

Kenosis Student Registration and Accord

Name and Surname : _____
Date of Birth : _____
Landline number : _____
Cellular number : _____
Email address : _____
Postal address : _____

If your Child/Children are attending art classes at Kenosis, please complete the following;

1. Childs name : _____ Age : _____ Date of Birth: _____
2. Childs name : _____ Age : _____ Date of Birth: _____

How did you hear about Kenosis?

Are you a pensioner? YES / NO

Adult:

Child:

Please tick which class or classes you would be attending.

Fine Arts:

Pottery:

Mosaic:

To ensure that the school functions efficiently, we rely on the following;

1. Class Fees

- **Fees are payable at the beginning of each month (before the 8th).** If you'd prefer bank transfers, please use your name and surname as a reference and remit payments to: *Kenosis Art School, ABSA Bank, Account # 4071973713, Branch Code 632005*
- *Note:* Feel free to speak to us for an alternative option if you are not able to do so.

2. Notice and Attendance

- **One months notice if you want to stop attending classes.**
- If a months notice is not given you will be responsible for the fee of that month and it will then be taken as your notice month.

MEDICAL INFORMATION

Student Name: _____ --

Name of Parent / Guardian: _____

ALLERGIES : _____

SPECIAL NEEDS : _____

FAMILY DOCTOR 1 _____ Tel No () _____

FAMILY DOCTOR 2 _____ Tel No () _____

MEDICAL AID COMPANY _____

MEDICAL AID MEMBERSHIP NUMBER _____

Has the student received all the necessary immunisation? Yes / No (If not, please give details) _____

Student has suffered the following illnesses : (indicate with an ✓)

Asthma..... Enteric..... FeverMeasles..... Scarlet Fever.....Chicken Pox..... GermanMeasles.....
Mumps..... Tickbite Fever.....Diabetis..... HepatitisPoliomyelitisTyphoid Fever.....Diphtheria.....
Malaria..... Rheumatic Fever..... Whooping Cough.....

Does student suffer from any other illnesses or disability or **has learner suffered** from any other illnesses or disability?

(If so, please give details) _____

Is student at present receiving medical treatment for any condition? (If so, please state) _____

Has student suffered from or been treated for any psychological or emotional upset? (If so, please provide details) _____

Has student had any operations? (If so, please state) _____

Please specify any other relevant medical data _____

Kenosis School of Art and Creative services cc

GENERAL INDEMNITY:

The school and Directors undertake to set reasonable and generally accepted safety standards for all school activities regarding the safety of learners, teachers and visitors. However, the Directors cannot be held responsible for accidents which may occur in the class or on the school premises. Each parent is requested to complete the form below to state that the position of the Directors is understood and that the risks involved are accepted.

I, the undersigned,

Full Names:

Address:

Tel Numbers:.....

ID Number:.....

The parent or guardian of the following learner/s who have been enrolled and accepted at Kenosis School of art and creative services, 23 Bach Street, Vanderbijlpark subject to the conditions stated above:

Name/s of learners/s:

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hereby indemnify the Kenosis School of art and creative services cc (Reg. No. 2008/021286/23) and the Directors in the time of the Kenosis School of art and creative services (cc) for any general losses or damages, however they may occur, which I, as parent or guardian of the above-mentioned learner may suffer, as the result of any contingency involving my child, be it as the causative or suffering party, whilst participating in school activities. In particular, I authorise that the abovementioned learner may participate in all normal activities usually associated with a similar excursion. I also indemnify the school and the Directors for any damages or losses that I, as parent or guardian of the learner in question, may suffer under such circumstances and voluntarily accept all the risks associated therewith. I hereby also indemnifies the owners and/or directors of this school and premises against any and all injuries or incidents my above mentioned child encountered whilst being on the property or as a direct course of being on the property current or past .No civil or legal claims will be brought against the owner or any person as a result of loss or damage incurred while being attending a class or subscribed for a course.

SIGNED AT **ON THIS** **DAY OF**

WITNESSES:

1

2

PARENT / GUARDIAN

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