



Garden Road
MONTESSORI PRE-SCHOOL

Cultivating the future

Application Form 2021

Documentation to accompany this Application

Checklist	Tick
4 x Colour passport photographs of child	
A copy of the child's birth certificate	
A copy of both parents identity documents	
A copy of the child's latest report if transferring from another school	
Front and back copy of your current medical aid card	
Copy of Vaccination/Immunization Card/Schedule	

PLEASE EMAIL OR DELIVER THE COMPLETED REGISTRATION FORMS TO:

Garden Road Montessori Preschool, 63 Garden Road, Orchards 2192,
Johannesburg, South Africa

t: 010 271 0291

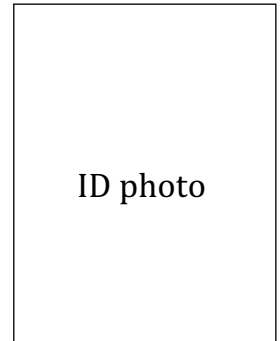
e: admin@grdm.co.za

www.grdm.co.za

Personal details

Information supplied on this document will remain confidential – COMPLETE IN BLACK USING FONT SIZE 12

Personal Information	
Child's Name & Surname:	
Date of Birth:	
Preferred Calling Name:	
Gender:	
Religion:	
Race:	



Sibling Information			
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	

Parental Information	
Mother's Name:	
I.D. Number:	
Physical Address:	
Postal Address:	
Home Tel:	
Work Tel:	
Cell Phone:	
Email Address:	
Occupation:	
Father's Name:	
I.D. Number:	
Physical Address:	
Postal Address:	
Home Tel:	
Cell Phone:	
Email Address:	
Occupation:	

Marital Status	
Married	
Separated	
Divorced	
Widowed	
Single	

Please Check Each Box That Applies To The Child					
Lives with both		Lives with		Lives with Father	
Separated		Parents Divorced		Joint Custody	
Mother deceased		Father Deceased		Single Parent	
Mother Remarried		Father Remarried		Lives with	

AttendanceDetails

When would you like your child to start at Garden Road Montessori?

Will your child be attending? (Check appropriate boxes)

TODDLERS – 18 MONTHS TO 3 YEARS

07HR00 TO 12HR30	
07HR00 TO 17HR30	

PRESCHOOL – 3 YEARS TO 6 YEARS

07HR00 TO 14HR30	
07HR00 TO 17HR30	

PART TIME – 3 DAYS PER WEEK

07HR00 TO 12HR30 - TODDLERS	
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Payment Period

Monthly (11 Payments) Due on or before the 3rd of each month January to November.	
Monthly (12 Payments) Due on or before the 3rd of each month January to December.	

Payment Type

Cash	
EFT (Electronic Fund Transfer)	

Person Responsible for the Account

Name:

I.D. Number:

Physical

Postal Address:

Employer &

Occupation

Cell Phone:

We, the undersigned, have read and agreed to the Conditions set out for the payment of compulsory school fees at Garden Road Montessori.

Parent (s)/ Legal Guardian Signatures

Mother:

Date:

Father:

Date:

Witness:

Date:

Medical Information

Medical information			
Child's Paediatrician:		Contact Tel:	
Family Doctor:		Contact Tel:	
Vaccinations:		Chronic Meds:	
Prior Illnesses:			
Chronic Medication:			
In case of emergency, which Parent should be contacted?			
Alternative Contact Person in case of Emergency:			
General information/Notes about child:			

Please attach a detailed copy of the various immunisations your child has received to date.

Immunisation: Which of the following illnesses has your child suffered from?				
Measles	Mumps	Rubella		
Chicken Pox	Scarlett Fever	Diphtheria		
Whooping Cough	Rheumatic Fever	Other Illness (Please		

Has your child undergone any operations?			
yes	no		
Details			

Does your child suffer any allergies?			
yes	no		
Details			

Any other medical problems?			
yes	no		
Details			

I hereby agree that the details above are true to ensure that my child will receive the necessary medical attention in case of an emergency.

Signature: Date:

Emergency Form

In case of an emergency or in the event of an injury, parent(s) will be notified. In the event that the parent(s) cannot be reached, please furnish us with details of two other responsible persons to contact.

Contact information			
Name & Surname:		Relationship:	
Telephone Home:		Telephone Work:	
Cell Number:		Allowed Pick Up	
Name & Surname:		Relationship:	
Telephone: Home:		Telephone Work:	
Cell Number:		Allowed Pick Up	

Please ensure that these details are always kept up to date as one never plans for an emergency! Also attach valid copies of the medical aid card and copies of the principle member's identity document and child's identity document/birth certificate. This is to ensure, should the need arise, that your child will be taken to a private hospital. If this information is incorrect or invalid, your child will be taken, by emergency services, to a Government (non-private) hospital.

In case of serious medical emergencies, I(Principle member) give permission for treatment of my child.....by a qualified medical doctor, if necessary.

Medical aid:

Membership Number:

Principle Member's Name: I

agree that I will be liable for all medical costs relating to injury or illness concerning my child.

Signature:.....Capacity:.....Date:

Witness:.....Capacity:.....Date:

Indemnity form

I,....., being parent or legal guardian of....., acknowledge that whilst my child is attending Garden Road Montessori, the staff of Garden Road Montessori will at all times use their best endeavours to ensure the safety and wellbeing of my child.

