

# REGISTRATION FORM

## AMANDA'S NURSERY AND INFANT SCHOOL

6 DUNDRY CLOSE, STRATHAVEN, HARARE  
TEL: 0242-302660/0772 318 548/0712759844

NAME OF CHILD: .....

DATE OF BIRTH: .....

POSITION IN FAMILY: .....

RELIGION: .....

HOBBIES: .....

AMBITIONS: .....

HOME ADDRESS: .....

.....

TELEPHONE NO. (HOME) .....

LANGUAGE(S) OF COMMUNICATION USED BY THE CHILD:

FIRST LANGUAGE: .....

SECOND LANGUAGE: .....

THIRD LANGUAGE: .....

MODE OF TRANSPORT: .....

NAME AND BUSINESS ADDRESS OF PARENT/GUARDIAN \* TO BE CONTACTED WHEN NECESSARY

FATHER'S NAME: .....

PROFESSION: .....

TELEPHONE NO(HOME): .....BUS/CELL: .....

EMAIL ADDRESS: .....

BUSINESS & ADDRESS: .....

.....



MOTHER'S NAME: .....

PROFESSION: .....

TELEPHONE NO(HOME) .....BUS/CELL: .....

EMAIL ADDRESS: .....

BUSINESS & ADDRESS: .....

.....

EMERGENCY CONTACT DETAILS

NAME: .....

TELEPHONE NO: .....RELATION TO CHILD: .....

DOES THE CHILD HAVE A HEALTH CARD? YES/NO .....

IS THE CHILD FULLY IMMUNISED: YES/NO .....

DOES THE CHILD HAVE ANY HEALTH PROBLEM? YES/NO .....

IF YES, PLEASE PROVIDE DETAILS: .....

.....

.....

DOES THE CHILD HAVE ANY ALLERGIES? (Include Food allergies) YES/NO .....

IF YES, PLEASE SPECIFY .....

.....

NAME, ADDRESS AND TELEPHONE NUMBER OF THE DOCTOR TO BE CONTACTED IN CASE OF EMERGENCY:

NAME: .....

ADDRESS: .....

.....TEL: .....

TYPE OF MEDICAL AID IF CHILD IS ON ONE: .....

..... NUMBER: .....

# INDEMNITY

I.....**PARENT/GUARDIAN**  
**OF** .....**DECLARE THAT:**

- a. I undertake to abide by the school rules of Amanda’s pre-school, 6 Dundry Close, Strathaven, Harare
- b. I agree, in the event of any emergency arising, medical or otherwise, in which it is not possible for effective communication to be established with the Parent, that the Principal has the authority to in Loco Parentis to make any decision considered necessary.
- c. The Principal has the authority to expel, or to request the removal of a pupil for any cause judged by her to be sufficient.
- d. I understand that any fees for any term, are payable to the school by the beginning of that term, unless notice in writing, that a place is no longer required has been given to the Principal, by the first day of the previous term and also that the Principal has the right to refuse to allow a pupil to return in any term, at the beginning of which the previous term’s fees have not been paid up. I also understand that I can pay the term’s fees in monthly installments and each month is paid in advance.
- e. In the event of legal proceedings being instituted against me/us for any amounts due and payable by me/us to Amanda’s crèche, I/we will be liable for all legal costs on an attorney, client scale and all collection commissions and interests at the current interest rate.
- f. I give my consent to my child taking part in any visits or tours organized by the school. I understand that my child will take part entirely at his/her own risk and while every precaution and care will be taken by the organizer(s), neither they, the Principal, nor any member of staff will be held responsible for any accident, illness or injury which may occur during, or because of the visit or tour.
- g. I authorize the organizer(s), the Principal and member of staff to act in Loco Parentis and empower them to authorize essential medical treatment which, for any reason may become necessary during the school visit/tour and acknowledge that, the Ministry of Education or Amanda’s nursery school is indemnified from any legal suit which may result from disputes or accidents involving my child.
- h. I understand that whilst every care will be taken of all the children, the school cannot be held responsible in respect of any accident or injury that may befall my child whilst attending school and I hereby indemnify the school in respect of any such accident or injury.
- i. The school operates from 0715 hours to 1730 hours. Should I leave my child/children before or after the stipulated times, none of the staff of Amanda’s nursery school will be held responsible for the whereabouts/welfare of my child/children. Therefore, I must abide by the stipulated times possible and will contact the school in the event of a delay. Should I not contact the school, I agree to pay a late collection of \$20.00.
- j. I understand that due to the unpredictable economic situation in Zimbabwe, Amanda’s nursery school is unable to guarantee a fee structure for the whole year, and therefore, reserve the right to increase fees based on, but not totally reliant on, the rate of inflation. The school will try not to increase fees if not necessary.

- k. I understand that I have to pay an enrolment fee of \$60.00 to be submitted with this form .  
The fee is non-refundable.
- l. I authorize Amanda's crèche to include my child's photos when advertising/promoting the school.

SIGNATURE .....WITNESS 1 .....

DATE ..... WITNESS 2 .....

\*Delete as appropriate