



**Address:**

Plot 34/4 Ajax Street, Olympus,  
Faerie Glen, PreTORIA  
PO Box 39858, FAERIE GLEN 0043

**TELEPHONE:**

012 999 3016

**MOBILE:**

078 703 4914

**MOBILE:**

082 353 8748 (PRINCIPAL)

**EMAIL:**

INFO@PICCOLINURSERYSCHOOL.CO.ZA

**WEBSITE:**

WWW.PICCOLINURSERYSCHOOL.CO.ZA

# PICCOLI NURSERY SCHOOL | APPLICATION FORM

<b>APPLICATION DATE</b>		<b>START DATE</b>	
-------------------------	--	-------------------	--

## CHILD'S INFORMATION

<b>SURNAME</b>		<b>HOME ADDRESS</b>	
<b>FIRST NAMES</b>			
<b>NICKNAME</b>			
<b>DATE OF BIRTH</b>		<b>DAYCARE PROGRAM REQUIRED</b>	Half Day <input type="checkbox"/>
<b>CHILD'S ID NO</b>			Full Day <input type="checkbox"/>
<b>AGE AT START</b>		<b>RELIGION</b>	
<b>GENDER</b>		<b>PREFERRED LANGUAGE</b>	English <input type="checkbox"/>
<b>NATIONALITY</b>			Afrikaans <input type="checkbox"/>
<b>ALLERGIES</b>			

## DETAILS OF PARENT(S) | GUARDIAN(S)

	Mother	Father
<b>NAME(S)</b>		
<b>SURNAME</b>		
<b>MARITAL STATUS</b>		
<b>ID NUMBER (RSA) / PASS- PORT NUMBER</b>		
<b>HOME TEL NO</b>		
<b>CELL/MOBILE NO</b>		
<b>EMAIL ADDRESS (MAIN ONE)</b>		
<b>POSTAL ADDRESS</b>		
<b>RESIDENTIAL ADDRESS</b>		
<b>OCCUPATION</b>		
<b>COMPANY NAME</b>		
<b>WORK ADDRESS</b>		
<b>WORK TEL NUMBER</b>		

## SIBLINGS CURRENTLY AT PICCOLI NURSERY SCHOOL

1. NAME		CLASS	
2. NAME		CLASS	

### MEDICAL INFORMATION (COMPULSORY)

MEDICAL AID		MED AID NUMBER	
DOCTOR'S NAME		DOCTORS TEL	
PERSON RESPONSIBLE FOR ACCOUNT			
ALLERGIES			
CHRONICAL ILLNESSES /CONDITIONS			

### NEXT OF KIN

1. NAME		CONTACT NO:	
2. NAME		CONTACT NO:	

NAMES OF PERSONS WHO MAY COLLECT THE CHILD (Other than parents)		
NAME	RELATIONSHIP	CONTACT NO

  

NAMES OF PERSONS WHO MAY BE CONTACTED IN EMERGENCIES (Other than parents)		
NAME	RELATIONSHIP	CONTACT NO

ANY ADDITIONAL INFORMATION PICCOLI NURSERY SCHOOL SHOULD BE AWARE OF


**WE REQUIRE THE FOLLOWING TO ACCOMPANY THIS APPLICATION:**

- COPY OF THE INOCULATION CERTIFICATE
- COPY OF THE BIRTH CERTIFICATE
- COPY OF PARENTS' ID'S
- SMALL PHOTO OF CHILD FOR FILE (digital photo also acceptable)
- REPORT FROM PREVIOUS SCHOOL (IF APPLICABLE)

**PLEASE NOTE THAT THE ABOVE-MENTIONED DOCUMENTATION IS A PRE-REQUISITE FOR ENROLMENT. NO APPLICATION WILL BE PROCESSED UNTIL ALL THE NECESSARY DOCUMENTATION IS RECEIVED.**

I hereby confirm and acknowledge that I have read and understand the PICCOLI rules, regulations, and general information and that I undertake to abide by them as described. I agree that all legal costs for the collection of arrear school fees will be paid by me on an attorney-client scale. I further agree that the address, as set out above, will serve as domicillium citandi et executandi. I hereby agree explicitly, specifically and irrevocable that a facsimile or email scan of this signed original document and invoice of outstanding school fees can be used specifically and not exclusively in any legal process as if it is the original document and that this document will be binding in all aspects.

SIGNATURE.....

DATE .....



