



## Welcome to Blue Have Nursery School 2024

It's a great pleasure to welcome you to our school; we are certainly looking forward to walking this amazing journey of developing your child/children into well rounded, disciplined, confident and resilient human beings with you.

Our promise to you is that we will consistently perform at our ultimate best to ensure the safety, care, and comfort of your child/children. Thank you for choosing us to take care of your little one.

### Just a few reminders

- **Trading hours Monday – Friday 6am-6pm**
- **The school will be closed on public holidays.**
- **Late pick-ups are charged at R60 per every 20 minutes, this money is payable immediately.**
- **The school doesn't serve breakfast, parents that wish to bring breakfast for their children to consume at school, should do so no later than 7:30 am.**
- **Lessons start strictly at 8:00 am, late arrivals interrupt our daily plan therefore all learners should arrive on time to school.**
- **Learners need to pack a fruit to school every day.**
- **Learners need to pack their favorite snack on Fridays only. E.g. Yoghurt, Chips, Chocolate etc.**
- **No cash will be accepted at the school, only EFT transfers or ATM deposits are accepted as methods of payment.**



**BLUE HAVEN NURSERY SCHOOL REGISTRATION FORM 2024**

**Child 1 Information**

Full Name of Child \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Identity Number: \_\_\_\_\_

Home Address \_\_\_\_\_

**Child 2 Information**

Full Name of Child \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Identity Number: \_\_\_\_\_

Home Address \_\_\_\_\_

**Parent Information**

**First Parent/Guardian**

Full Name and Surname \_\_\_\_\_ ID Number: \_\_\_\_\_

Relation to child \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address (if different from child's) \_\_\_\_\_

Place of Employment including address \_\_\_\_\_

\_\_\_\_\_ Work Number: \_\_\_\_\_

**Second Parent/Guardian**

Full Name and Surname \_\_\_\_\_ ID Number: \_\_\_\_\_

Relation to child \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address (if different from child's) \_\_\_\_\_

Place of Employment including address \_\_\_\_\_

\_\_\_\_\_ Work Number: \_\_\_\_\_

**Emergency contact information-** In case parents aren't contactable.

Full Name and Surname \_\_\_\_\_ ID Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**Persons authorized to pick up child (other than parents listed above)**

1. Name and surname \_\_\_\_\_ Relation to child \_\_\_\_\_

2. Name and surname \_\_\_\_\_ Relation to child \_\_\_\_\_

**MEDICAL INFORMATION**

Dr Name \_\_\_\_\_

Dr Address \_\_\_\_\_

Dr Contact no: \_\_\_\_\_

Medical aid \_\_\_\_\_ Medical aid No: \_\_\_\_\_

Principle member's initials and surname \_\_\_\_\_

Allergies \_\_\_\_\_

Chronic Conditions \_\_\_\_\_

**Medication: Please sign below if you give consent for our staff at Blue Haven Nursery School to administer the following treatment medication to your child should a need arise.**

**NB No other medication will be administered to your child unless there is written consent from the child's parent or guardian.**

Type of medication	Use of the medication	Permission to administer (sign)		
Panado	Pain and fever	Y	N	
Allegex	Allergies	Y	N	
Burn shield	Burns	Y	N	
Betadine	Cuts and open wounds	Y	N	

I \_\_\_\_\_ (Parent/Guardian name) indemnify the school from any contra indications or side effects when administering the above medication to \_\_\_\_\_ (Child name).

Full Names: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_