



APPLICATION FORM

IDAYIMANI

MONTESSORI ACADEMY

FOR OFFICE USE ONLY

Age requirements: From 3 years

Year 2026

Administration Fee (300.00)		Parents Identity Documents		Birth Certificate		CLASS	
						Starting Date	
Clinic Card						Special Needs	
Non-refundable deposit of one month's school fee that will be credited to the child's account.							

CHILD'S DETAILS [PLEASE PRINT]

Surname:	Sex:	M	F
First Names:	Preferred Name:		
Date of Birth:	ID/Passport Number:		
Home Language:			
Religion:	Nationality:		
Home Address Where Child Resides:			

PARENT 1: Mom, Dad or Guardian (please circle option)

Surname:	Name:	Title:
Relationship:		
ID Number:	Passport Number:	
Email Address:		
Occupation:	Employer:	
Work Tel:	Salary:	
Home address:		
Work address:		
Telephone numbers:	Home:	Cell:

PARENT 2: Mom, Dad or Guardian (please circle option)

Surname:	Name:	Title:
Relationship:		
ID Number:	Passport Number:	
Email Address:		
Occupation:	Employer:	Tel:
Work Tel:	Salary:	
Home address:		
Work address:		
Telephone numbers:	Home:	Cell:

Initial: Parent1_____Parent2_____

DETAILS OF CHILDREN IN THE FAMILY:

Child's Name	Gender	Age	Current school/ Schools Attended/ Therapy/ Other	Position in family (1 st , 2 nd Born etc.)

PERSONS AUTHORIZED TO DROP OFF OR COLLECT YOUR CHILD FROM SCHOOL / TRANSPORT

Name: _____ (h) _____ (cell)
Relationship to child: _____

MEDICAL HISTORY

Name of Family Doctor/Paediatrician: _____ Tel no: _____
Medical Aid Provider: _____ Membership Number: _____
Principal Member Name: _____
Has your child had any operations? If yes, please details. _____
Has your child been involved in an accident: Yes No <input type="checkbox"/> <input type="checkbox"/>
Details of accident and trauma experienced as a result thereof: _____
Has your child have severe fears or phobias? Yes No <input type="checkbox"/> <input type="checkbox"/>
If yes, please give details: _____
Does your child suffer from any chronic ailments? Yes No <input type="checkbox"/> <input type="checkbox"/>
If yes, please specify: _____

Does your child suffer from any allergies or food sensitivities? _____ _____
Ear/nose/throat problems: _____
Hearing problems: _____
Eyesight problems: _____
Does your child suffer from asthma/hayfever/migraine headaches/frequent cough/colds/chest infection? _____

Initial: Parent1_____ Parent2_____

Emergency Contact Details:

If your child should become ill or injured, or there should be an emergency at the school we will need to contact you quickly. Please complete the emergency contact details below with a list of names and telephone numbers that we should use to contact you. Please list the most appropriate number first, which is probably the parent or guardian most likely to be reachable by phone and able to respond quickly. Add other names and numbers of people we should contact if we cannot contact you on the first numbers, again, in order of preference.

If your child needs emergency treatment, we will call an ambulance as well as phoning you. Our nearest hospital is **Vanguard Community Health Centre** and that is where your child will be taken in an emergency. The cost of ambulance transfer and treatment will be your responsibility. You may rest assured that this is a decision we will not take lightly, but neither will we delay seeking emergency medical treatment for your child while waiting for your approval.

Please let us know if there is any special medical, religious or social information we would need, should your child require emergency medical attention.

Emergency Contacts:

Name:	Relationship:
Daytime Phone Number:	Cell no:

Name:	Relationship:
Daytime Phone Number:	Cell no:

Initial: Parent1_____Parent2_____

CONSENT AND INDEMNITY:

We reserve the right of admission and the right to request a parent to remove a child from **Idayimani Montessori Pre - School** should we consider this to be in the interest of the child.

1. **Idayimani Montessori Pre - School** is in the process of registering with The Department of Social Development.
2. **Idayimani Montessori Pre - School** is a non-denominational, English medium Pre-school.
3. We, the undersigned, hereby consent to the person in charge acting "in loco parentis" whilst the Pupil attends our school.
4. We, the undersigned, fully understand and accept that all tours and excursions shall be taken at the Pupil's own risk and we hereby, on behalf of ourselves, and the Pupil indemnify, hold harmless and absolve, **Idayimani Montessori Pre - School** its principal, teachers, staff, employees, volunteers, against and from any or all claims whatsoever that may arise in connection with any loss or damage to the property or injury to the person of the Pupil aforesaid in the course of such tour or excursion or arising there from or in consequence therewith.
5. We, the undersigned, hereby indemnify, hold harmless and absolve, **Love to Langa, GIS Advisory and Outreach and Idayimani Montessori Pre - School** its Principal, teachers, staff, employees, servants or agents against all or any loss, damage (direct or indirect, consequential or otherwise) or injury, expenses (including medical expenses), costs (including legal costs on the scale as between attorney and own client) suffered and /or incurred by the Pupil in or on the premises of **Idayimani Montessori Pre - School** or in the course of any extra-mural activities, including games, sporting activities, educational tours and excursions or in consequence of any other act or omission of whatsoever nature and howsoever arising by **Idayimani Montessori Pre - School**, its Principal, teachers, staff, employees, volunteers, servants or agents.
6. We hereby give our consent for the Pupil to participate in all extra-mural activities.
7. We hereby give our consent for the use of pictures and videos, taken of our child, in the working environment. We agree that we will not ask for compensation for the aforementioned footage. ***This will only be used for marketing and social media purposes.***
8. **School fees are payable in advance on or before the 1st day of each month, unless alternative arrangements have been made. After 30 days of no payment your child will be denied access to the school. Fees are calculated on an annual basis and are charged monthly over a period of 12 months (1 January 2026 – 1 December 2026).**
9. **Unfortunately, if your child is unable to attend or is absent from school for any period of time and you wish to retain his/her place, full fees will be charged. It is not economically viable for Idayimani Montessori to keep places reserved for children without payment.**
10. **Please note that timeous payment of your fees is crucial to the planning of our school, as staff salaries and overheads need to be covered.**
11. One school term's notice, in writing, is required before removing your child from our school or payment in lieu thereof will be required. Should you fail to pay, you will be liable for all legal costs (including legal costs on the scale between attorney and own client) incurred for the recovery of school fees.
12. We, the undersigned, acknowledge that we have read and understand the Rules of the School and that by our signature hereto consider ourselves bound by such rules and conditions.