By these presences unconditionally and irrevocably absolve and waive any claims against Garden Road Montessori and/ or employees for any loss or damage to any property, whether by act or omission sustained howsoever arising and from any injury, illness or death arising from and relating to the aforesaid child or property of the child or any property belonging to any third party for such period as the aforementioned child attends the Garden Road Montessori.

I irrevocably nominate, constitute and appoint Mrs. Delicia Moraleda or her delegate to act in loco parentis on my behalf and in her sole discretion to take such steps as are necessary, including procuring medical or other assistance for and on behalf of the aforementioned child at my sole expense and obligation.

I have read and accept the conditions of the Indemnity Form.

Parent/Legal Guardian:.....Date:

Witness:.....Date:

School Hours

1. I agree to the school hours I have chosen for my child.
2. I will be given a 10-minute grace period, from the agreed collection time, within which to collect my child, thereafter I will be charged a late collection fee for every 15 minutes that I am late.
3. School closes at 17h30.
4. Should my child occasionally require aftercare, I will let Garden Road Montessori know, and will then be charged per afternoon, which will be recorded by the school and added to my next invoice.

Holiday Programme

5. Garden Road Montessori offers a Holiday Programme during term breaks to all students. Parents may sign their children up for the full holiday program or only for selected days. A program and booking form will be sent out 2 weeks before the holidays.
6. We charge per day (7:00 -5:30) irrespective of whether your child is with us for ½ day, ¾ day, or full day. Please refer to the School Calendar for our term dates and holiday program dates. Discount will be given if children attend the **full WINTER** holiday programme (10%).
 - (excluding nappies, wet wipes, nappy sacks, sunscreen and tissues).

Extra Murals

We offer a variety of fun Extra Murals after our formal work cycle for all our students. Please note that all Extra Murals are independent of Garden Road Montessori and fees must be paid directly to them. Whenever we have Extra Murals, we ensure that every business has had a trial run at the school to better understand what they offer and how they benefit Garden Road Montessori students. Children are under the care of the staff involved in these classes while participating in the Extra Mural and Garden Road Montessori cannot be held responsible for any injuries or loss that occurs during these classes.

Activity	Name	Contact #	E-mail
Soccer Stars	Jared	0827155467	jared@soccercise.co.za
Ballet	Deidre	0720721909	viljoendeidre@yahoo.com
Youth League Sports Academy (Cricket)	Marcello	0829797353	info@ylsa.co.za
Yoga	Dania	0769095819	amethodtutelage@gmail.com
Parent Toddler Play Group	Carla	0716785055	carlatenzer@gmail.com
Swimming	Carla	0610347234	swimsationalswimschool@gmail.com
Gymnastics	Zoe	0624102745	tlakulazoe@gmail.com

Opening Hours

A teacher is on duty from 07h00 every morning. Children are not to be dropped at school earlier as teachers are preparing for the day. Children are requested to be at school by 08h00, so they can enjoy the full benefit of the work cycle.

Notice Period

I undertake to give one term’s written notice, of my intention to withdraw my child from Garden Road Montessori, failing which, I shall be responsible for payment of the school fees for the term. The notice period does not apply if my child is asked to leave Garden Road Montessori, as I will be expected to remove him/her immediately.

Discipline

In terms of the SA Schools Act, corporal punishment is prohibited in South African Schools therefore: Corporal punishment is not used at Garden Road Montessori. I undertake to take the necessary measures to ensure that my child conforms with and adheres to the Garden Road Montessori “Code of Conduct”, expected from each and every child. Failure to adhere to these guidelines set out in the “Code of Conduct” will result in the removal of my child from Garden Road Montessori.

Emergency

I undertake to ensure that the school has the correct medical aid details and valid copies of the medical aid card and copies of both the principle member’s identity document and the child’s identity document/birth certificate. This is to ensure, should the need arise, that my child will be taken to a private hospital (Medical Aid policy permitting). If this information is incorrect or invalid, my child will be taken, by the emergency services, to a government (non-private) hospital. I agree that any expenses incurred are for my sole expense.

A Parent Handbook will be supplied with greater detail once registered with Garden Road Montessori.

I accept the conditions of this contract. I declare all information contained within the application and emergency forms to be accurate.

Signed at Johannesburg on (date)

Parent/Guardian

Witness

Signed at Johannesburg on (date)

For The School

About Your Child

Name:

Is your child adopted	Yes	No
If yes, does he/she know?	Yes	No
Is your child toilet trained?	Yes	No

Too Young	Child has had a negative toilet	Never Tried
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Has your child ever attended PreSchool?	Yes	No
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If yes, where?

Reason for leaving?

Which Primary School will your child be attending and in which year?

Other languages spoken at home?

What type of activities does your child enjoy?

What is your child's favourite toy?

How does your family spend time together?

How do you discipline your child?

What are your child's greatest strengths?

Describe your child's personality

Does your child have any food restrictions?

What is your child's favourite food?

Has your child had any special evaluations?	Yes	No
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If yes, please describe

Has your child received any counselling or therapy?	Yes	No
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If yes, please describe

Please describe any special educational, physical or emotional needs of your child.

Why did you choose Garden Road Montessori for your child?

What do you hope to gain from the educational experience at Garden Road Montessori?

Word of Mouth	Flyers	Driving Past	Internet/Website
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Other (Please Specify)