

LIVING STONES LEARNING CENTRE Northside Community Church



Registration Form [PLEASE PRINT]

Personal Information		
Child's Full Name	Boy/Girl	
Date of birth	(please provide copy of birth certificate)	
Home Address		
Home Phone No.		
Parents/Guardians	Mother/Guardian	Father/Guardian
Full Name		
Occupation		
Work Address		
Work Phone		
Cell phone No		
Email Address(es)		
Medical Info		
Doctors Name & Telephone		
Medial Aid & Membership # of child		
Vaccinations	(Please provide a copy of immunisation card)	
Any drug/food allergies, medical concerns or other details we should know?		
Persons authorised to collect your child:		1.
2.	3.	4.
5.	6.	7.

How did you hear about Living Stones? _____

Please turn over

Fees:

- USD\$30 Application Fee followed by an assessment/interview of child and parents.
- Once a place is offered, a Desk Fee is required of half of a school term fee and paid within a month.

Office Use Only

Application Date:

Receipt No:

Interview Date:

Accepted / Declined

Starting Date & Comments:

Northside Community Church

LIVING STONES

Learning Centre

UNDERTAKING REGARDING FEES, NOTICE PERIOD, EMERGENCY & AMBULANCES

As parent / guardian to (child's full name)

I, (full name) hereby certify that I have read and understood the Regulations of Living Stones and I am willing to comply with them.

I indemnify the appointed teachers and assistant teachers of the School or any of Northside Community Church staff against any loss of property or injury to any child who has been registered by me as a pupil of the School. I also authorise the teachers to administer corrective discipline when necessary.

Fees: I agree to pay Living Stones half school fees by the end of the first month of each term and final fees before the Half Term break. If I am unable to do so I will sign an Acknowledgement of Debt with the Administrator outlining suitable payment terms. If the school fees for the term are not received before the end of each term, my child will not be accepted back for the next term and the school has the right to employ a Debt Collector to recover the monies due.

Notice Period: I also agree that I will give the School at least a full terms' notice in writing before removing my child from the school. If no notice period is given I hereby agree that the school has the right to charge a full term's fees in lieu of the minimum of the full term's notice required.

Emergencies & Ambulances: Should my child require emergency medical treatment whilst in the care of the School, the School will first transfer the pupil to a suitable Medical Trauma Centre accompanied by a staff member whilst making every effort to contact you or any other responsible person. Should the School fail to contact you, you authorise the School to carry out or cause to be carried out any necessary treatment in respect of your child. You hereby accept responsibility of any medical expense incurred in respect of the Pupil and you further indemnify the School against any claims whatsoever in this regard.

.....
Signed

.....
Date

.....
Witnessed (by teacher / administrator)

.....
Date

LIVING STONES LEARNING CENTRE

Northside Community Church

8 Edinburgh Road, P O Box BW102

Borrowdale, Harare

Tel: +263 242 883230 or +263 772 302 928

Email: livingstones@northside.co.zw



Church Confidentiality Reference to be provided with Registration Form

The family are applying for their child
to attend the Living Stones Learning Centre.

In this regard please could you complete the below Confidentiality Reference & return to the family in a sealed envelope for them to include with their application.

Name of Church & address

.....

Pastor/Minister:

Contact Details:

The family have been involved in the Church for months/years.

Is this family involved in any specific Ministries of the Church? Yes/No

If yes, please details

.....

Do you believe they are good parents? Yes/No

Comments:

.....

Any other information you would like us to know?

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If you have any queries, please do not hesitate to contact us.

Thank you for your co-operation.

Church Stamp

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8 Edinburgh Road, P O Box BW102

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School/Nursery School Confidential Reference to be provided with Registration Form

The family are applying for their child
to attend the Living Stones Learning Centre.

**In this regard please could you complete the below Confidentiality Reference &
return to the family in a sealed envelope for them to include with their application:**

Name of School & Address of school:

..... Telephone:

Head of School/Head Teacher:

Are the family involved in the school? Yes/No/Sometimes

In any specific ways:

Are the parents supporting of school events? Yes/No/Sometimes

Comments:

Do the parents follow the school rules? Yes/No/Sometimes

Comments:

What has been their payment record to date: Very Good/Good/Not Good

Comments:

Does the child have any learning difficulties that have been identified? Yes/No

If yes, please details:

Any other information you wish us to know?

PLEASE SUBMIT A COPY OF YOUR CHILD'S LAST SCHOOL REPORT

If you have any queries, please do not hesitate to contact us.

Thank you for your co-operation.

School Stamp