## FINANCIAL INFORMATION

### SCHOOL FEES

- All school fees (which are calculated annually by the school), is payable monthly, in advance and must be paid by the 3rd of each month.
- **Piccoli Nursery School Management reserves the right to increase school fees in line with the inflation rate on an annual basis.**
- A registration fee or re-registration fee of **R400 per annum, per family** is payable on the date of registration every year, which is non-refundable. (The fee is utilised for administration purposes).
- **A deposit equal to one month's school fees are payable on admission. No deposit is refundable when a booked place in the school is cancelled.**
- **The deposit is not utilised as the first month's school fees but will be used for the last (notice) month's school fees when a calendar months' notice is given that your child is leaving the school.**
- School fees are payable on or before the 3rd of each month.
- Payment methods available: Electronic Transfer or Cash.
- **If the school fees are not paid for by the end of the month the child will be denied further admission.**
- **If the school fees are not paid in full by the end of the year the child will lose his/her space in the school for the following year and the child's progress report will be withheld.**
- Proof of payment of internet transactions must be emailed to the school within 24 hours and the original must be available on request.
- **School fees are payable in full, even if the child is not at school, for what reason whatsoever.**
- **No deduction of fees will be given for illness, holidays, or part of a month.**
- **The school holds the right to refuse any child whose school fees are not paid up to date by the 7th of each month.**

---

Initial Parent/Guardian



# AGREEMENT

1. I, \_\_\_\_\_ the undersigned, agree to pay the applicable school fees to Piccoli Nursery School for my child, \_\_\_\_\_, whom I have registered for  half day or  full day.

2. **I will pay the school fees in full, monthly on or before the 3<sup>rd</sup> of each month.**

\_\_\_\_\_  
Initial Parent/Guardian

3. I agree that Piccoli Nursery School reserves the right to suspend my child if fees are not paid by the end of each month (The month's fees will remain payable even if the child does not attend school).

4. **I agree that I may be penalized for fetching my child after school hours. We ask that parents please adhere strictly to the school hours. If children are picked up after 13h30 for half day or after 17h30 for full day they will be charged a fine of R200 for every 15 minutes.**

\_\_\_\_\_  
Initial Parent/Guardian

5. **I AGREE THAT I WILL GIVE ONE (1) CALENDAR MONTHS' WRITTEN NOTICE VIA EMAIL ONLY TO [info@piccolinurseryschool.co.za](mailto:info@piccolinurseryschool.co.za) WHEN REMOVING MY CHILD FROM THE SCHOOL AND I AGREE THAT I AM RESPONSIBLE FOR THE PAYMENT OF ONE (1) MONTH'S SCHOOL FEES WHEN I DID NOT GIVE THE NOTICE AS DESCRIBED ABOVE.**

6. **I AGREE THAT WRITTEN NOTICE OF ONE CALENDAR MONTH IS REQUIRED SHOULD MY CHILD LEAVE THE SCHOOL.**

**NOVEMBER WILL NOT BE SEEN AS A NOTICE MONTH. The last date on which notice of withdrawal can take place, is on 1 October for the end of October and/or 1 November for the end of December. Should I give notice in November I agree that I will be liable for the payment of the school fees/reasonable cancellation penalty for the month of November and December, although the preschool will be closed for a part of December.**

\_\_\_\_\_  
Initial Parent/Guardian

7. I, \_\_\_\_\_ hereby give permission for instances where one or both parents cannot be reached, **that Piccoli Nursery school or one of its personnel can decide on medical treatment, even if it has financial implications for the parents, in the following instances: obtaining medical assistance or services; transportation of the child to a place where medical assistance and/or services are available; permission to give any medicine as prescribed by a medical doctor; giving permission for anaesthetics.**

8. I furthermore agree that Piccoli Nursery School, its owner or personnel will not be responsible for the following:

8.1 Injuries pertaining to my child on the school premises, although we will do our best to prevent any and all incidents.

8.2 If I leave my child on the school grounds without the supervision of the personnel or notifying the personnel in person and ensuring that my child is safe, and my child then gets injured.

8.3 Lost clothing and/or other items.

9. Both parties agree that this agreement can only be amended in writing when both parties have reached consensus and signed before the child starts school. Notices that have to be given in writing in terms of this agreement shall only be valid if submitted in hard copy to the administration office at the school premises, alternatively if sent via e-mail to [info@piccolinurseryschool.co.za](mailto:info@piccolinurseryschool.co.za)

10. **Where the school is prevented from providing the agreed service or access to the service due to circumstances beyond its control or due to compliance with governmental, health and safety or any other public regulations and ordinances for a temporary or permanent period of time, the school will not be held liable for its inability to render such a service in any manner or form. Parents will still be liable for the payment of fees in terms of the agreement in these circumstances unless the parties agree otherwise taking into account reasonableness and the particular circumstances.**

---

Signature (parent/guardian)

---

Date



## Administering of Medication at Piccoli Nursery School

I, \_\_\_\_\_, parent of \_\_\_\_\_  
in the \_\_\_\_\_ (class), give my permission that a responsible staff member of Piccoli Nursery School may give my child the following medication, if necessary, should they not be able to get hold of myself or any contact on my list.

