



Address:
 22/2 Catherine Street, Shere
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SILVER STARS | APPLICATION FORM

Application Date		Start Date	
Acceptance Date		Class	

Child's Information

Surname		Home Address	
First Names			
Nickname			
Date of Birth		Daycare program required	Half Day Full Day
ID no		Religion	
Age at start date		Preferred Language	English Afrikaans
Gender			
Nationality			
Allergies			

Details of Parent(s) | Guardian(s)

	Mother	Father
Name(s)		
Surname		
Marital status		
ID number (RSA) / Passport number (Non-RSA)		
Home tel no		
Cell/mobile no		
Email address (main one)		
Postal address		
Residential address		
Occupation		
Company name		
Work address		
Work tel no		
Fax no		

Siblings currently in school

1. Name		Class	
2. Name		Class	

Medical Information

Medical Aid		Med Aid Number	
Doctor's Name		Doctors Tel	
Allergies			
Any other conditions			

Next of Kin

1. Name		Contact No:	
2. Name		Contact No:	

Previous School Care

Name of school			
City		Contact No:	

Any additional information Silver Stars should be aware of

We need the following to accompany this application

- Copy of the inoculation certificate
- Copy of the birth certificate
- Copy of parents' IDs
- Jumbo photo of child for the classroom
- Previous report (if applicable)

Financial Information

1. Registration fee of R350 per family per year
2. One month school fee as deposit, payable at registration (re-fundable)
3. School fees: Payable strictly monthly in advance over 11 or 12 months. Use your account number as reference.
4. Silver Stars Management reserves the right to increase school fees in line with the inflation rate on an annual basis.
5. Payment method: Please mark Cheque or Electronic Transfer

**Bank details: Shere Pre-School T/A Silver Stars | First National Bank - Cheque Account |
 Acc NO: 6212 164 0537 | Branch Code: 252 045**

 Signature (parent/guardian)

 Date



AGREEMENT

1. I, _____ the undersigned, agree to pay the school fees to Silver Stars Preschool for my child, _____, whom I registered for _____ (half/full) day.
2. I will pay the school fees monthly over 11 months or 12 months in advance on or before the third (3) day of the following month.
3. I agree that I could be penalized in the amount of R50,00 for every payment after the third (3) of each month and which amount will be added to the school fees for the next month.
4. I agree that Silver Stars School reserves the right to suspend my child if fees are not paid by the 10th (The month's fees will remain payable even if the child does not attend school).
5. I agree that I may be penalized for fetching my child after school hours. We ask that parents please adhere strictly to the school hours. If children are picked up after 14h00 for half day or after 17h30 for full day they will be charged a fine of R50 per child. After 17h45 they will be charged a fine of R100 per child. Please pay penalty fees in cash in the office the next morning.
6. I agree that I will give one (1) calendar month notice to the school when removing my child from the school and I agree that I am responsible for the payment of one (1) month's school fees when I did not give the notice as described above.
7. I agree that my child may be taken to a doctor and/or hospital by the personal of Silver Stars School should there be an emergency, and I agree that Silver Stars School will not be held responsible for the account of the particular doctor and /or hospital.
8. I furthermore agree that Silver Stars School, its owner or personnel will not be responsible for the following:
 - 8.1 Injuries pertaining to my child on the school premises, although we will do our best to prevent an incident;
 - 8.2 My child when I left her/him on the school grounds without the supervision of the personnel; and
 - 8.3 Lost clothing and/or other items.
9. Both parties agree that this agreement can only be amended in writing when both parties have reached consensus and signed.
10. I hereby grant Silver Stars Nursery School permission to obtain a credit report on me from a credit bureau.

Signed at Pretoria on this _____ day of _____ 20_____

FULL NAMES: _____

SIGNATURE: _____



Administering of Medication

at Silver Stars Nursery School

I, _____, parent of _____
 in the _____ (class), give my permission that a senior staff member of Silver Stars Nursery School may give my child the following medication if it's necessary and cannot get hold of myself or any contact on my list.

Medication	Yes	No
Antiseptic cream*		
Arnica oil / gel		
Antihistamine*		
Buscopan / generic*		
Panado*		

* Only if we cannot get hold of you by telephone

Complete and send back to the class teacher please.

A CHILD SHOULD NOT ATTEND SCHOOL IF HE/SHE IS ILL OR HAS A TEMPERATURE.

For any other medication or vitamins, you still need to complete the permission medication form in the class. Please note that we cannot give your child any medication if you do not complete and send this letter back to school. Each child must have his / her own completed form. We cannot give homeopathic medicine frequently.

Signed: Date:

Medical Indemnity Form

Parent/Guardian consent form for emergencies

As a parent/guardian I, _____ give consent to have my child, _____ receive first aid by Silver Stars Nursery School and staff and if necessary, be transported to receive emergency care by car or ambulance. I understand that I will be responsible for all charges including medical transport, etc. I give consent for the emergency contact person listed below to act on my behalf until I am available. I agree to review and update this information whenever a change occurs but at least every six months.

Signed: Date:

Contact Number:

CONSENT TO PUBLISH PHOTOGRAPHS

ON THE D6 COMMUNICATOR AND/OR WEBSITE.

Name of Parent/Guardian	Name of Child

Please mark the boxes below:

I consent to the use of photographs of my child in school publications or on the school's D6 communicator.	<input type="checkbox"/>
I consent to the use of photographs of my child on the schools website.	<input type="checkbox"/>

I DO NOT consent to the use of photographs of my child in school publications or on the school's D6 communicator.	<input type="checkbox"/>
I DO NOT consent to the use of photographs of my child on the schools website.	<input type="checkbox"/>

Signature of Parent / Guardian

Date