

REGISTRATION FORM

- FUNTAZIA Pre School / Day care

Registration Fee per year

R400

Full day (07:00 - 13:30)

Own Food & Beverages R800.00 per month / R40 per day

Food & Beverages included R1300.00 / R65 per day

After School Care (13:30 – 17:30)

Food & Beverages included R400.00 per month or R20 per day

Holiday Care (Closed on public holidays and December)

Funtazia Preschool learner Half Day (07:00 - 13:30)

Own Food and Beverages R20 per day Food & Beverages included R45 per day

Funtazia Preschool learner Full Day (07:00 – 17:30)

Own Food & Beverages R25 per day Food & Beverages included R50 per day

Learner from another school Half Day (07:00 – 13:30)

Own Food and Beverages R30 per day Food & Beverages included R55 per day

Learner from another school Full Day (07:00 – 17:30)

Own Food and Beverages R40 per day Food & Beverages included R65 per day

Date of admission required _____

Please attach the following document with registration forms:

Birth Certificate of Child Parents I.D Documents Copy of inoculation card

Child's Christian names _____

Child's First name / Preferred name _____

Child's Surname _____

Date of Birth _____ Sex _____

Home language _____

Home address _____

Telephone / Cell number _____

Postal address _____

FATHER: Full name and surname _____
ID No. _____
Occupation _____
Work address _____
Work telephone number _____
Cell number _____
E-mail address _____

MOTHER: Full name and surname _____
ID No. _____
Occupation _____
Work address _____
Work telephone number _____
Cell number _____
E-mail address _____

CONTACT IN CASE OF AN EMERGENCY _____

OTHER CHILDREN IN THE FAMILY

NAME From _____ AGE Van _____
2 years old _____ 2 jaar oud _____

FAMILY DOCTOR

Surname _____

Address and telephone number _____

Medical Aid, if applicable _____

Medical history of the Family (tick relevant boxes)

Dad's side of the family:

- asthma heart disease blindness deafness cancer depression
 diabetes other:

Mom's side of the family:

- asthma heart disease blindness deafness cancer depression
 diabetes other:

Health:

Pregnancy: normal / problems *Specify briefly if any problems: _____

Birth: normal / caesarean / instruments
Were there any complications at birth? YES / NO *Specify briefly if any problems: _____

Baby's Health at birth: healthy / "blue" / other problems *Specify briefly if any other: _____

Feeding of baby: breast / bottle

Did your child have any allergies of feeding problems as a newborn? YES / NO * Specify: _____

WHO MAY COLLECT MY CHILD

Name _____ Tel. _____

Name _____ Tel. _____

Name _____ Tel. _____

IMPORTANT: Please contact the school if someone other (than usual) is going to collect your child from school.

Reasons why the child is enrolled in this school:

- My child needs friends Other reasons: _____
- My child must learn something _____
- I need a break I was dissatisfied at previous school
- There isn't anybody else to care for my child

VACCINATION

Inoculations up to date? YES / NO (Please attach copy of Inoculations card, with admission)

DEVELOPMENTAL HISTORY

If applicable, please indicate if child is adopted _____

PREGNANCY

Problems during pregnancy _____

Problems at birth _____ Birth weight _____

Abnormalities _____

SIT: early / normal / late / not at all **WALK:** early / normal / late / not at all **CRAWL:** early / normal / ate / not at all

TOILET HABITS

When did your child become independent? _____

Does your child wet his/her bed at night? _____

Urinates:

- alone needs help has accidents wears nappy

Please state what is the "word" used to indicate this: _____

Defecation:

- alone needs help has accidents wears nappy

Please state what is the "word" used to indicate this: _____

SPEECH

TALK: early / normal / late / not at all

Childs Speech at present:

- very good – strangers can understand him/her fairly good – the family can understand him/her
 poor – nobody can understand him /her

Any speech problems? (Stuttering etc.) _____ Speech therapy received? YES / NO

Do you read to your child? YES / NO What _____ When _____

Appetite:

- very good good fair poor very poor varies

Does the child eat a lot of sweets? Yes / No

Does your child need help with eating? Yes / No

Sleep patterns:

Must child sleep at school? YES / NO does the child sleep during the day? YES/NO

If "yes": what time? _____ how long? _____

PHYSICAL

Does your child have any physical disabilities? _____

General health _____

ILLNESSES / DISEASES

Is your child on any medication? YES / NO Why? _____

How often (dosage)? _____

Any allergies? YES / NO Specify? _____

Does your child develop abnormal high temperatures? YES / NO _____

Any operations? YES / NO Specify? _____

Any serious illnesses? YES / NO Specify? _____

EMOTIONAL AND SOCIAL DEVELOPMENT

Does your child have an imaginary friend? YES / NO

Does he/she play with friends? YES / NO Age? _____

What is his/her relationship with siblings? _____

Father _____ Mother _____ Strangers _____

Is your child shy, aggressive, dependant, jealous etc.? _____

Child's behavior when unhappy?

cries talks about it withdraws and keeps silently alone other: _____

Does he/she adapt easily to new situations? Specify? _____

Is your child generally happy? _____

If not, what upsets him/her easily? _____

Does your child have any great fear of something? Yes / No
(Specify briefly if any): _____

How do you handle the problem? _____

Does your child have any nervous habits, e.g. Thumb sucking, nail biting etc? _____

Emotional climate at home (usually):

calm & relaxed busy & happy tense depressive & sad changes a lot

DISCIPLINE

How does your child react to discipline or denial? _____

What form of discipline do you apply at home? _____

How do you feel about parting with your child? _____

How do you think he/she will react? _____

Authority at home:

Dad is: _____ **remarks:** _____ **Mom is:** _____ **remarks:** _____

very strict fairly strict very strict fairly strict

fairly soft very soft fairly soft very soft

How does your child accept authority?

without any problem fairly good badly impossible

“Temper Tantrums”

How do you handle temper tantrums?

very often sometimes never

smack child ignore it explain & discuss

Time out

Traumatic experiences: has any of the following happened to your child?

Physical (body): if “yes”, does your child still have problems with it? YES / NO

serious injury bodily scars abuse

What was done about it?

Psychological (spiritual): if “yes” does child still have problems with it? YES / NO

accident alone in hospital parents divorce death of loved one

violence (experienced or witnessed) burglary (loss of possessions)

sexual molestation abuse (emotional stress)

Other: _____

- Please attach any professional reports (doctor, psychologist, police, social worker, therapists, ect.)

Please note: When I suspect that there might be a possibility that a child might be abused or molested, I am OBLIGED BY LAW to report it.

My first priority is the welfare and happiness of the child enrolled with this school.

If your child need help from any professional persons (doctor, psychologist, optometrist, dentist, occupational therapist, speech therapist, audiologist, physiotherapist, ect.) –

Are you willing to co-operate so your child may be helped? YES / NO

Any specific request / remarks, ect. from parents:

ANY OTHER INFORMATION: Eating habits / preferences / Intolerances etc.

Acceptance Agreement

I, the undersigned, parent of _____ herewith accept the school’s terms, Conditions, rules, policies and procedures. I understand that this contract may be reviewed and revised as necessary and that I will be provided with written Notice of any such revisions/ changes at least 30 days prior to any changes/ revisions to this agreement.

Date: _____

SIGNATURE