



INFORMATION SCHEDULE

Full names and Surname of Child:																		
Date of Birth:				D	D	M	M	Y	Y	Y	Y	Age:						
ID or Passport number:														Gender:	M		F	

Home language:			
Previous School Attended:			
Sibling Name:		Sibling Age:	
Sibling Name:		Sibling Age:	
Sibling Name:		Sibling Age:	
Sibling Name:		Sibling Age:	

Details:	Mother's/Guardian's	Father's/Guardian's
Name:		
Surname:		
ID Number:		
Physical Address:		
Postal Address:		
Tel Work:		
Tel Home:		
Cell Phone No:		
E-mail:		
Company name & position:		
Marital Status:		
How are you married?		
Please tick:	<i>In Community of Property</i>	<i>Out of Community of Property</i>
Religion:		

Copy of Medical Aid Card included:	Yes	Not on a Medical aid:	
Copy of Child's Birth certificate included:	Yes	To follow:	



PREFERRED PAYMENT METHOD

(Please select a preferred payment method, see Fee Schedule)

TODDLERS (18months – 3years)

WITHOUT AFTERCARE (until 12:30pm):			WITH AFTERCARE (until 5pm):		
I prefer to make payments: <i>(Please tick your option)</i>	<input type="checkbox"/>	MONTHLY	I prefer to make payments: <i>(Please tick your option)</i>	<input type="checkbox"/>	MONTHLY
	<input type="checkbox"/>	TERMLY		<input type="checkbox"/>	TERMLY
	<input type="checkbox"/>	ANNUALLY		<input type="checkbox"/>	ANNUALLY

CHILDREN'S HOUSE (3 – 6 years)

I prefer to make payments: <i>(Please tick your option)</i>	<input type="checkbox"/>	MONTHLY
	<input type="checkbox"/>	TERMLY
	<input type="checkbox"/>	ANNUALLY

ELEMENTARY (6 – 12 years)

I prefer to make payments: <i>(Please tick your option)</i>	<input type="checkbox"/>	MONTHLY
	<input type="checkbox"/>	TERMLY
	<input type="checkbox"/>	ANNUALLY

Parent/Guardian responsible for account payment

FULL NAMES: _____

Phone Number: _____

EMERGENCY CONTACT DETAILS

<i>In case of an emergency, please indicate which parent should be contacted?</i>	
1.	
2.	

Emergency contact - other than parents:

Name:	Relationship:	Cell Number:



COLLECTION OF CHILD

People allowed to collect your Child, other than parents/guardian:

Name:	Relationship:	Cell Number:	Identity Number:

Please note:

**Parents/guardians and all persons allowed to collect your child, must complete the security for (please request a form from the School Administrator if not a Monaghan Farm resident), have their fingerprints loaded for gate access and have a photo taken at the security office to be allowed access to the premises.*

SPECIAL REQUESTS

Please indicate any special requests regarding the following:

Food (Also complete Health Information Schedule):

Medication (Also complete Medication Schedule):

Other:

Signature of Guardian: _____

Date:

D	D	M	M	Y	Y	Y	Y
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