



★ Baby & Toddler Centre ★ Nursery School ★ Grade R

4 1st Avenue, Lambton, Germiston, 1401 Tel: (011) 827-7589 / 824-4856 Cell: 082 683 3127 Fax: 086 698 0113
E-Mail: diane@tic-toc.co.za Web: www.tic-toc.co.za

Tic Toc Application for Admission Form

Date of Application:	
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APPLICANT DETAILS (Full names as per Birth Certificate)	
Surname:	
Forenames:	
Nickname:	
Date of Birth:	
ID Number:	
Applicant Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Tick correct block)</i>
Ethnic Group:	
Home Language:	
Applicant Residential Address:	
Allocated Class:	<i>(Office use)</i>
Age at Entry:	
Please Tick:	<input type="checkbox"/> Full Day (06:30 – 18:00) <input type="checkbox"/> Half Day (06:30 – 14:00) <i>(Tick correct block)</i>

PARENT / GUARDIAN DETAILS		
	Mother / Guardian	Father / Guardian
Surname:		
Forenames:		
Nickname:		
Date of Birth:		
ID / Passport Number:		
Occupation:		
Company Name:		
Residential Address:		

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	Mother / Guardian	Father / Guardian
Telephone Work:		
Landline Number:		
Cellphone Number: (WhatsApp)		
Cellphone Number: (Calls)		
Email Address: (Dad)	<i>(Please write clearly)</i>	
Email Address: (Mom)	<i>(Please write clearly)</i>	

<u>EMERGENCY CONTACT 1</u> – <i>NB! Must be different to Mother and Father</i>	
Name:	
Relationship to the child:	
Cellphone Number:	
Telephone Work:	
<u>EMERGENCY CONTACT 2</u> – <i>NB! Must be different to Mother and Father</i>	
Name:	
Relationship to the child:	
Cellphone Number:	
Telephone Work:	

<u>MEDICAL AND HEALTH</u>	Yes	No	If yes, please specify. <i>(If necessary)</i>
Has your child ever broken a limb?			
Does your child have any specific fears?			
Does your child take regular medication?			
Do you have a family history of Dyslexia, hyperactivity, minimal brain dysfunction or other learning difficulties?			
Are there any special medical, physical or emotional needs that the school should be aware of?			
In the event of an emergency or your child is extremely ill, and we cannot get hold of you or the above-mentioned emergency contacts, may we take your child to the closest doctor / hospital? You will be liable for all the associated charges			Yes / No

Has your child had or suffer from any of the following:								
	Yes	No		Yes	No		Yes	No
Asthma			Bladder Infection			Chicken Pox		
Croup			Encephalitis			Eye Infections		
Prone to Thrush			Respiratory Tract Infection			Rubella		
Scarlet Fever			Any others?			Nose Bleeds		

Allergies and Food Intolerances								
	Yes	No		Yes	No		Yes	No
Grass			Antibiotics			Bee stings		
Dust			Fish			Gluten		
Lactose (Dairy)			Nuts / Peanuts			Pet Hair		
Preservatives			Wheat			Penicillin		
Analgesics			If yes, please specify:					
Anti-biotics			If yes, please specify:					
Any others:								
Any surgery you child has had:			Type of surgery:			At what age:		
<u>MEDICAL AID DETAILS</u>								
Scheme Name:								
Plan:								
Membership No.:								
Principal Member:								
Name of Doctor:								
Tel no of Doctor:								

<u>FAMILY HISTORY</u>			
Child's place of birth and nationality			
	Yes	No	
Is your child adopted / fostered?			If yes, at what age?
Names and ages of siblings:	Sibling 1:		Sibling 2:
	Sibling 3:		Sibling 4:
Child's place in the family	Youngest		Middle
Parents marital status	Married / Single Parent		Divorced / Separated
If divorced / separated, who does the child live with?			Oldest
What are the visiting arrangements with the other parent?			One parent deceased
<u>GENERAL INFORMATION</u>			
Has your child been to school before:			Yes
Name of previous school:			No
Years Attended:			
Contact Person:			
School Tel No:			

BILLING INFORMATION (Please give details of who is responsible for school fees) SCHOOL FEES ARE PAYABLE MONTHLY IN ADVANCE		
Person responsible for payment of school fees (NB: The parents are ultimately responsible for payment of the school fees, even if somebody else has undertaken to pay them and defaults)	Full Name:	
	Postal Address:	
	Residential Address:	
	ID Number:	
	Office Landline:	
	Cellphone No 1:	
	Cellphone No 2:	
Next of kin not living with you	Full Name:	
	Residential Address:	
Cellphone Number:		
Telephone Work:		

CONSENT TO COLLECT	
<p>I do hereby give the following 2 persons' permission to collect my child. (Should the child's mother / father / guardian mentioned on the front of the Admission Form not be available)</p>	
CONTACT 1 – NB! Must be different to Mother and Father	
Name:	
Relationship to the child:	
Cellphone Number:	

CONTACT 2 – NB! Must be different to Mother and Father	
Name:	
Relationship to the child:	
Cellphone Number:	

AGREEMENT:

- I / We accept full responsibility for the payment of school fees monthly in advance for the year.
- Should my child / children leave the school for any reason, whatsoever, I will give one (1) full calendar months' notice, in writing, failing which I will be liable for the school fees for the notice period. No cancellation notice will be accepted at the end of months October or November.
- The school reserves the right to restrict admission of any pupil in respect of whom monies to the school are outstanding.
- I agree that my child adheres to the disciplinary regulations of the school.
- By signing this agreement, I agree to Tic Toc Nursery School Financial Policy, Code of Conduct, Indemnity Policies and Admissions Policy.
- I hereby give my permission to Tic Toc Nursery School to conduct a financial screening.

SIGNATURES

Father / Guardian:

I, _____, ID Number _____,
hereby confirm that all the information supplied on this form is true and correct at the time of signing this document and I understand the contents.

Signed at _____, on this day _____ of _____, 20____

Father / Guardian Name

Father / Guardian Signature

Mother / Guardian:

I, _____, ID Number _____,
hereby confirm that all the information supplied on this form is true and correct at the time of signing this document and I understand the contents.

Signed at _____, on this day _____ of _____, 20____

Mother / Guardian Name

Mother / Guardian Signature

Documents Required:

1. ID / Passport document for both parents
2. Applicant Birth Certificate
3. Applicant Immunisation Certificate / Road to Health Booklet
4. Copy of applicants most recent report