

# LIVING STONES NURSERY SCHOOL

## 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		
Cellphone 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:

An application form must be accompanied with an application fee (USD20) – once a place has been offered, a non-refundable CAPEX fee (USD50) is required per application to secure your place.

### Office Use Only

Application Date: ..... Receipt No: .....

Interview Date: ..... Accepted / Declined

Starting Date & Comments: .....

**Northside Community Church**  
**LIVING STONES**  
**Nursery School**

**FORM OF INDEMNIFICATION**  
**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 Nursery School 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 Nursery School 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