

PEAKVIEW PRE-PRIMARY SCHOOL

ADMISSION FORM

I, wish to enrol my child, , born on , at Peakview Pre-Primary School for the year

I agree to pay the school fees of R per month (or quarterly by arrangement). I enclose the deposit of R500.00, which is a non-refundable deposit.

I agree that one term's written notice will be given by me should my child be withdrawn or a full term's fees will be charged to me. *(Regrettably, parents who take sabbatical are still liable for fees)*

I authorise Peakview staff to summon my doctor,

Dr Phone..... or other medical assistance to attend to my child, if necessary, at my expense.

I do hereby indemnify the Peakview staff or any assistants or parents who may at any time be looking after my child against any accident, injury, or death to the latter. I also accept full responsibility for any public liability claim/s arising out of any action of my child. This indemnity is also to apply in any geographical area and includes any risk attached to the conveyancing of my child or children. Furthermore, I do hereby indemnify the owners, lessors, or lessees of any property for any accident, injury or death caused to my child or children while the latter may be on such property.

Agreed to on this the day of 20....

at

Applicant Capacity

(Signature)

Please attach photocopies of child's birth certificate and clinic card or show originals to Principal

DEVELOPMENTAL HISTORY

Name of child:..... Date of Birth:.....

MEDICAL

Any difficulties at child’s birth?.....

Has child visited a dentist?.....

Age of sitting:.....crawling:.....walking:.....

Was walking spontaneous or taught?.....

Has child had any operations? Specify nature of operation and date:.....

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Has child had any infectious diseases?.....

Any other illnesses?.....

Has child any nervous mannerisms?.....

Specify.....

PLAY

Has child a garden?.....

What are his/her favourite activities?

a) Active physical play:.....

b) Imaginative.....

c) Constructive.....

d) Creative.....

e) Miscellaneous.....

Does child help to put toys away?.....

Is she/he dependent on adults to organise freeplay time?.....

Does she/he often play with other children?.....

Ages?.....

LANGUAGE

Approximate age of talking.....

Is there any speech problem/lack of speech/ baby talk?.....

Does he/she have stories read?.....When?.....

Is there music in the home? Specify.....

Does child sing spontaneously?.....

EMOTIONAL

Does she/he appear timid, aggressive, solitary, self-willed?.....

Is he/she afraid?.....of what?.....

Does child cry easily?.....

How do you deal with it?.....

Does father spend much time with child?.....

GENERAL

Can child dress on his/her own?.....Button clothes?.....

Is child easily fatigued?.....Easily excited?.....

What form of discipline is used at home?.....

What term does your child use for defecation?.....

Has your child separated from mother before? (hospital, holiday, playgroup).....

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Is there any other information that may help us in understanding your child’s behaviour? (divorce, death, worrying behaviour/habits, trauma etc).....