Mighty Minions
Preschool

Application for Enrolment

We hereby apply for enrolment of our child at Mighty Minions, and if accepted, we agree:

1. To abide by the rules of Mighty Minions and the terms and conditions of admission and enrolment.
2. To pay a non-refundable annual registration fee of R1 000.00
3. The child may take part in extra mural activities at school. These activities shall be taken at the child's own risk.

We agree to indemnify and hold the school Mighty Minions harmless for any claims for compensation or loss ofany nature whatsoever.

Father:_____(print full name)

Sign:_____

Mother:_____(print full name)

Sign:_____

Date:_____

Date Starting:_____

Michelle O'Brien
Principal
+27 76 022 2032 30 Haak en Steek Str, Weltevreden Park
michelle@mightyminions.co.za www.mightyminionsschool.wixsite.com/minions

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Hours of Care Required:

1. Full Day 6:45 till 17h:30 (includes breakfast; snacks and hot cooked lunch) ☐
2. Half Day 6:45 till 14h:00 (includes breakfast; snack and hot cooked lunch ☐

PARTICULARS OF CHILD FOR ENROLMENT

Name:	
Surname:	
Nickname:	
Sex: M / F	
Date of Birth:	
Age :	
Home Language:	
Name of Child's doctor:	
Address of Child's Doctor:	
Doctors contact Number:	
Medical Aid:	
Medical Aid number:	
Allergies:	Asthma: Y/N Hay fever: Y/N Other:
Food allergies:	
Any other details you would like to share about your child	
Like things he/she likes to do:	
Favourite foods	
Best way to comfort him/her	

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Traumatic experiences	
Like things he/she likes to do:	
Favourite foods	
Previous Illness (Please state yes or no and when)	Measles: Y/N Chicken Pox: Y/N Mumps: Y/N German Measles: Y/N Scarlet Fever: Y/N Hand, foot and Mouth: Y/N

Please provide copies of the below documents:

1. Birth certificate
2. Immunisation card
3. Father ID
4. Mother ID

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PARTICULARS OF FATHER

Full name and Surname:	
ID number:	
Occupation:	
Employer:	
Employer contact Number:	
Email address:	
Cell number:	
Work number:	
Residential Address:	

PARTICULARS OF MOTHER

Full name and Surname:	
ID number:	
Occupation:	
Employer:	
Employer contact Number:	
Email address:	
Cell number:	
Work number:	
Residential Address:	

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CONSENT CLAUSE:

The debtor consents to and authorises Mighty Minions, the service, as the case may be, to:-

a) contact, request and obtain information at any time from any supplier, service or credit provider (or potential credit provider) or registered credit bureau in order to assess the behaviour, profile, payment patterns, indebtedness, whereabouts, criminal history, and creditworthiness of the consumer / debtor; and

b) provide information about the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the consumer / debtor to any registered credit bureau or to any supplier, service or credit provider (or potential credit provider) seeking a trade reference regarding the consumer's/debtor's dealings with the supplier, service and/or credit provider.

Account Holders Signature: _____

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INDEMNITY FORM

I, _____ (full name). The parent/ guardian of _____

_____ (pupil)

Hereby give full consent for the above mentioned pupil to attend Mighty Minions as well as take part in extra mural activities of the school. I do hereby indemnify Mrs Michelle O'Brien, owner of Mighty Minions and or/ any member of staff at Mighty Minions against any claim that may arise from injury, illness and or accident to above mentioned child.

I give permission for my child to be taken to the nearest health care-centrè for emergency treatment should such an emergency arise. This permission is given to Mighty Minions, in the event that I am unreachable or unavailable during such an emergency. I acknowledge that I am responsible for any medical expenses that may result. I hereby give full authority to Michelle O'Brien to use her discretion to take the necessary action and precautions asshe deems necessary to take full care of my child, which may include calling for an ambulance and hospitalization if so needed.

I/ we fully understand and accept the attendance at Mighty Minions and all activities carried out by the school are at the pupil's own risk.

I/we indemnify Mrs Michelle O'Brien and any member of staff at Mighty Minions against any claims of whatsoever nature or kind that may arise from damage to or loss of any property of the child whilst on the premises.

Date: _____

Signed at: _____

Print Name: _____ Sign:_____

Witness name: _____ Witness Sign: _____

Michelle O'Brien: _____
Cell: 076 022 2032

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