Email: littlemoosemontessori@gmail.com www.littlemoosemontessori.co.za





"Education cannot be effective unless it helps a child open up himself to life."

-Maria Montessori

2025 Application Form 2 to 6 years

Please attach the following certified documentation when submitting this application:

- 1.) Copy of your childs unabridged birth certificate
- 2.) Copy of clinic card
- 3.) Copies of both parents I.D. Documents

PERSONAL INFORMATION:

Childs Name & Surname:		Date of birth:/
Gender:	Home Language:	Religion:
Position in family (1st,	2nd.only):	
Names of siblings:		

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Details of Mother

Details of Father

Name:	Name:		
Surname:	Surname:		
Physical Address:	Physical Address:		
Postal address:	Postal address:		
Home Tel:	Home Tel:		
Work Tel:	Work Tel:		
Cell No.:	Cell No.:		
Email:	Email:		
Occupation:	Occupation:		
Employer:	Employer:		
Medical information:			
Medical information:			
Medical information:	Contact No.		
Childs Paediatrician:	Contact No.:		
Childs Paediatrician: Family Doctor:	Contact No.:		
Childs Paediatrician: Family Doctor: Allergies:	,		
Childs Paediatrician: Family Doctor: Allergies: Prior Illnesses:	,		
Childs Paediatrician: Family Doctor: Allergies: Prior Illnesses: Prior Operations:	,		
Childs Paediatrician: Family Doctor: Allergies: Prior Illnesses: Prior Operations: Chronic Medication:	Contact No.:		
Childs Paediatrician: Family Doctor: Allergies: Prior Illnesses: Prior Operations: Chronic Medication: Medical aid:	Contact No.:		
Childs Paediatrician: Family Doctor: Allergies: Prior Illnesses: Prior Operations: Chronic Medication: Medical aid: Contact person in case of emergency:	Contact No.:		
Childs Paediatrician: Family Doctor: Allergies: Prior Illnesses: Prior Operations: Chronic Medication: Medical aid:	Contact No.:		
Childs Paediatrician: Family Doctor: Allergies: Prior Illnesses: Prior Operations: Chronic Medication: Medical aid: Contact person in case of emergency: Alternate contact person in case of emergency Name of person/s collecting child at school: Please indicate any dietary requirements: Please indicate any special requests:	Contact No.:		

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Fee Structure 2025:

A non refundable registration fee of R500.00 is payable on acceptance. This fee has to be paid within 7 working days, effective from the day the applicant receives an acceptance letter. This will secure your childs placement.

Please indicate required option: ✓

OPTION 1	Half Day (7.15am to 12:30pm) R2600	
OPTION 2	3/4 Day (7.15am to 2.30pm) R2750	
OPTION 3	Full Day (7.15am to 5.30pm) R3100	

School fees are calculated on an annual basis and are charged monthly over a period of 11 months (January –November). Children who have started the school year after January will pay a full fee in December.

- Monthly fees are payable on or before the last day of the month.
- Annual fees are due by 28 February 2025.
- Should the parent/guardian wish to change the option above on this contract, two month's written notice is required.

SIGNATORY OF THIS DOCUMENT TAKES RESPONSIBILTY FOR THE PAYMENT OF SCHOOL FEES.

Disclaimer

- 1. We, the undersigned have read and agree to the terms and conditions of the above.
- 2. We, the undersigned, fully understand and accept that whilst every precaution will be taken to prevent accidents, Little Moose Montessori and its staff cannot be held responsible for any injury or illness contracted by the child while at school.
- 3. We, the undersigned, fully understand and accept that all excursions shall be taken at the childs own risk and we hereby absolve Little Moose Montessori and its staff from all claims that may arise in connection with loss or damage to property, or injury to the child during excursions, or arising there from.
- 4. We, the undersigned, fully understand and accept that we are liable for annual fees due (whether the child has been absent from school for any particular reason) and accept the terms of payment options as stipulated above.
- 5. We the undersigned, has read and understand all the rules and regulations set out in the school handbook. We fully agree to abide by these regulations.

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- 6. Right of admission is reserved- the owner of Little Moose Montessori reserves the right to dismiss any parent or cancel any childs enrolment for the following reasons:
 - Not disclosing the correct information supplied on this application form e.g. health, psychological behaviour your child might be suffering etc.
- 7. Two month's written notice is required, and full fees are payable for those months, should you wish to remove your child from Little Moose Montessori.

*NB -Extra Mural activities and Excursion Fees are not included in your childs tuition fee.

PARENT(S)/GUARDIAN(S) SIGNATURE(S):

MOTHER/GUARDIAN:F	FATHER/GUARDIAN:		
SIGNED ON THIS DAY OF	20IN		
WITNESS (1) FULL NAME(S) AND SIGNATURE	WITNESS (1) FULL NAME(S) AND SIGNATURE		
Banking Details:			
Account holder Little Moose Montessori			
Bank Name: First National Bank			
Branch code: 250655			
Account Type: Cheque Account			
Account No: 62897335470			
School Address: 3 JF Cilliers Road, Goodwood 7460 Email: littlemoosemontessori@gmail.com			
Office Hours contact number: - 0794168876			
OFFICE USE:			
Accepted: Not Acce	pted:		
Registration Fees paid in full:			