Parent's/Guardian's Signature:**Parent 1/Mom, Dad or Guardian:**

Date:		Full names:	Signature:
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Parent 2/Mom, Dad or Guardian:

Date:		Full names:	Signature:

Initial: Parent1_____Parent2_____

(PLEASE SELECT YOUR FEES OPTION 2024 BELOW)

Fees are calculated over 12 Months (1 January 2026 until 1 December 2026)

FEES	ANNUAL	MONTHLY
FULL DAY (7:30am – 17:30pm)	R 10 400.00	R 870.00 per month

PAYMENTS:**FEES MUST BE PAID DIRECTLY INTO THE SCHOOL'S BANK ACCOUNT, NO CASH WILL BE ACCEPTED AT THE SCHOOL.**

Bank: FIRST NATIONAL BANK (FNB)

Account Name: IDAYIMANI MONTESSORI ACADEMY

Bank: Account Type: BUSINESS ACCOUNT

Account Number: 62910887192

Branch Code :210046

Reference: CHILD'S FIRST NAME AND SURNAME OR STUDENT NUMBER

- Please use CHILD'S 1st name and surname as payment reference when making all school account payments.
- Unfortunately, if your child is unable to attend or is absent from school for any period of time and you wish to retain his/her place, full fees will be charged. It is not economically viable for Idayimani Montessori Academy to keep places reserved for children without payment.
- Please note that timeous payment of your fees is crucial to the planning of our school, as staff salaries and overheads need to be covered.
- School fees are payable in advance on or before the 1st day of each month, unless alternative arrangements have been made. Fees paid after the 1st of every month will be subject to a late fee penalty of 10%. Should your fees be outstanding for 1 month, your child will be denied access to the school. Fees are calculated on a 12-month basis and are charged monthly over a period of 12 months (1st January 2026 – 1st December 2026).

Person Responsible for Account:

Surname:	Name:	Title:
ID/Passport Number:		
Home Address:		
Telephone Numbers: (h)		(Cell)
Email Address:		
Signature:		

Please provide certified copies of below

- Copies of both parent's/guardians Identification documents
- Copy of Birth Certificate
- Copy of Clinic Card.

Initial: Parent1_____Parent2_____

To promote and publicise our school. Idayimani Montessori Academy makes use of photographs images and videos for display purposes, either at school or at organised school events, and Social Media. We may use visual images of children in printed publications, press releases, promotions, brochures for prospective parents, school publications, and/or digital media such as our website and Facebook. Idayimani Montessori Academy will endeavour to ensure images are used in a respectful and responsible manner. Please note that the website and social media applications can be viewed throughout the world, not just in South Africa. You, in your capacity as the parents and legal guardians of your child, hereby consent to allow the school to use images of your child solely for the promotion of the school in the manner described above. You hereby waive any right to, and shall not, hold Idayimani Montessori Academy liable for any damage or loss caused as a result of the use of such photograph or image in the promotion of the school and its objective. Please note that a consent form is required for EACH child and not one per family. This consent can be removed with written notification from the parent/guardian of the child.

PHOTOGRAPH INDEMNITY FORM /POPIA

I _____ agree to consent to Idayimani Montessori Academy using visual images of my child for the purposes of the promotion of the school and I indemnify the school against any future claim which I may have for future loss arising from the misuse of such photographs by a third party unrelated to the school.

Parent/Guardian

Date

I _____ do not agree to consent to Idayimani Montessori Academy using visual images of my child for the purposes of the promotion of the school.

Parent 1/Guardian

Date

Initial: Parent1_____Parent2_____

ADDENDUM A:

WHAT TO BRING TO SCHOOL – CHECKLIST:

Below please find your checklist of what to bring to school.

ANNUAL Checklist:

Please give to your class Directress at the **beginning of each year:**

1. **A** *labelled* sun hat (for outside time).
2. **ONE** bottle of children's sunscreen (any brand but not less than SPF 30 and higher baby/children's sunscreen).
3. **ONE** *labelled* blanket.
4. **ONE** packet of printer paper (500 sheets of white printer paper)

TERM Checklist:

Please give to your class Directress at the **beginning of each term:** The below items will change per term, please check newsletter and Whatsapp group communications:

1. **TWO** large box of tissues (i.e. 150 to 200 2 ply tissues).
2. **TWO** large packet of wet wipes (i.e. 70 to 80 wipes each).
3. **ONE** 5L bottle of water

DAILY Checklist:

Please bring to school each day:

1. School bag (put in locker) with:
 - a. Complete change of *labelled* clothes (include warm and cool clothes in case of unexpected weather changes).
 - b. No toys, food, drink, medication, valuables, etc.
2. One fresh fruit to share (put it in class fruit bowl).
3. We do have child size drinking glasses at our school, so they do not need to bring water bottle.

STATIONERY BOX:

Items are available to purchase from the school STATIONERY BOX:

- Scissors
- Crayons
- Pencil crayons
- Pritt