



# Paradigm Kids Montessori

Moreletapark, Pretoria East

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Moreletapark  
Pretoria East  
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Where children can be themselves within safe boundaries

## ENROLMENT DOCUMENT / INSKRYWINGS DOKUMENT

Details of child / Besonderhede van kind	
Full Names and Surname Volle Name en Van	
Nickname Noemnaam	
Age Ouderdom	
Date of birth Geboortedatum	
Sex Geslag	
Language Huistaal	
Identity number child Identiteitsnommer kind	
Date of application Datum van aansoek	
Date of registration Datum van registrasie	
Full day / half day Voldag of halfdag	
Siblings in school: Ander kinders in skool:	
Is your child receiving any therapy? Ontvang u kind tans enige terapie?	Reason: Rede:
Medical information / Mediese informasie *See note at signature / *Sien nota by ondertekening	
**Medical aid information **Mediese fonds inligting	Medical Aid / Fonds: Reference number / Verwysings nommer:
Home Doctor name & number Huisdokter naam & nommer	
Person responsible for account Persoon verantwoordelik vir rekening	
Operations Operasies	
Chronic medication / illness Chroniese medikasie / probleme	
Allergies (food and other) Allergieë (kosse en ander)	
Please supply us with 2 alternative persons who we can contact in case of an emergency Asseblief verskaf 2 alternatiewe persone wat gekontak kan work in noodgevalle	
Name: Naam:	Relationship: Verwantskap:
Name: Naam:	Relationship: Verwantskap:
	Contact no: Kontak nr:
	Contact no: Kontak nr:



❖ **Medical Consent:**

By signing the enrolment form, parents give consent that for instances where one or both parents cannot be reached, that Paradigm's staff can decide on medical treatment, even if it has financial implications on the parents. This includes for instance the following: transportation of your child to a medical facility, obtaining medical assistance, consent for your child to receive medicine prescribed by a medical doctor and / or receiving anaesthetics if necessary.

❖ **Mediese Toestemming:**

Deur die ondertekening van die inskrywingsvorm, gee ouers toestemming dat in die geval waar een of albei ouers nie bereik kan word nie, dat Paradigm se personeel besluite mag neem aangaande mediese behandeling, selfs al het dit finansiële implikasies vir die ouers. Dit sluit byvoorbeeld die volgende in: vervoer van u kind na 'n mediese fasiliteit, die verkryging van mediese hulp, toestemming dat u kind medisyne mag ontvang deur 'n mediese dokter voorgeskryf en toestemming om narkose te ontvang indien nodig.

**I hereby confirm and acknowledge that I have read and understand the Paradigm Kids Montessori Terms and Conditions and that I undertake to follow them completely as they are laid out. I agree that all legal costs for the collection of outstanding school fees will be paid by me on an attorney client scale. I further agree that all the information as stated above is correct.**

**Hiermee bevestig en erken ek dat ek die Paradigm Kids Montessori bepalinge en voorwaardes gelees het en verstaan en onderneem ek om hulle te volg soos dit uitgelê is. Ek stem toe dat alle regs-koste vir die invordering van uitstaande skoolgeld deur my betaal sal word op prokureur kliënt skaal. Ek stem verder toe dat al die inligting soos hierbo vermeld, korrek is.**

\_\_\_\_\_  
Mother Name in Print / Moeder

\_\_\_\_\_  
Mother Signature (Guardian) / Moeder

\_\_\_\_\_  
Father Name in Print / Vader

\_\_\_\_\_  
Father Signature (Guardian) / Vader

\_\_\_\_\_  
Owner / Eienares – Patrona Peters

\_\_\_\_\_  
Date & Place / Plek en Datum

\_\_\_\_\_  
Signature / Handtekening

**Person responsible for paying school fees / Persoon verantwoordelik vir betaling van skoolgelde**