

Daycare & Pre-primary Admission 2025 Application Form



Deadline: 31 October 2024

Application fee: N\$50
Admission fee: N\$200

Student No
For office use only

Necessary supporting documents, completed sections and forms

- Copy of learner's birth certificate
- Copy of parents'/legal guardians' IDs
- Copy of learner's vaccination records
- One recent ID photo of learner



Application Details

➡ Please confirm availability at the school

Age Group

Pre-Primary Grade 00	3 <input type="checkbox"/>	4 <input type="checkbox"/>		
Pre-primary Grade R/0	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Half Day <input type="checkbox"/>	06.30-13h00
Daycare/Nursery	2 <input type="checkbox"/>		Full Day <input type="checkbox"/>	06.30-17h00

Learner details

Surname

Name/s as on birth certificate

Preferred name

Date of birth Current age Gender: Male Female

Home language Second language

Nationality

Resides with: Parents Guardian

Learner details (continued)

Person dropping learner at school (Nursery class to Grade 0)

Name

Relationship

Aftercare

Will the learner require aftercare? Yes No

Learner's education details

Previous school Tel no.

Learner's medical details

Family Doctor

Name

Address

Tel:

Has the learner received all the necessary immunisations? Yes No

If NO, state the reasons below

Learner's medical details (continued)

Has the learner suffered from any of the following illnesses? Please indicate with an X

Asthma	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>
Enteric feve	<input type="checkbox"/>	German measles	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Malaria	<input type="checkbox"/>
Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>
Scarlet fever	<input type="checkbox"/>	Tick bite fever	<input type="checkbox"/>	Typhoid fever	<input type="checkbox"/>	Whooping cough	<input type="checkbox"/>

Does the learner suffer from any allergies?

If yes, please provide details below:

Does the learner have any special medical needs?

If yes, please provide details below:

Does/Has the learner suffered from any other illnesses/disabilities?

If yes, please provide details below:

Is the learner receiving medical treatment for any condition?

If yes, please provide details below

Is/Has the learner suffered from or received treatment for any psychological/emotional upset?

If yes, please provide details below:

Has the learner had any operations?

If yes, please provide details below:

Please specify any other relevant medical details:

Consent to act in a medical emergency

In a critical medical situation, please bear in mind that there may not be time to refer to the learner's records. The school, therefore, reserves the right to utilise the quickest medical service available. I, _____, being the parent/legal guardian of _____, hereby agree that a medical practitioner may provide emergency treatment as may be necessary.

Signature of parent/legal guardian

Date

Personal details of parent/legal guardian (1)

Surname

Full names as on ID

ID number

Designation

Mr

Mrs

Ms

Dr

Relationship

Marital status

Occupation

Employer

Residential address

Work address

Postal address

Tel. H

Tel. W

Cell

Email address

Parental status

Learner living with parent/s

Learner's legal guardian

Access rights to learner

Access rights in emergency only

Personal details of parent/legal guardian (2)

Surname

Full names as on ID

ID number

Designation Mr Mrs Ms Dr

Relationship Marital status

Occupation Employer

Residential address Work address Postal address

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tel. H Tel. W Cell

Email address

Parental status Learner living with parent/s Access rights to learner

Learner's legal guardian Access rights in emergency only

Emergency contact details (not parental)

Full names

Relation to learner

Email address

Cell

Details of person responsible for account

Surname

Full names as on ID

ID number

Designation Mr Mrs Ms Dr

Relationship Marital status

Occupation Employer

Residential address Work address Postal address

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tel. H Tel. W Cell

Email address

Details of children in your care who are currently at this school:

1. Name Gr

2. Name Gr

BANK ACCOUNT DETAILS

We accept all types of e-wallet payment methods [Pay2Cell: 0816857130],
[eWallets: 0818657274]

Alternatively you can direct deposit or transfer funds into:



BANK NAME: STANDARD BANK NAMIBIA
ACCOUNT NAME: HOPE GARDEN PRESCHOOL AND DAYCARE CC
BRANCH: OTJIWARONGO [084573]
ACCOUNT TYPE: BUSINESS CURRENT
ACCOUNT NO: **60006972321**
OUR REFERENCE: CHILDS FULL NAMES
YOUR REFERENCE: SCHOOL FEES CHILDS FULL NAMES
PROOF OF PAYMENT: info.hope.gardens@gmail.com

BANK NAME: FNB NAMIBIA
ACCOUNT NAME: HOPE GARDEN PRESCHOOL AND DAYCARE CC
BRANCH: OKAKARARA [280374]
ACCOUNT TYPE: BUSINESS CURRENT
ACCOUNT NO: **64284377677**
OUR REFERENCE: CHILD'S FULL NAMES
YOUR REFERENCE: SCHOOL FEES CHILD'S FULL NAMES
PROOF OF PAYMENT: info.hope.gardens@gmail.com

The form MUST be received in the School Admissions office by **31 October 2024** at this address:

School admissions, HOPE GARDEN PRESCHOOL & DAYCARE CC, Po Box 4

Okakarara, Namibia. Attention: Mr. Gerson Aib/Tendai Talent Aib (Center Director)

Alternatively, you can hand deliver it at the Center.

You should receive an acknowledgement within 20 working days of sending your application form.

Please contact School Admissions if it does not arrive.

HOPE GARDEN PRE-SCHOOL & DAY CARE

P.O BOX 4

OKAKARARA, Erf: 902, NHE EXT 1, John Tjikuua Street

Tel/Cell: 0812420612

Email: info.hope.gardens@gmail.com Web: <https://hopegardenfamily.com/day-care>