



### 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:



Education for life.

**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**

<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):*

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*Medication (Also complete Medication Schedule):*

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*Other:*

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Signature of Guardian: \_\_\_\_\_

Date:

D	D	M	M	Y	Y	Y	Y
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