

## Greyton House Village School Preschool Application Form

DATE OF APPLICATION		
DESIRED START DATE		
SECTION A   CHILD'S DETAILS		
SURNAME		
FULL NAME		
PREFERRED NAME		
AGE		
DATE OF BIRTH		
GENDER		
HOME LANGUAGE		
PERSON/PERSONS CHILD RESIDES WITH		
PRESENT SCHOOL (IF APPLICABLE)		
DOES CHILD CURRENTLY HAVE SIBLINGS AT GREYTON HOUSE? IF YES STATE NAME		
INTERESTS & HOBBIES		
ILLNESS/MEDICATION/ALLERGIES/ INTOLERANCES		
ALLEGERIES		
ADDITIONAL INFORMATION THE SCHOOL SHOULD KNOW		
COPY OF CHILD'S BIRTH CERTIFICATE PROVIDED	YES/NO	
COPY OF CHILD'S LAST PROGRESS REPORT (IF APPLICABLE)	YES/NO	

SECTION B   HOURS & TIME OF PROGRAMME	
KINDLY INDICATE WHICH PROGRAMME YOUR CHILD WILL ATTEND	

07H30 TO 12H30 (COST R2400 PER MONTH)	
07H30 TO 14h00 (COST: R2950 PER MONTH)	
07H30 TO 16h30 (COST: R3450 PER MONTH)	
07H30 TO 12H30 (3 X PER WEEK @ R165 PER DAY)	
07H30 TO 12H30 (2 X PER WEEK @ R165 PER DAY)	
ADHOC DROP OFF @ R220 PER DAY	
SECTION C   PARENTA	AL/GUARDIAN/CAREGIVER INFORMATION
NAME OF PARENT	
IDENTIFICATION NUMBER	
RELATIONSHIP TO CHILD	
PHYSICAL ADDRESS	
CELLPHONE NUMBER	
HOME TELEPHONE	
EMAIL ADDRESS	
OCCUPATION	
MARITAL STATUS	
NAME OF EMPLOYER	
WORK TELEPHONE	
NAME OF PARENT	
IDENTIFICATION NUMBER	
RELATIONSHIP TO CHILD	
PHYSICAL ADDRESS	
CELLPHONE NUMBER	
HOME TELEPHONE	
EMAIL ADDRESS	
OCCUPATION	
MARITAL STATUS	
NAME OF EMPLOYER	
WORK TELEPHONE	

SIGNATURE OF PARENT/GUARDIAN	
SIGNATURE OF PARENT/GUARDIAN	
	IOWLEDGE THAT A BINDING AGREEMENT WILL BE CONSTITUTED BY THE SIGNING CANTS AGREE TO BE BOUND BY ALL THE TERMS AND CONDITIONS, THE OL.
SECTION E   ACKNOWLEDGMENT	
SIGNATURE OF PERSON/S RESPONSIBLE FOR PAYMENT	
REFUNDED ONCE YOUR CHILD HAS LEFT GREYTON H SETTLED.	EXPECTED TO PAY A DEPOSIT OF THE AMOUNT SET ON APPLICATION. THIS WILL BE OUSE AND ALL OUTSTANDING AMOUNTS OWING TO THE SCHOOL HAVE BEEN
	NDENT FEE-PAYING SCHOOL AND THAT, IN ADDITION TO THE SCHOOL FEES, THERE SUCH AS, BUT NOT LIMITED TO, SCHOOL UNIFORMS, STUDY MATERIALS, OUTINGS,
RELATIONSHIP TO CHILD	
EMAIL ADDRESS	
WORK TELEPHONE	
CELLPHONE NUMBER	
IDENTIFICATION NUMBER	
NAME & SURNAME	TOR THIS OHILD
SECTION D   PERSON RESPONS	SIBLE FOR PAYMENTS OWED TO GREYTON HOUSE FOR THIS CHILD
WORK TELEPHONE	
NAME OF EMPLOYER	
OCCUPATION	
HOME TELEPHONE	
CELLPHONE NUMBER	
PHYSICAL ADDRESS	
RELATIONSHIP TO CHILD	
NAME OF GUARDIAN/CAREGIVER	
NAME OF PERSON CHILD RESIDES WITH IF DIFFERENT TO ABOVE	