Welcome to Splendid Kids

NO ONE IS PERFECT BUT WE STRIVE TO BE SPLENDID

WHY CHOOSE US

Our mission is to be the extension of the working parent

- **Registered creche and Independent Primary School**
- **Qualified educators with a passion for children**
- **Dual medium language policy (Afrikaans and English)**
- **Stimulating curriculum based on the National Curriculum Framework & CAPS provided by government.**
- **Full day care (06:30 – 17:00)**
- **Open during school holidays, including December (only closed on weekends, public holidays and between Christmas & New Year's)**
- **Strong Christian values**
- **Healthy home cooked meals provided by our kitchen**
- **Daily feedback reports to parents**
- **Regular Health Inspection visits**
- **Extramural activities such as playball, ballet, hip hop dancing etc**
- **CCTV cameras**
- **Loving and Safe Environment**

We are looking forward to Welcoming you to the Splendid Family!

Owner: Amanda Kritzinger
072 609 6381

"The information required on this form is collected and used for record keeping purposes in compliance with all provisions of the Protection of Personal Information Act when dealing with personal information."

ADMISSION APPLICATION

I, the undersigned, parent/s, or legal guardian/s (the "Client"), hereby apply for admission of the child mentioned below.

PERSONAL INFORMATION		
DETAILS OF THE CHILD APPLIED FOR:		
SURNAME:	NAMES IN FULL:	
PREFERRED NAME:	DATE OF BIRTH:	
ID NUMBER:	AGE:	GENDER:
HOME LANGUAGE:	OTHER SPOKEN LANGUAGES:	
NATIONALITY:	RELIGION:	
NUMBER OF CHILDREN IN FAMILY:	RANKING IN FAMILY:	
HALF DAY OR FULL DAY:	DATE OF ADMISSION:	
NAME OF PREVIOUS SCHOOL / PLAY GROUP / DAY MOTHER:		
RESIDENTIAL ADDRESS:		
WHO WILL BRING/COLLECT THE CHILD TO/FROM SCHOOL:	RELATIONSHIP TO CHILD:	
EMERGENCY CONTACT PERSONS, IN CASE THE SCHOOL CANNOT REACH THE PARENTS/GUARDIANS:		
A:	TEL:	
B:	TEL:	
MEDICAL INFORMATION OF THE CHILD APPLIED FOR: (Specify where applicable)		
NAME OF FAMILY DOCTOR:	TEL:	
MEDICAL AID NAME:	MEDICAL AID PLAN:	

MAIN MEMBER INITIALS AND SURNAME:	MEDICAL AID NUMBER:
PLEASE MENTION ANY MEDICAL CONDITIONS OR MEDICAL NEEDS WE SHOULD BE AWARE OF (SPEECH, HEARING, SIGHT IMPEDIMENTS, MENTAL OR PHYCHOLOGICAL CONDITIONS, PREVIOUS SERIOUS ILLNESSES OR OPERATIONS):	
ANY ALLERGIES AND/OR DIETARY REQUIREMENTS, PLEASE SPECIFY:	
HAVE ALL INOCULATIONS AS PRESCRIBED BY LAW BEEN ADMINISTERED: ☐ YES ☐ NO IF NO, PLEASE SPESIFY REASON:	
IS THE CHILD'S PHYSICAL DEVELOPMENT, IN YOUR OPINION, NORMAL FOR HIS/HER AGE: ☐ YES ☐ NO IF NO, PLEASE STATE YOUR CONCERN:	

MEDICAL CONSENT AND INFORMATION

In case of a critical medical emergency, the school reserves the right to utilise the quickest medical service available.

I,_____(full name and surname) (the "Client") hereby agree and confirm the that the school is allowed to utilise the quickest medical service available in case of an emergency. If the Child is taken to the closest hospital (either Louis Leipoldt Hospital or N1 City Hospital) it will be for the medical account of the "Client". I hereby agree that if my child is NOT on a medical aid, he/she will be taken to Karl Bremer Hospital where I will meet him/her as urgently as possible.

CLIENT SIGNATURE: _____

DETAILS OF MOTHER/LEGAL GUARDIAN:	
SURNAME:	NAMES IN FULL:
PREFERRED NAME:	ID NUMBER:
RELATIONSHIP:	MARITAL STATUS:
HOME LANGUAGE:	EMAIL ADDRESS:
RESIDENTIAL ADDRESS:	
TEL (HOME):	CELL NUMBER:

OCCUPATION:	COMPANY:
BUSINESS ADDRESS:	
TEL (BUSINESS):	
ANY OTHER INFORMATION WE SHOULD BE AWARE OF:	

DETAILS OF FATHER/LEGAL GUARDIAN:	
SURNAME:	NAMES IN FULL:
PREFERRED NAME:	ID NUMBER:
RELATIONSHIP:	MARITAL STATUS:
HOME LANGUAGE:	EMAIL ADDRESS:
RESIDENTIAL ADDRESS:	
TEL (HOME):	CELL NUMBER:
OCCUPATION:	COMPANY:
BUSINESS ADDRESS:	
TEL (BUSINESS):	
ANY OTHER INFORMATION WE SHOULD BE AWARE OF:	

PLEASE INDICATE THAT THE FOLLOWING SUPPORTING DOCUMENTS ARE ATTACHED HEREIN			
BIRTH CERTIFICATE OF CHILD:	☐ YES ☐ NO	MEDICAL AID CARD:	☐ YES ☐ NO
CLINIC CARD OF CHILD:	☐ YES ☐ NO	PARENT ID'S:	☐ YES ☐ NO
X2 PHOTOGRAPH OF CHILD:	☐ YES ☐ NO	ID'S OF PEOPLE AUTHORIZED TO COLLECT CHILD AT SCHOOL:	☐ YES ☐ NO

DECLARATION

I,_____(full name and surname) (the "Client") hereby agree and confirm the following:

1. I hereby confirm that I am in possession of the Enrolment Agreement and Application Form, and have read, understood, and accepted the content contained therein.
2. I undertake to fill out the Admission Form to the best of my ability and warrant that the information and documentation provided by me is correct and shall not hold the School liable for any incorrect, false, missing, and misleading information and/or documentation contained and/or attached herein.
3. I agree that the School may reasonably reject such application for admission of the child to the School, and that the School shall give reasonable reasons for same.
4. I agree that my signing of the Admission Application and Enrolment Agreement does not automatically mean and/or indicate that the School has accepted such admission of the child, and the School shall give notice in writing of their acceptance of such application.
5. Should the School hereby accept such application for admission of the Child to the School, I shall ensure that the Enrolment Agreement is signed, and agree that should I fail to sign such Enrolment Agreement, that such Enrolment Agreement shall then become tacitly binding between myself and the School.

SIGNED AT_____ON THIS_____DAY OF _____

_____

CLIENT SIGNATURE

_____

WITNESS