

5 Joseph Road  
Silvamonte  
2192  
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**2016 APPLICATION FOR ADMISSION INTO SUGARPLUMS & SWEETPEAS  
PLAYGROUP:**

Entered into between Stacey Levin and  
(Mother) \_\_\_\_\_ ID Number \_\_\_\_\_  
(Father) \_\_\_\_\_ ID Number \_\_\_\_\_  
Parent/Guardian/ Responsible party  
Of (Child's full name) \_\_\_\_\_ (Gender) \_\_\_\_ (Date of Birth)

\_\_\_\_\_ Street Address \_\_\_\_\_

\_\_\_\_\_

Email Address (Mom) \_\_\_\_\_

Email Address (Dad) \_\_\_\_\_

Postal Address

\_\_\_\_\_

Mom Telephone \_\_\_\_\_

Dad Telephone \_\_\_\_\_

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

Family Doctor \_\_\_\_\_

Allergies/Chronic \_\_\_\_\_

Medication \_\_\_\_\_

Fee: Fees are payable monthly and in advance. We will accept cash payments. Proof of direct payments must be submitted to us directly.

Signature \_\_\_\_\_ Print Name in Full \_\_\_\_\_

Signature \_\_\_\_\_ Print Name in Full \_\_\_\_\_

Signed at Stacey's Playgroup on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

(Commencement date at school) \_\_\_\_\_

**TERMS AND CONDITIONS AND POLICIES AND PROCEDURES**

**INDEMNITY:**

Although every necessary precaution will be taken to prevent accidents, neither Stacey Levin (owner), 8704010097086 or Deena Watkin Ress (assistant), 8510270097082 will be held responsible for any claims to a child arising from an accident which may occur whilst the child is on the premises.

**FEES:**

Fees are payable in advance before the 30th of the month. **The fees must be paid before the child can commence at the playgroup. No exceptions will be made. We have the right to refuse access to the playgroup if fees have not been paid or are outstanding.**

**Banking Details:**

Stacey Levin

FNB- Balfour Park

A/c No: 62259081710

Branch Code: 21221700

Dep Ref: Your child's name

Proof of direct deposits must be given to us directly.

Notice: for a child to leave our playgroup must be given one calendars month in advance.

**PLAYGROUP HOURS:**

Half Day: 07:30-12:30 am Mondays to Fridays.

**HEALTH ISSUES:**

Please do not send your child if they have a contagious disease and only send them in once cleared by your physician. If your child is on any medication please send a complete and authorized message into school. Medication needs to be signed off by a parent marked with your child's name and dosage.

Please do not send your child to playgroup if they have a temperature, are vomiting, has an eye infection or diarrhea. In any such incidence you will be contacted to come collect your child.

**GENERAL:**

Please ensure your child has an adequate supply of nappies or change of clothes in his or her bag. It is essential that they possess a cap and suntan lotion as a large part of their day will be in the sunshine. All belongings ie. Clothing and bags must be clearly marked. We will not be held responsible for any lost items.

**MEALS:**

Due to special dietary needs please ensure you send in a snack and drink for your little one on a daily. Please make sure sent in snacks are healthy and the appropriate size for your child's appetite. For children who are not allowed sugar or are still on milk drinks please send in a bottle with the appropriate liquids for your child. Please make sure all lunchboxes and bottles are labeled

Signature of Parent/ Guardian or Responsible Parties

SIGNATURE: \_\_\_\_\_ Print name in full: \_\_\_\_\_ (Father)

SIGNATURE: \_\_\_\_\_ Print name in full: \_\_\_\_\_ (Mother)

Signed at Johannesburg on this the day of 20

**CONFIDENTIAL QUESTIONNAIRE:**

(Please complete this form as comprehensively as possible)

Full name of Child:

Name by which child is known:

Childs Date of Birth:

Religion:

Father's full name:

Father's occupation:

Mother's Full name:

Mother's occupation:

Marital Status:

If divorced what is your child's relationship like with his/her other parent?:

Number of children in family:

Child's position in family: \_\_\_\_\_ of \_\_\_\_\_

Is your child adopted?:

Is your child a stepchild?:

Do you have a family history of learning problems, neurological problems, minimal brain dysfunction, behavioural problems or any other learning problems? If yes, please provide details.

Please best describe the challenges you face with your child:

How would you describe your child's level of communication?:

Which language is your child exposed to on a regular basis?:

Has your child ever been assessed by:

Psychologist:

Remedial Therapist:

Occupational Therapist:

Speech Therapist:

Other:

If yes, please provide copies of any reports or test results you have received.

Can your child go to the toilet on his/her own?

Is he/she prone to the occasional accident?

Does he/she feed him/herself?

Has she/he given up his/her bottle?

Has she/he given up her dummy?

Has she/he had their eyes tested?

Were there any problems? Please elaborate:

Does your child wear a hearing aid, if yes, please explain:

Does your child have any physical disabilities, if yes, please explain:

Does your child have any mental disabilities, if yes, please explain:

Does your child have any allergies, if yes, please indicate:

Does your child require medicine to treat any condition, please indicate with appropriate name and dosage:

Completed by: \_\_\_\_\_ Date: \_\_\_\_/20\_\_\_\_

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

Thank you for taking the time to complete our questionnaire. We appreciate that some of the questions are of a personal nature, but the answers will help us to deal with your child in a more sympathetic and understanding manner.