Application Form

Please complete this form in full. Incomplete forms may delay processing. All information provided will be treated confidentially.

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1. Child Information

- **Full Name:** _____
- **Nickname (if any):** _____
- **Date of Birth:** _____
- **Gender:** _____
- **Nationality:** _____
- **Home Address:** _____
- **Contact Number:** _____
- **Email (if applicable):** _____

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2. Family Information

- **Number of Siblings:** _____
- **Ages of Siblings:** _____
  (Please list each sibling's age separated by commas or as instructed below.)
- **Primary Parent/Guardian Name:** _____
  - **Relationship to Child:** _____
  - **Occupation:** _____
  - **Contact Number:** _____
  - **Email Address:** _____
- **Secondary Parent/Guardian Name (if applicable):** _____
  - **Relationship to Child:** _____
  - **Occupation:** _____
  - **Contact Number:** _____
  - **Email Address:** _____

3. Meeting & Tour Acknowledgment

Please check below to confirm that you have:

- Met with the Admission Officer
- Completed a tour of Whizz-Kids Montessori Academy
- Received an overview of our Montessori curriculum

☐ Yes, I confirm that I have completed the above steps.

4. Document Submission Checklist

Please attach the following items with your completed application:

- **Photographs:**
  - Two recent passport-sized photos (4x6 inches) of the child
  - One recent passport-sized photo (4x6 inches) for each parent/guardian
    Note: Photos may be used for pick-up cards and promotional purposes.
- **Identification Documents:**
  - A copy of the child's passport
  - A copy of the child's birth certificate
  - A copy of a parent's passport or government-issued ID
- **Forms and Permissions:**
  - Completed Health History Form (attached separately)
  - Authorization form for individuals other than parents/guardians to pick up the child (attached)
  - Permission slip for the child to change clothes when needed (attached)
  - Permission to apply sun cream (attached)
  - Consent form for the child to be photographed under the supervision of the childcare manager (attached)

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5. Permissions & Consent

Please read and sign next to each statement:

- **Pickup Authorization:**
  I authorize designated individuals (as listed in the attached authorization form) to pick up my child.
  Signature: _____
- **Clothing Changes:**
  I permit my child to change clothes when necessary during school hours.
  Signature: _____
- **Sun Cream Application:**
  I give permission for school staff to apply sun cream to my child when required.
  Signature: _____
- **Photographic Consent:**
  I consent to my child being photographed by the childcare manager for school displays and promotional materials, including social media.
  Signature: _____

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6. Registration and Enrollment Fees

I understand that registration and enrollment fees must be paid prior to my child's start date at Whizz-Kids Montessori Academy.

☐ I acknowledge and agree.

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7. Declaration & Signature

I declare that the information provided in this application is accurate and complete to the best of my knowledge. I understand that admission is contingent upon available spaces and the academy's ability to meet my child's educational needs.

- **Parent/Guardian Signature:** _____
- **Date:** _____

Please submit the completed form and all required documents to the Admission Officer. For any questions or additional assistance, feel free to contact us at 014 886 887/ 098 868 870.