

ECCE Form 6
Baby Care, Day-Care/Nursery and Pre-Primary Units
Children' s Application Form

1. Details of Child

Surname: _____

First Name(s): _____

Name by which child is usually called: _____

Gender: _____

Date of Birth: _____

Residential Address/Ward _____

Postal Address: _____

2. Details of Parent(s)/Guardian(s)

Parent(s)/Guardian(s) Mother Father

Surname: _____ First name(s) _____

Telephone (H): _____

Place of work: _____ Work Telephone: _____

Hours of Work: _____

Cell phone: _____ E-mail: _____

3. Emergency Contact

Name: _____

Address: _____

Telephone: _____

Cell phone: _____

4. Additional Information on the Child

(i) Is your child sensitive or allergic to particular medicines? No _____ Yes _____

If yes which medicines are those?

(ii) Is your child sensitive to particular foods? No _____ Yes _____

If yes which foods are those?

3. Does the child have any other beliefs required to be observed by the center? No _____ Yes _____

If yes specify them

4. Has your child-received his/her last immunization as recommended by the health authorities? No ___Yes___

5. Are there special reasons for placing your child in a center? No _____ Yes _____

If yes what are the reasons?

6 Does your child have a chronic medical condition or developmental problem? No _____ Yes _____

What are those conditions or problems?

I declare that I have given details of all known medical conditions of my child has.

_____ Signature

7. Conditions

I accept that the details contained in this application will only be considered when accompanied by:

- (a) A copy of the **child's** birth certificate.
- (b) A report from a recognized health facility that the child does not have a contagious or communicable disease that might threaten the health of other children.
- (c) Registration shall only take place upon offer of place in a center and payment of fees in terms set by the center.
- (d) The registration fee may not be refunded in the event that I/we decide to send the child to another center after registration in terms laid by the center.
- (e) If the child is withdrawn from the center during the year, I/we shall inform the center of the withdrawal before the first day of the month that the child is withdrawn, and shall pay the center any outstanding fees.

I declare that all the details I have provided are correct. I verify that I have read the conditions of this agreement and that I accept them.

Date: _____

Parent(s)' /Guardian(s)' Signature: _____

ECCE Form 7
Baby-Care, Day Care /Nursery and Pre-Primary Units
Child Medical Record Information

Surname: _____ Forename: _____

Address: _____

Medical Examination Results

I have examined _____. He/she is/not suffering from any functional or
medical condition that may be of threat to other children at the center.

Name of Physician/Nurse: _____

Signature: _____ Date: _____

Official stamp

ECCE Form 8

Baby-Care, Day Care /Nursery and Pre-Primary Units

Staff Medical Record Information

Surname: _____

Forename: _____

Address: _____

Medical Examination Results

I have examined _____. He/she is/not suffering from any functional or medical condition that may impinge on her work and the health of the children in her care.

Name of Physician/Nurse: _____

Signature: _____

Date: _____

Official Stamp

ECCE Form 9

Baby-Care, Day Care /Nursery and Pre-Primary Units
Agreement with Parents/Guardian

Between **Five Star Children's Academy (FiSCA)**

and

_____ (the parent/guardian)

Given that the parent/guardian(s) of _____ (child) seek to place the child in the center, and the center has agreed to accept the child, it is agreed that:

1. The child shall stay in the center on prescribed days from Monday to Friday between the hours of _____ and _____
2. The payment of fees shall be P_____ per month or P_____ per term
3. This amount shall not be reduced if, for whatever reason, the child was not in the center for the full month.
4. The parent/guardian undertakes that on the first day the child attends the center the center shall be provided with a medical record indicating the health of the child.
5. The parent/guardian shall bring clothing/bedding for the child as may be needed by the center for use by the child when necessary.
6. The parent/guardian agrees not to bring the child to the center when the child is suffering from or is suspected of having a communicable or contagious disease.
7. Should a child suffer from any communicable disease then a health report from a health facility shall be required to declare him fit to join others without putting them at risk.
8. The parent/guardian agrees to participate in activities requiring his/her involvement in the care and education of the child.
9. The opening days of the center are Monday to Friday and the parent/guardian may desire to collect the child at or before 5pm closing time.
10. The parent/guardian will be informed of the days on which the center will be closed no less than two weeks in advance unless in times of emergencies.

Signature of the Center Rep: _____

Signature of the guardian: _____

Date: _____