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www.littlecornerhouse.co.za

Application form 2018: 3 - 6 Years old

Please complete the following application form and return it, complete with the other documentation required, along with a registration fee of **R450.00**. On receipt of the application forms, and on acceptance by LCH, a non-refundable deposit of R2 500.00 will be required to secure a place at the school.

Please do not hesitate to contact me should you have any questions.

Documentation to accompany this application:

- 1) A certified copy of your child's birth certificate
- 2) A copy of your child's immunisation record
- 3) A colour photograph (passport size) of your child
- 4) A copy of your Medical Aid card or details
- 5) A certified copy of one of the parents ID documents

Personal Information

Full name of child:.....

Preferred calling name:.....

Sex:.....

Date of Birth:.....

Religion:.....

Mother's details:

Surname:.....

First name:.....

ID Number:.....

Occupation:.....

Postal address:.....

.....

Father's details:

Surname:.....

First name:.....

ID Number:.....

Occupation:.....

Postal address:.....

.....

Physical address:.....
.....
.....
Home tel no:.....
Work tel no:.....
Cell no:.....
e-mail:.....

Physical address:.....
.....
.....
Home tel no:.....
Work tel no:.....
Cell no:.....
e-mail:.....

Please indicate in writing if the living situation differs from that of the child living with both natural parents:.....
.....
.....

Sibling information:

- 1) Name:..... D.O.B.....
- 2) Name:..... D.O.B.....
- 3) Name:..... D.O.B.....

Emergency Information:

In case of an emergency or in the event of an injury parents will be notified. In the event that parents cannot be contacted please furnish me with the details of two other responsible persons I may contact:

1) Name:..... Relationship:.....
Tel home / work:..... Cell:.....

2) Name:..... Relationship:.....
Tel home / work:..... Cell:.....

Health Information

Immunisation – please attach a copy of your child’s immunisation record showing the immunisations your child has received to date.

Has your child suffered from any of the following illnesses (indicate with a tick next to the name):

- | | | |
|-----------------|------------------|-------------|
| Measles: | Mumps: | Diphtheria: |
| Chicken pox: | Scarlet Fever: | Rubella: |
| Whooping cough: | Rheumatic Fever: | |

Any other (specify):.....

.....

Has your child undergone any operations? Specify.....

.....

.....

Does your child suffer from any allergies? Specify.....

.....

.....

Any other medical problems:.....

.....

.....

Please ensure that the contact details given are updated regularly as one never plans for an emergency!

Please ensure that the Medical Aid details are up to date to ensure that, should the need arise, your child will be taken to a private hospital.

In case of serious medical emergencies, Igive permission for treatment of my child by a qualified medical doctor, if necessary.

Medical Aid:..... Number:.....

Principle members name:.....

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

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

Signed:.....

Capacity:.....

Date:.....

Additional information:

Please note that this information is confidential and is asked in order to help us to get to know your child well.

Child's first language?.....Other languages?.....

What is your child's favourite activity?.....

What is your child's favourite toy?.....

How does your family spend time together?.....

How do you discipline your child?.....

Describe your child's personality:.....

Has your child had any special evaluations? Please describe if yes.....

.....
.....

Has your child received any therapy or counselling? Please describe if yes.....

.....
.....

Does your child take any medication regularly? Please describe if yes.....

.....
.....

Any additional information I should know:.....

.....
.....

2018:

How would you like to pay your school fees?

Annually (1 payment) - January - please see payment options!

Termly (3 payments) – January, May, September

Payment may be made monthly, but you will be invoiced per term.

Payment may be made in cash or by EFT. Cheques are regrettably not accepted.

Banking details are:

Little Corner House

First National Bank, Benmore Gardens branch code 251 255

Account number 6222 473 4584

The school runs from Monday to Friday starting at 07:30 and closing at 13:00 each day. Aftercare is on offer should it be required, until 15:00 each day, and costs R80.00 per day. Snacks must be provided.

The fees include Clamber Club school action fees for all of the children twice a week. This is done to ensure optimal physical development using a program that has been designed by Physiotherapists, and will assist to ensure that any potential developmental problems may be screened for while the children are young.

Please note that one term's written notice is required when planning on leaving Little Corner House, and should we not receive the notice, a term's fees will be invoiced.

In 2018 the school terms are as follows:

Term 1:

Wednesday 17 January – Wednesday 11 April (56 days)

Half-term: Close Thursday 1 March – Return Tuesday 6 March

Public holidays are on Wednesday 21 March (Human Rights Day); Friday 30 March (Good Friday);

Monday 2 April (Family Day)

Term 2:

Wednesday 2 May – Friday 3 August (63 days)

Half-term: Close Friday 22 June – Return Monday 2 July

Public holidays are on Saturday 16 June (Youth Day)

Term 3:

Tuesday 4 September – Thursday 6 December (65 days)

Half-term: Close Thursday 18 October – Return Tuesday 23 October

Public holidays are on Monday 24 September (Heritage Day)

Please note:

There will be no school on Public Holidays

Holiday school periods will be planned and managed independently by the school directresses.