



Application Form

Child name: _____

Half day _____

Full day _____

Please note:

Applications will not be processed unless all documentation and administration fees have been paid.

Administration Fees are payable for each learner on admission.

Playgroup Fees:

| | |
|---|---------|
| Non-Refundable Administration Fee | R 550 |
| Monthly Fee Half Day Monday to Friday (7:20 am to 12:45pm) | R 2 700 |
| Monthly Fee Full Day Monday to Friday (7:20 am to 17:00pm) | R 3 100 |
| Aftercare Fee Monday to Friday 13:15 to 17:00pm | R 1 250 |

| Documents needed | |
|--------------------------------------|--|
| Copy of Unabridged Birth Certificate | |
| Copy of Immunization Card | |
| Copy of Mother's ID | |
| Copy of Father's ID | |
| Proof of Address | |
| Copy of previous school report | |

Banking Details:

Bank FNB
Branch: 250069
Name: Eden Willow
Account No. 63007845259
Reference: Child's Name and Surname
E-Mail: edenwillowschool@gmail.com
Cell: 062 250 3102

Child's Details:

First Name: _____ Surname: _____
Date of Birth: _____ Boy Girl
Age: _____
Allergies: _____
Any other important information:

Mother's details:

First Name: _____ Surname: _____
I.D. No: _____
Home Address: _____
Work Phone Number: _____ Cell Number: _____
Email address: _____
Alternative Phone Number in case of emergency (Aunt/Granny):

Are parents living together? Yes No

Father's details

First Name: _____ Surname: _____

I.D. No: _____

Home Address: _____

Cell Number: _____ Work Number: _____

Email address: _____

Medical Information:

Name of Doctor: _____

Doctors Contact Number: _____

Medical Aid Name: _____ Medical Aid No. _____

Main member's details: _____

Signature of Mother

Signature of Father

Contract with the school with regards to payment

Agreement between Eden Willow School of Nature and _____
(Name of parent/guardian) with regards to the payment of school fees.

- a. Accept responsibility for the payment of fees for the above-mentioned child before or on the first day of each month:
- b. I agree to inform the Principal in writing if I am unable to pay the fees before or on the first day of the month. My child's admission will be secured for one month after which he/she will not be allowed to attend Eden Willow School of Nature if outstanding fees are not paid up in full.
- c. I agree to give one (1) calendar months' notice should my child no longer attend Eden Willow School of Nature.

Name and Signature of person responsible for Account: _____

Date: _____



Photo Release form

We will be telling our class stories through taking pictures and videos. Eden Willow School of Nature would like to share these memories on our social media pages.



Personal information will never be shared.

I am the legal guardian of _____.

☐ **Complete** photo permission of my child and/or their work to use on school premises as well as Eden Willow social media.

☐ **Zero** photo permission of my child and/or their work to use on any form of social media.

Parent signature: _____