

NATURE KINDERGARTEN ENROLMENT FORM 2019



Nurturing Natural
Learning

WILDERNESS LEARNING COOPERATIVE
Duiwerivier Railway Siding
The Lakes/ Die Vleie road
Wilderness

CHILD DETAILS

First Names:	Surname:
Name commonly used:	
Date of Birth:	Gender: Female _____ Male _____
Home Language:	
Dietary requirements:	
Allergies or medical information:	
Family doctor:	
Doctor contact no:	
Any particular sensitivities your child might have:	
Any special interests you child currently has:	
Any other NB info we should have about your child:	

PARENT / GUARDIAN DETAILS

Father	Mother
First Names:	First names:
Surname:	Surname:
Language:	Language:
Marital status:	Marital status:
If separated, with whom does your child reside?	
Home tel no:	Home tel no:
Cellphone:	Cellphone:
Home address:	Home address:
Occupation:	Occupation:
Work hours:	Work hours:
Work tel no:	Work tel no:
Work address:	Work address:
Email:	Email:
Permission to send email updates: Yes _____ No _____	
Any concerns you may have for us to keep in mind:	
Who is responsible for dropping off and collecting your child?	
Person responsible for paying fees:	

EMERGENCY CONTACT / NEXT OF KIN

1) Name & Surname:	Area based:
Contact no:	Relationship:
2) Name & Surname:	Area based:
Contact no:	Relationship:

T's & C's:

- * Our land was wild for many years. We have made huge strides in taming our learning glade area to create a safe, fun and free explorative experience. As this is a natural, outdoor learning space, please be aware that we cannot be held liable for any ticks or other wildlife that may occur in the space.
- * We encourage parents to work with us in teaching our children natural risk assessment and safe behaviour. It is not for us to eradicate all dangers but to teach our children how to become aware of their environment.
- * We are a social media-free zone. Please don't publish photos of the group on facebook or other social media platforms. We endeavour to respect our children and their privacy. If we need to use appropriate content for marketing or information purposes we will ask for the relevant permission to do so as needed.
- * Your space in the group is confirmed by full payment of the non-refundable registration fee of **R150**.
- * Fees are to be paid by the **1st** of every month.

I hereby indemnify, hold harmless and absolve the staff, other members of 'Wilderness Learning Cooperative', including any involved parents and/or facilitators, against any or all claims that may arise in connection with the loss of or damage to the property of, or injury to, my child in the course of the time period/activities, in the knowledge that the facilitator will nevertheless take all responsible precautions for the safety and welfare of my child. I indemnify 'Wilderness Learning Cooperative' against any injuries or accidents that may occur due to the outdoor nature of the learning space.

I have read and agree to the terms and conditions and declare my info correct.

Signed at _____ on the _____ day of _____ 20_____

Parent/ Guardian name: _____ signature: _____

WLC Witness name: _____ signature: _____

CONTACT:

Linda Devine: Malcolm Devine:
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Info@wildlearn.co.za
www.wildlearn.co.za

BANKING DETAILS:

MISS L. SCHMIDT
CAPITEC BANK
ACC NO: 1359127591
SAVINGS ACCOUNT
BR CODE: 470010