCARE:** SEPARATE SMALL BAG FOR CHILD'S LUNCH.
- **CLOTHING**
- EACH DAY A CHANGE OF CLOTHING MUST BE BROUGHT IN THE BAG IN CASE OF ACCIDENTS.
- ***ALL CLOTHING INCLUDING SOCKS AND SHOES MUST BE CLEARLY MARKED.*** CLOTHES MUST BE SIMPLE, WASHABLE AND SUITABLE FOR ALL ROUND PLAY ACTIVITY. FASTENINGS MUST BE SIMPLE AND EASILY ACCESSIBLE SO THAT THE CHILD CAN ACHIEVE INDEPENDENCE.



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MEDICAL/HEALTH

- IN THE INTEREST OF HEALTH, CHILDREN SUFFERING FROM COUGHS, COLDS OR ANY INFECTIOUS CONDITION MUST REMAIN AT HOME UNTIL IT HAS CLEARED. IT IS UNDERSTOOD AND AGREED THAT THE PRINCIPAL SHALL HAVE SOLE AND COMPLETE DISCRETION TO DECIDE WHETHER A CHILD MAY ATTEND THE SCHOOL, PROVIDED THAT THIS SHALL BE EXERCISED ON THE GROUNDS OF ILL HEALTH.
- IN THE CASE OF AN EMERGENCY, AND SHOULD THE SCHOOL BE UNABLE TO CONTACT THE PARENT OR DOCTOR NOMINATED BY THE PARENT, CONSENT IS HEREBY GIVEN TO THE PRINCIPAL TO USE HER DISCRETION TO CONTACT WHOEVER SHE CONSIDERS NECESSARY e.g. THE SCHOOL DOCTOR. - DR. MOTALA TEL NO.: 031 2629099.

GENERAL

- ALL TOYS TO BE LEFT AT HOME (OTHERWISE THEY WILL BE CONFISCATED) AS THE SCHOOL CANNOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE.
- "BIRTHDAY RINGS" ARE AN INTEGRAL PART OF THE PRE-PRIMARY SCHOOL ROUTINE, AS THE WHOLE GROUP CELEBRATES THIS IMPORTANT OCCASION WITH THE CHILD IN THE SPECIAL "BIRTHDAY RING". SIMPLE PARTY FARE IS ALLOWED. *(INVITATIONS CAN BE HANDED OUT FOR PARTIES TO BE HELD AT HOME ONLY).*

DECLARATION

I DECLARE THAT THE ABOVE PARTICULARS ARE TO THE BEST OF MY KNOWLEDGE CORRECT, AND THAT I HAVE READ AND UNDERSTAND AND AGREE TO ABIDE BY ALL RULES AND REGULATIONS.

SIGNED: DATE:

PARENT/GUARDIAN'S NAME:

SIGNED:DATE:

(PRINCIPAL)

PLEASE ATTACH A COPY OF THE FOLLOWING:

- FATHER'S IDENTITY DOCUMENT
- MOTHER'S IDENTITY DOCUMENT
- CHILD'S BIRTH CERTIFICATE
- CHILD'S IMMUNISATION CARD (CLINIC CARD)
- TRANSFER LETTER

BANK DETAILS

BANK: FNB
ACC. NAME: LITTLE DOLPHIN PRE-PRIMARY
ACC. NO: 62676199576
TYPE: CHEQUE
BRANCH CODE: 223 526
REF: CHILD'S NAME