



For info or questions:
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Learner Enrolment Form

Learner Information

Last Name / First Names

Grade / Age / Birth date / Gender

Street Address / City, State / Zip Code

PARENT/GUARDIAN INFORMATION

Father: _____ Employer: _____
Home: _____
Work: _____
Cell: _____
Email: _____

Mother: _____ Employer: _____
Home: _____
Work: _____
Cell: _____
Email: _____

Guardian: _____ Employer: _____
Home: _____
Work: _____
Cell: _____

Learner lives with (check all that apply): [] Father [] Mother [] Guardian

Is there a court order protecting the custody of this child? ___ Yes ___ No

If yes, a copy of the court order must be included with this registration.

“Now faith is the substance of things hoped for, the evidence of things not seen.”

EMERGENCY CONTACTS

In the event the parents/guardians cannot be reached, the school will call the people listed below. People listed should be individuals who can:

- 1) give permission to administer health care;
- 2) pick-up your child if your child is ill; and
- 3) give advice about caring for your child.

Name & Surname: _____

Address: _____

Home phone: _____

Work phone: _____

Cell Number: _____

Relationship to learner: _____

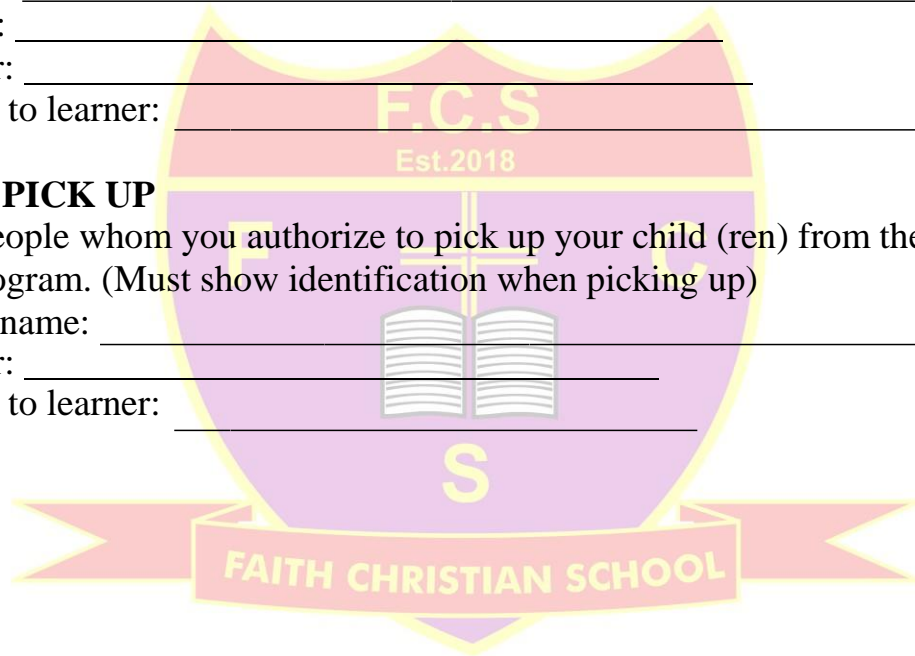
LEARNER PICK UP

Please list people whom you authorize to pick up your child (ren) from the Excel childcare program. (Must show identification when picking up)

Name & Surname: _____

Cell Number: _____

Relationship to learner: _____



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HEALTH INFORMATION

Physician: _____

Office Phone: _____

Dentist: _____

Cell Number: _____

Medication(s) being taken by learner: _____

Physical conditions (allergies, diabetes, etc.): _____

*If I, my child's emergency contacts listed above, or the physician listed above, cannot be reached in an emergency, I authorize school employees or legal representatives to obtain emergency medical care for my child while under the school's care including transporting or sending my child to an available hospital or physician. I authorize the **Faith Christian School** to administer Tylenol for minor aches such as a headache.*

Signature _____ Date: ____/____/____

Statement of Health

I do declare that the child named on this contract is in good health and is able to participate in all activities offered by the **Faith Christian School's** Program.

Parent/guardian signature _____ Date ____/____/____

Parent Contract

I am enrolling _____ in the after school/summer program. Enrollment, which is on a first-come, first-served basis, is completed upon receipt of required forms including full payment (registration fee and 1 month's fee) . Tuition payments are due on Monday of each week, or monthly. Payments received after 5:00 p.m. on Fridays are considered late. Accounts 3 days past due will result in suspension from the program until balance is paid in full - this includes late pick-up fees. I understand that in the event of non-payment, I am responsible for all costs of collection.

(Your signature indicates acceptance of all policies and regulations of the **Faith Christian School**).

Parent/guardian signature _____ Date ____/____/____

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I have received **Faith Christian School** Parents' Handbook, the parent handbook has fully informed me about the policies and procedures of the **Faith Christian School**. Among other topics, I have now been informed about the policies and procedures of discipline; homework; the release of children; tuition, fees, and payment structure; and termination from the program. This handbook will serve as a quick reference source to answer questions on policies and procedures.

Parent/guardian signature

Date

Permission:

Name & Surname of child:

Photographs

- Yes, I give permission for my child's photograph to be taken for use by the **Faith Christian School's** publications and for release to local newspapers.
- No, I do not want my child to be photographed.

Videotaping

- Yes, my child may participate in videotaping for recreational purposes only.
- No, I do not want my child to be videotaped.

Blanket Permission for Walking Trips

- Yes, I give my child permission to participate in walks around the school's premises.
- No, I do not want my child to go on walks.

Field Trips

- Yes, I give my child permission to participate in field trips off premise.
- No, I do not want my child to go on field trips.

Parent/guardian Signature

Date

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FEES

I am enrolling the above mentioned child in the school/new year program. Enrollment, which is on a first-come, first-served basis, is completed upon receipt of required forms including full payment (registration fee - if applicable and 1 month's fee). School fee payments are due on Monday of each week, or monthly. Payments received after 5:00 p.m. on Fridays are considered late. Accounts 3 days past due will result in suspension from the school's programs until balance is paid in full - this includes late pick-up fees. I understand that in the event of non-payment, I am responsible for all costs of collection. Your signature below indicates acceptance of all policies and regulations of the Faith Christian School.

Registration fee: FREE
School Levy: R200.00/Term
Crèche – Grade 3: R800.00/Month
Grade 4 – 6 : R950.00/Month
Grade 7 – 9 : R1050.00/Month
Grade 10 : R1300.00/Month

FAITH CHRISTIAN SCHOOL
FNB ACC: 6285 6628 965
Account Type: Business Cheque
Branch: Northgate
Branch Code: 256755

***PLEASE NOTE: FOR SECURITY REASONS, THE SCHOOL DOES NOT ACCEPT CASH PAYMENTS ON SCHOOL PREMISES.**

Parent/guardian Signature _____

Date _____

For Office Use Only

Date Received _____ / _____ / _____

Paid Cash/EFT (Receipt Number) _____

Starting Date: _____ / _____ / _____

Dismissal Date: _____ / _____ / _____

Admin Officer: _____

Signature

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