



LITTLE ANGELS PRE-SCHOOL ACADEMY REGISTRATION FORM 2026

Contact Details:
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199 Kenneth Road Greenhills Randfontein

For Office use only

Date of Registration: _____

Student Number: _____

Childs Information

Child #1

Full Name & Surname: _____ **Nickname:** _____ **Age:** _____

Date of Birth: _____

Gender: Male / Female

Existing Medical Conditions: _____

Allergies:

Parents/ Guardians Information

Mother/ Guardian

First Name : _____ **Last Name:** _____

Occupation: _____ **Employer:** _____

Work number: _____ **Mobile Number:** _____

Email Address: _____

Home Address: _____

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Postal Code: _____ **ID:** _____

LITTLE ANGELS PRE-SCHOOL ACADEMY REGISTRATION FORM

Father/ Guardian

First Name : _____ Last Name: _____

Occupation: _____ Employer: _____

Work number: _____ Mobile Number: _____

Email Address: _____

Home Address: _____

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Postal Code: _____ ID: _____

Persons Authorized to Pick up Child (Other than the parents stated above)

Authorized Pick Up

1. Name: _____ ID: _____

Vehicle Reg: _____ Relationship: _____

2. Name: _____ ID: _____

Vehicle Reg: _____ Relationship: _____

3. Name: _____ ID: _____

Vehicle Reg: _____ Relationship: _____

Emergency Information

Emergency Contact Information

First Name: _____ Last Name: _____

Relationship to child: _____ Phone Number: _____

First Name: _____ Last Name: _____

Relationship to child: _____ Phone Number: _____

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Persons NOT Authorized to Pick Up

1. Name: _____ ID: _____

Vehicle Reg: _____ Relationship: _____

2. Name: _____ ID: _____

Vehicle Reg: _____ Relationship: _____

***PLEASE NOTE: If there is a Custody Agreement, Please give details below. A copy of the custody order must be given to the receptionist to place in the child's file**

Paediatrician/ Doctors information

Doctors Name: _____ Childs Card Number: _____

Doctors Address: _____

Doctors Number: _____ Preferred Hospital: _____

Medical Aid: Yes / No

Medical Aid Number: _____

Consent for Emergency Care

I _____ authorize the staff of Little Angels Pre-school Academy to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parents cannot be reached immediately.

Signature of Parent: _____

Date: _____

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REGISTRATION FORM

Social Media Photo Documentation Consent

Little Angels Pre-school Academy has its own Facebook/ Instagram page. This page is a place to communicate, see updates on the Academy, view pictures of your child's day and for people to see first-hand what Little Angels is all about. To post any photos, Little Angels Pre-school Academy needs your written consent to do so. Please fill out the appropriate section below.

I, _____ give Little Angels Pre-school Academy permission to post photos of my child, _____, on their Facebook/ Instagram page. I understand that these photos can be viewed by anyone who uses Facebook/ Instagram.

Parent Signature

Date

OR

I, _____ do not give Little Angels Pre-school Academy permission to post photos of my child, _____, on their Facebook/ Instagram page.

Parent Signature

Date

Fee Structure

Option 1

Monthly Payment: Registration Fee R 400 (Includes a School Shirt)

Half Day (R 1400)

Full Day (R 1800)

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Option 2

Termly Payments (Every 3 Months starting in Jan): Registration Fee R 400 (Includes a School Shirt)

Half Day (R 3900)

Full Day (R 5100)

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ACADEMY

REGISTRATION FORM

Parent/Guardian Responsible for Fees

Mother

Guardian #1

Father

Guardian #2

Both

Both

Fees Not Included

Excursions
Fun Days

Uniforms
Concerts

Graduation

*Parents will be notified in advanced of any additional fees

Final Information

I understand and acknowledge that the fee due for my child is to be paid per month at the end of the month for the month (e.g. Paid 25th Dec for Jan) directly into the bank account and fees are non- refundable in case of absence. I further agree to give one month's notice including the months fee of the notice if I wish to withdraw my child from Little Angels Pre- School Academy. I understand that failure to pay said fees may result in loss of childcare provision.

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Documents attached

- Copy of both Parents ID
- Copy of Child's Clinic Card
- Copy of Childs Birth Certificate
- Copy of Authorized Pick Up Persons

Parent/ Guardian Signature:

Mother/Guardians Signature

Father/Guardians Signature

LITTLE ANGELS ACADEMY

REGISTRATION FORM

Transport Policy

At Little Angels Pre-school we offer transport to the following areas: Mohlakeng, Toekomsrus, Helikonpark, Randgate and Greenhills. **We only provide transport to Mohlakeng and Toekomsrus for children who are registered for the Full Day option, we unfortunately do not offer transport to those areas on a Half Day option.**

1. Learners must be picked up and dropped off at the same destination.
2. Parents must give +- 5 minutes leeway time for the transport pick ups & drop offs.
3. The driver is only allowed to wait a **maximum of 2 minutes** for each child during pick up.
4. No arrangements can/should be made with the driver without the consent of the school manager or principal.
5. Transport fees are due on the **first** day of each month.
6. Transport fees are due for all 12 months in the year. There's no discounts/pro rata rates for absence and school holidays.
7. The driver must be informed the day before of attendance if attendance had changed for any reason.
8. No learner will be picked up without prior confirmation.
9. Transport and transport fees are only for Monday to Friday pick ups and drop offs.
10. **There is no Transport available during the school holiday program.**
11. Transport fees do not include excursions, extra murals and graduation.

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Transport Fees

Mohlakeng - R700

Helikonpark, Randgate - R500

Toekomsrus - R700

Greenhills - R 450

I _____ Parent of _____
have read the above and understand the terms stated above. The policy will be implemented as of the first day of pick up.

Pick up and Drop off Address: _____

Parent Signature: _____

Date: _____