Medication	Yes	No
Antiseptic cream		
Arnica oil / gel		
Antihistamine*		
Buscopan / generic*		
Panado*		

\* Only if we cannot get hold of you telephonically.

**A CHILD SHOULD NOT ATTEND SCHOOL IF HE/SHE IS ILL OR HAS A TEMPERATURE.**

Please note that we cannot give your child any medication if you do not complete and send this letter back to school. Each child must have his / her own completed form. We cannot give homeopathic medicine, suppositories, or vitamins at school.

**Children may only return to school 24hrs after the start of use of antibiotics.**

Should your child require other medication during school hours it should be completed in the section below and handed personally to the responsible staff member:

Medication (Please specify)	Dosage	Time of administration

Antibiotics and other high schedule medications should PREFERABLY be administered at home, IF POSSIBLE.

**A valid copy of the child's prescription by a medical doctor with clear instructions for administration must be passed on to the Teacher if a chronic / high schedule or prescription medication must be administered at school.**

If the prescription has expired, the parent must obtain and submit a new one before prescription medication can be administered. Over the counter medication should be clearly marked with the child's name on it and the medication itself should not be expired.

**No child can be sent to school with a fever.**

***No child can be sent to school, having a contagious child disease or any other contagious disease.***

***No child will be admitted back to school, without a doctor's letter, confirming that the illness is past being contagious and that no other child will be affected negatively.***

I HEREBY CONFIRM THAT ONCE I HAVE BEEN NOTIFIED TELEPHONICALLY THAT MY CHILD IS SICK/ INJURED THAT I WILL MAKE THE NECESSARY ARRANGEMENTS TO FETCH MY CHILD FROM SCHOOL AS SOON AS POSSIBLE.

Signed: .....

Date: .....



# Medical Indemnity Form

## Parent/Guardian consent form for emergencies

As a parent/guardian I, \_\_\_\_\_ give consent that my child may receive, in case of emergency, first aid by the first aid qualified Piccoli Nursery School staff and if necessary, be transported to a medical facility to receive emergency care by car or ambulance.

- I understand that I will be responsible for all charges including medical transport, etc.
- I give consent for the emergency contact person to act on my behalf until I am available.
- I agree to review and update this information whenever a change occurs.

Signed: ..... Date: .....



# CONSENT TO PUBLISH PHOTOGRAPHS

ON THE PICCOLI WEBSITE/ FACEBOOK AND INSTAGRAM PAGE.

The purpose of the Piccoli Facebook and Instagram page is to provide our current and future parents with a more comprehensive view of our premise and the fun and educational activities and events offered at Piccoli Nursery School.

Piccoli Nursery School would like to reassure our parents that all photos/media taken of children will be used in a respectful and careful manner according to our school's code of conduct and moral ethics.

Name of Parent/Guardian	Name of Child

Please mark the boxes below:

I consent to the use of photographs of my child on the school's Website or Facebook and Instagram page. *No names are used. We try not to show faces, but more activities.*

Yes

No

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date





# Piccoli Nursery School Language Policy

The language of instruction at Piccoli Nursery School is bilingual (Afrikaans and English only).

**IN ORDER FOR YOUR CHILD TO BE CONSIDERED FOR ENROLMENT AT PICCOLI NURSERY SCHOOL, HE/SHE MUST HAVE EITHER AFRIKAANS OR ENGLISH AS THEIR HOME LANGUAGE.**

**MOTHER TONGUE** – The term "mother tongue" refers to a person's native language — that is, a language learned from birth.

**HOME LANGUAGE** – is considered the language spoken at home and it does not necessarily have to be the mother tongue.

**LANGUAGE OF INSTRUCTION** – is the language in which the child is educated.

Piccoli Nursery School is a registered educational institution where we are focused on helping children reach their age specific developmental milestones and outcomes.

Children from the age of 3 years must have age-appropriate linguistic skills in English or Afrikaans to be allowed admission.

It is the parent's own responsibility to take remedial action, should the chosen language not have developed appropriately. Proof must be provided that remedial action such as speech therapy is being taken.

I hereby accept that the school, owner, principal, management and staff of Piccoli Nursery School will not be held responsible or be liable whatsoever for bridging my child's language barrier (if applicable).

I hereby accept that the school management's assessment of my child's language proficiency is final with regards to the admission of my child.

I, parent of \_\_\_\_\_ therefore accept the responsibility to take my child (from 3-years of age) to a qualified speech therapist when I am notified by the school/my child's class teacher that my child has difficulty understanding the language of instruction in the class.

I hereby confirm that I understand Piccoli Nursery School's Language Policy.

---

Signature

---

Date