

BLAAUWBERG RISE THERAPY & LEARNING CENTRE

REGISTRATION FORM

Date of enrolment _____

Starting date: _____

Child's name and surname _____

Date of birth _____

Home address _____

Home language _____

Father's name and surname _____

Father's address _____

Father I.D. No _____

Occupation _____

— Company where employed _____ Email: _____

Tel No: (Work) _____ Cell No: _____

Mother's name and surname _____

Mother's address _____

Mother's I.D. No _____

Occupation _____

Company where employed _____ Email: _____

Tel No: (Work) _____ Cell No: _____

Marital status of parent's _____

Medical Information

Position in the family _____

Medical aid number _____ Scheme _____

Name of medical aid _____

Name of DR _____ Tel No: _____

Does your child suffer from any allergies? _____

Any important medical information

Copy of child's clinic card attached? Yes or No _____

Copy of any related medical or therapy attached? Yes or No _____

CONDITIONS**I will be responsible for all medical and/or hospital accounts that may be incurred.**

I, the undersigned, being the parent/guardian of the above mentioned child, give permission for my child to participate in the play activities and outings arranged by the school. I understand that the teachers and child care staff of Blaauwberg Rise Academy shall not be held liable for any loss, damage, cost and expenses from any cause arising to property or persons which my child may sustain or incur upon the premises, nor shall they be liable for any other unforeseen circumstances that may arise. Furthermore, the teachers of the Blaauwberg Rise Academy, in all respects, act in loco parentis regarding supervision, care and discipline of the child.

Signature of Parent/Guardian _____ Date _____

Copy of School rules received _____

I agree that, as stipulated, I will pay the school fees in advance within the first week of the month and ensure that one terms written notice, or fees in lieu thereof, will be paid, should my child leave Blaauwberg Rise Therapy & Learning Centre.

The Applicant explicitly authorizes Blaauwberg Rise (Pty) Ltd to:

- Conduct searches on the Applicant/s, Parent/s and guarantor/s or surety/ies;
- Monitor the Applicant's payment record by making enquiries at any trade reference or accredited credit bureau or bank;
- Use information obtained from such trade references, accredited credit bureau or bank to assess the non-payment of the Applicant/s Parent/s from time to time;
- Record the Applicant's account and default of payments with any accredited credit bureau

Signature of Parent/Guardian _____ Date _____

Signature of Principal/Owner _____ Date _____

