



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																			
Copy of Child's Birth certificate included:		Yes		Not on a Medical aid: 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:	<input type="checkbox"/> MONTHLY	I prefer to make payments:	<input type="checkbox"/> MONTHLY
<i>(Please tick your option)</i>	<input type="checkbox"/> ANNUALLY	<i>(Please tick your option)</i>	<input type="checkbox"/> ANNUALLY

CHILDREN'S HOUSE (3 – 6 years)

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

ELEMENTARY (6 – 12 years)

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

Parent/Guardian responsible for account payment

FULL NAMES: _____

Phone Number: _____

EMERGENCY CONTACT DETAILS

In case of an emergency, please indicate which parent should be contacted?	
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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