Daycare & **Pre-primary Admission 2025 Application Form**



Necessary supporting documents, completed sections and forms

Deadline: 31 October 2024

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

For

Student No	
office use only	

Copy of learner's birth Copy of parents'/legal Copy of learner's vacc One recent ID photo of	guardians' IDs ination records					
		Applica	tion Details			
Please confirm o	availability at the	school Age Group				
Pre-Primary Grade 00	3	4				
Pre-primary Grade R/0	5	6	H	Half Day	06.30-13h00	
Daycare/Nursery	2		F	Full Day	06.30-17h00	
		Learn	er details			
Surname Name/s as on birth c Preferred name	ertificate					
Date of birth	Curre	ent age	Gender: N	Male Fer	male	
Home language			Second la	nguage		
Nationality						
Resides with:	Parents		Guardian			

		Learner details (continued)	
Person drop	oping led	arner at school (Nursery class to Grade 0)	
Name			
Relationshi	p		
		Aftercare	
Will the lea	rner requ	uire aftercare? Yes No	
		Learner's education details	
Previous sc	hool	Tel no.	
		Learner's medical details	
Family Doc	tor		
Name			
Address Tel:			
Has the learner		d all the necessary immunisations? Yes No sons below	

Learner's medical details (continued)

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

Asthma		Chickenpox		Diabetes		Diphtheria		
Enteric feve		German measles		Hepatitis		Malaria		
Measles		Mumps		Polio		Rheumatic fever		
Scarlet fever		Tick bite fever		Typhoid fever		Whooping cough		
Does the learne	er suf	fer from any all	lergies?					
If yes, please pr	ovid	e details below	:					
Doos the learne	or ba	vo any special i	modica	l noods2				
Does the learner If yes, please pr				i needs:				
ii yes, piedse pi	Ovid	e details below	•					
Does/Has the le	earne	er suffered from	any ot	her illnesses/d	isabi	lities?		
If yes, please pr	ovid	e details below	•					
Is the learner receiving medical treatment for any condition?								
If yes, please pr	ovid	e details below						
Is/Has the learn	ner sı	uffered from or	receive	d treatment fo	r any	psychological/e	emotic	onal upset?
If yes, please pr					,	1.7.		
Has the learner								
If yes, please pr	ovid	e details below	:					

Please specify any	other relevant med	dical details:			
	Consent to	act in a medica	l emergency		
The school, therefore,	tuation, please bear in m reserves the right to utilis , being t medical practitioner may	e the quickest medic he parent/legal guar	al service availab	ole. I,	
Signature of parent/l	egal guardian	_	Date		
	Personal	details of parent/	legal guardia	n (1)	
Surname Full names as on ID ID number					
Designation I	Mr	Mrs	Ms		Dr
Relationship			Marital st	tatus	
Occupation			Employe	er	
Residential address	S	Work addr	ress	Postal (address
Tel. H		Tel. W		Cell	
Email address					
Parental status	Learner living with p	parent/s	Learner's leg	al guardian	

	Access rights to learner		Access rights in e	mergency	only	
	Personal det	ails of pare	ent/legal guardian	(2)		
Surname Full names as on ID ID number						
Designation Mi	r Mrs		Ms	Dr		
Relationship Occupation			Marital statu Employer	S		
Residential address		Work add	ress	Postal ac	ddress	
Tel. H		Tel. W		Cell		
Email address						
Parental status	Learner living with parent/ Access rights to learner	S	Learner's legal go Access rights in e		only	
	Emergency co	ntact de	tails (not parenta	l)		
Full names						
Relation to learner						
Email address						
Cell						

		Deta	ils of p	erson res	oonsible for acc	ount		
Surname Full names as or ID number	n ID							
Designation	٨	Mr	Mrs		Ms		Dr	
Relationship Occupation					Marital st Employe			
Residential ad	dress	;		Work ad	dress	Postal	address	
Tel. H				Tel. W		Cell		
Email address								
Details of child	dren i	n your care who are	curre	ntly at thi	s school:			
1. Name				Gr				
2. Name				Gr				

Signature of parents/legal guardians and account holder

We, the undersigned parents/guardians, hereby certify that the information provided in this application for admission is complete and accurate. We acknowledge that enrolment is subject to, inter alia, signing a learner admission contract that contains the detailed terms, conditions and requirements for admission. We acknowledge that we have read the school-specific policies and school rules and will accept an offer of placement for our child at the school in accordance with the terms and conditions as set out therein.

These documents, as amended from time to time, are available on the official school website. We further consent to the processing of personal information contemplated in the POPI Act No 4 of 2013, for the following purposes: evaluation of this application form; administration of the contract between us and **Hope Garden Preschool and Daycare cc**;

NB: The signatures of the account holder and be guardians are required where applicable.	ooth parents and/or legal
Signature of account holder	Date
Signature of parent/legal guardian (1)	Date
Signature of parent/legal guardian (2)	Date

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

