



OXFORD  
pre-school  
learning through play

15 OXFORD ROAD, MORNINGSIDE

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ROBERTA HAMILTON – SOLE PROPRIETOR

# OXFORD PRE-SCHOOL

## ENROLMENT FORM

Child's Name & Surname: \_\_\_\_\_ DOB: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Does your child have any medical problems including (but not limited to) allergies, asthma, epileptic fits, etc.? \_\_\_\_\_

For an emergency, Medication for fever? \_\_\_\_\_

Email Address: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Telephone No : \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Person responsible for paying fees: \_\_\_\_\_

Personal Information: Name of previous school: \_\_\_\_\_

Referred to Oxford Pre-School by \_\_\_\_\_

Family:

Brothers: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sisters: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status of Parent:

Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Single: \_\_\_\_\_ Separated: \_\_\_\_\_ Re-married: \_\_\_\_\_ Deceased: Mom/Dad

Child lives with: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Both: \_\_\_\_\_ Other: \_\_\_\_\_

Other persons authorised to collect child from school:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Persons NOT authorised to collect child from school:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Was your child: Brest Fed: \_\_\_\_\_ Bottle Fed: \_\_\_\_\_

Reliable person not living with you, in case of emergency: \_\_\_\_\_

Name & Address: \_\_\_\_\_

Work Telephone No: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_

Cell No: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Name & Address: \_\_\_\_\_

Work Telephone No: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_

Cell No: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

I, \_\_\_\_\_, confirm that I am duly authorised to furnish the relevant personal information from the above listed reliable person not living with me (in case of emergency) to Oxford Pre-School.

I hereby grant my consent that the personal information hereby provided by myself (the parent/guardian) may be used and processed as is necessary to carry out actions and functions for the conclusion or performance of the agreement entered into between myself and Oxford Pre-School.

Although every possible precaution for the safety and welfare of the child will be taken, should any injury occur, no responsibility can be accepted.

By affixing my signature hereto I/we declare that the information I/we have provided on this registration form is correct and current and indemnify Oxford Pre-School against any harm or damages incurred as a result of me/us providing inaccurate or incorrect information. I/we furthermore declare that I/we have read and fully understand the terms of the attached agreement and indemnity.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

## OXFORD PRE-SCHOOL RULES AND REGULATIONS

1. School Fees Payable on or before 1<sup>st</sup> of the month  
Full day: R 2700  
Half day: R 2350  
Admin. Fee: R 300

Fees are payable up front, including December

When paying school fees, please ensure you have receipt as proof of payment.

Bank details: Bank: Standard Bank

Account name: Oxford Pre-School

Branch: Musgrave

Branch code: 042626

Account number: 370515315

2. School hours: Full day 7.00a.m. - 17.00p.m.  
Half day 7.00a.m. - 12.30p.m.

No responsibility is accepted for any child after 17.00pm. A R50.00 penalty fee will be charged for every half hour that you are late.

3. A Full Calendar month's notice is required in writing, or in payment of 1 month's fees in lieu thereof for withdrawal. No reimbursement will be in the case of family holiday, sickness & the like.
4. Extra mural activities: Monkeynastix, Ballet and Modern Dance, Speech & Drama, Soccer, Shongololo Shakers.
5. A snack may be provided for afternoon tea.
6. All items of clothing, including shoes are to be clearly marked with the child's name. The onus is on parents to ensure that all items of their children's clothing are present and correct before leaving the school.

7. MEDICINES: Please do not put medicine in your child's bag. All medicines are handed in by an adult to a staff member with full & detail instruction, these details to be fully legible. Medicines, which are not legible, are not administered.
8. Please attach copy of Birth Certificate/ID/passport
9. Please attach a copy of Health Card/ Immunisation card.
10. Thank you for your co-operation and understanding.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By affixing my signature hereto I/we declare that the information I/we have provided on this registration form is correct and current and indemnify Oxford Pre-School against any harm or damages incurred as a result of me/us providing inaccurate or incorrect information. I/we furthermore declare that I/we have read and fully understand the terms of the attached agreement and indemnity.

## INDEMNITY

I, the undersigned,

\_\_\_\_\_

Address:

\_\_\_\_\_

the father/mother, the guardian of/or duly authorised custodian and representative of the guardian of the minor:

\_\_\_\_\_

Do hereby fully understand and accept that Oxford Pre-School and all its employees or assistants will care for my child to the best of their ability and take the necessary diligence and care to ensure my child's safety. Oxford Pre-School and all its employees or assistants will not accept liability for any claims arising while my child is on the property of Oxford Pre-School or as a result of taking part in extra-mural activities where such accident/injury/illness or any damages are caused due to the negligence of my child and/or as a result of my child failing or refusing to abide by any safety regulations and instructions given by Oxford Pre-School and/or its employees or assistants or where such accident/injury/illness was not as a result of the gross negligence or recklessness of Oxford Pre-School and/or its employees or assistants or where such accident/injury/illness could not reasonably have been foreseen.

In the event of my child being injured, I hereby authorise Oxford Pre-School to procure such medical services as may in their/its absolute discretion be deemed necessary. I undertake to indemnify Oxford Pre-School and its staff against all medical costs occasioned thereby.

I further understand and acknowledge that in the event of Oxford Pre-School transporting my child for any outings Oxford Pre-School will exercise the necessary diligence and care and take all reasonable

precautions for the safety and welfare of my child and will not be liable for any claim for damages, loss, injury, and/or illness of any nature which may be suffered by my child whilst participating in any such activity as well as my child's conveyance to and from such activities and/or the damage, loss or destruction of any property belonging to me or my child where such damage, loss, injury and/or illness is not as a result of the school's recklessness or negligence and where such injury or harm could not reasonably have been foreseen by the school or its employees or assistants.

DATED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

AS WITNESS:

1) \_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_  
Signature of parent