

**Application for Admittance of a Special Need Child
to the Maranatha Bana Centre**



I, the undersigned _____
both in my personal capacity and in my capacity as parent and/or legal guardian (hereinafter
referred to as the Parent) of _____
(Hereinafter referred to as the Child), hereby apply to enrol my child at the Maranatha Bana Centre

Parents Details:

Title: _____

Name: _____

Surname: _____

Physical address: _____

Postal Address: _____

Email: _____

Telephone (Home) _____

Telephone (Work-Father) _____

Telephone (Work-Mother) _____

Cell phone – Father _____

Cell phone - Mother _____

Employer: (Father) _____

Employer: (Mother) _____

Work address: (Father) _____

Work address: (Mother) _____

Emergency contact's details:

A responsible person (other than the parents) who can be contacted in an emergency

Name: _____

Address: _____

Telephone: _____

Cell number: _____

Medical Aid: _____

Medical Aid Number: _____ Plan: _____

General Practitioner details:

Name: _____

Physical Address: _____

Phone number: _____

I hereby consent and give permission to THE MARANATHA BANA CENTRE to obtain emergency medical treatment by a qualified medical practitioner for the child whenever a member of staff deems it necessary.

Child's Details:

Name: _____

Surname: _____

Date of birth: _____

Age: _____

Siblings:

<u>Name:</u>	<u>Sex:</u>	<u>Age:</u>

General health questionnaire:

Information concerning the child's general health and physical condition:

Disability diagnosis: _____

Complications: _____

Past medical treatment

Operations, illnesses and any contagious disease from which the child has suffered and relevant dates:

Operations:	Date	Illnesses:	Date	Contagious diseases:

Immunization:

Details of Immunization: (attach copy of clinic card or Medical certificates)

Allergies and Current medical treatment

Details of allergies and medical treatment child is currently undergoing:

Medical Reports:

Attach all copies to application

Therapy reports:

Attach any or all copies to application

Other:

How child must be dealt with when very disturbed / upset? e.g. play favourite music, sing lullabies, give stern command, time out, etc.

Admission Requirements

The child will be submitted to a suitable group, curriculum and activities for a period of 2 weeks to enable the Centre manager the opportunity to evaluate the child and determine the suitability of his/her placement at the Centre.

A child who requires assistance with all functional activities and self care will be required to attend the Centre with a suitable and capable facilitator, should this be deemed necessary by the Centre Manager. This is a requirement as stipulated by the Management Committee.

Fees

Annual Fees are as follows:

Registration and administration fee – **R 250.00 p.a.** (Payable on date of registration)

Tuition Fees – **R 18 000.00 p.a.** (Payable monthly in advance at R 1 500.00 p.m.)

The tuition fee includes the following:

- An intensive stimulation program from 7:30 – 13:00
- Afternoon care until 17:30
- Holiday care during school holidays except December
- A well-trained tutor and an assistant for every class
- Maximum of 8 children per class
- A balanced meal (lunch) as well as a snack/fruit after nap time
- Feeding goals and implementation
- Computer facilities

Physio -, speech-, and occupational therapy will be available on the premises

*(the above services are not included in the tuition fee)

Banking Details:

Name of Account: *MARANATHA BANA CENTRE*
Bank: *ABSA – CENTURION*
Type: *Cheque / Current*
Branch no: *6320051*
Account Number: *4067173781*

I hereby agree to this procedure and abide by any ruling made by the Management Committee. I also agree that I am liable for the fees as set out. Should the services of the Centre not be required, one calendar month's notice must be given in writing.

Code of conduct

All children attending the Centre will be required to behave in a disciplined, dignified manner. Any child continually displaying disruptive behaviour will, after discussion with the parents, be put on a trial period of 1 month after which he/she may be asked to leave the Centre if no improvement in behaviour is obtained.

Parents will be required to keep all children with any symptoms of any contagious illness and/or diseases including *flue*, at home. Most of the children attending the Centre have weak immune systems, and it is to the benefit of all the other children and staff attending and working at the Centre.

Application for membership of the Maranatha Bana Centre (Non Profit Organization)

Should my child be admitted to the centre I hereby apply / do not apply to become a member of the organization.

By signing this document I accept the terms and conditions as set out in this document, and will adhere to the Centres' rules and regulations.

DATED ON THIS THE _____ DAY OF _____ 2007.

PARENT / GUARDIAN

Witness 1

PARENT / LEGAL GUARDIAN of child
Responsible for payment of centre fees.

Witness 2

MARANATHA BANA

Witness 1

for **THE MARANATHA BANA CENTRE**

Witness 2

For Official Use only:

Recommendation by Centre Manager:

ACCEPTED _____

Placement _____

Reason _____

DENIED _____

Reason _____

For just administrative procedures these reasons will be made available to parents)

- **Reports attached for consideration**
- **It is requested that the admittance of child _____ to the Maranatha Bana Centre is approved / denied.**

Centre Manager

Date:

This form can be taken per hand to members of the Management Committee in the process set out hereunder. Once two members have appended their signatures and then the Vice Chairperson the decision stands as a binding decision of the Management Committee.

Secretary:

Name: _____ Date: _____ SIGNATURE: _____

Approves / Declines application / Stand over for Management Meeting

Additional Member:

Name: _____ Date: _____ SIGNATURE: _____

Approves / Declines application / Stand over for Management Meeting

Vice Chairperson:

Name: _____ Date: _____ SIGNATURE: _____

Approves / Declines application / Stand over for Management Meeting