



📍 42 Witkopp Rd, Fourways, Sandton, 2055

☎ Phone: 011 465 0168

Enrolment Form for the year 2026

Date of Application: _____ Start Date: _____

Child's Details:

Date of Birth: _____

First Names: _____ Surname: _____

Name by which child is known: _____

Home Language: _____ Nationality: _____

Position in Family (Youngest, Middle, Oldest): _____ No of children in family: _____

Religion: _____

Is there a sibling currently in the school? _____ Name of sibling: _____

Home Address: _____

Post Code: _____

Special Needs/Dietary requirements/Allergies

Contact people in case of Emergency OTHER than parents:

Name: _____ Relationship: _____

Tel: _____

Name: _____ Relationship: _____

Tel: _____

Parent Details:

Mother:

First Names: _____ Surname: _____

ID No: _____ Nationality: _____

Home Address: _____

Post Code: _____

Postal Address: _____

Occupation: _____ Company: _____

Business Address: _____

Tel Home: _____ Mobile: _____

TelWork: _____ Email: _____





📍 42 Witkopp Rd, Fourways, Sandton, 2055

☎ Phone: 011 465 0168

Father:

First Names: _____ Surname: _____
 ID No: _____ Nationality: _____
 Home Address: _____
 Post Code: _____
 Postal Address: _____
 Occupation: _____ Company: _____
 Business Address: _____
 Tel Home: _____ Mobile: _____
 TelWork: _____ Email: _____

Doctor Details:

Family Doctor: _____ Tel: _____
 Doctors Address: _____
 Medical Aid: _____ Medical Aid No: _____
 Main Member: _____

**Please submit all inoculation certificates, vaccination reports and any important medical history information along with this form.*

Details of who will be collecting your child:

Mothers Car: _____ Car Reg: _____
 Fathers Car: _____ Car Reg: _____

If there are other people who will be collecting your child with different car details, please list below:

Name: _____ Car: _____ Car Reg: _____
 Name: _____ Car: _____ Car Reg: _____
 Name: _____ Car: _____ Car Reg: _____

If no one from this list is able to collect your child on a certain day please inform the school before school ends on that person's particulars; your child will not be allowed to leave the school premises without prior Knowledge from the school.





📍 42 Witkopp Rd, Fourways, Sandton, 2055

☎ Phone: 011 465 0168

Cherry Lane Montessori Indemnity form 2026

I _____ (Full name of parent / legal guardian) of

_____ (Full name of child)

Hereby;

Indemnify and hold harmless Cherry Lane Montessori preschool and/or their staff, owners, principals, the Company, teachers, assistants against and from any claims whatsoever that may arise in connection with any loss and/or damage to the property, possessions, injury, illness or death which may be sustained by the pupil stipulated above, whilst on school property.

Agree that I as stipulated above shall be responsible for the payment of all medical/and or hospital accounts, where applicable, should any injury, loss or damage be sustained to the pupil stipulated above whilst on the school property.

Delegate to the principals of Cherry Lane Montessori and/or her representatives, the power to authorize whatever treatment he/she in their sole discretion (and to the best of their ability) deems necessary for the pupil and in doing so agree that the principal and/or her representatives shall act *in loco parentis*.

Give consent for the pupil stipulated above to take part in any extra mural activities on the school premises or any such place where such activities are engaged in.

Agree that this indemnity shall commence on date of signature hereof and shall remain in force and be of effect for the duration of the pupil's enrolment at Cherry Lane Montessori.

Signature of parent / legal guardian: _____

Name and Signature of Witness: _____ Date: _____

Place: _____





📍 42 Witkopp Rd, Fourways, Sandton, 2055

☎ Phone: 011 465 0168

Administration of Medicines and Treatment Consent Form for the 2026 School year

Child's name: _____ Date: _____

I _____ parent / guardian authorise Cherry Lane Montessori (Pty) Ltd and its employees to administer medication on my behalf. The following ticked medication may be administered to my child without further consent. I will be notified should medication be administered.

<input type="checkbox"/>	Calpol
<input type="checkbox"/>	Nurofen
<input type="checkbox"/>	Allergex
<input type="checkbox"/>	Prospan cough mixture
<input type="checkbox"/>	Charcoal tablets (Natural)

I agree to indemnify and hold harmless Cherry Lane Montessori (Pty) Ltd and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of medication.

OR

I _____ parent / guardian request that no medication is administered to my child.

Does your child suffer from Diabetes or Epilepsy? YES / NO

If yes to above question, please specify below.

Please outline any special dietary requirements of your child and specify any food allergies.

Does your child require chronic medical on e.g., Asthma pump, EpiPen? YES / NO

If yes to the above question, please specify below.

Is your child's medical on in their school bag at all? YES / NO

The school is not in possession of an EpiPen and does not keep asthma medication.

Should your child require such medication in an emergency it is essential that it is in their bag at ALL times.





📍 42 Witkoppen Rd, Fourways, Sandton, 2055

☎ Phone: 011 465 0168

Should my child need to be taken to a hospital to receive further medical treatment (please select below option)?

I authorize that in an emergency and I am unreachable or cannot get to the school in time, one of my Cherry Lane Montessori's employees may transport my child to the nearest hospital which is Fourways life hospital. I agree to indemnify and hold harmless Cherry Lane Montessori (Pty) Ltd and its employees against any claim except based on willful and wanton conduct, arising while transporting them to the nearest hospital to receive medical treatment.

I do not give my permission for an employee of Cherry Lane Montessori (Pty) Ltd to take my child to the hospital should I not be contactable. I understand the associated risk to this option and choose for my child to wait for me or an ambulance to receive care

Should an employee of Cherry Lane Montessori (Pty) Ltd not be able to contact me please have them contact one of the below people.

1. _____ on +27 _____

2. _____ on +27 _____

3. _____ on +27 _____

Medical Aid: _____ Number: _____

Parent/Guardian printed name: _____

Parent/Guardian signature: _____





📍 42 Witkopen Rd, Fourways, Sandton, 2055

☎ Phone: 011 465 0168

Cherry Lane Montessori Consent form 2025/26

I hereby give consent for my personal details to be added to the Cherry Lane Montessori database, where such details will only be used, and retained, for contact between the principals and respective parents in matters of relation to their children.

I understand that my personal details will not be used by Cherry Lane Montessori and given to any third party unless I have given prior written consent to do so.

I hereby also give consent for any photos and/or video's to be taken of my child/children where such photos and / or videos are to be used on:

	School reports
	The Cherry Lane closed Facebook page where parents of Cherry Lane are the only members
	The Cherry Lane Montessori website gallery
	Sending the respective child/children parents updates via cellphone
	Social media posts
	Advertising Brochures

Yours sincerely,
Charisse Mordt

Parent/Guardian to sign:

Signed by: _____ on this _____ day of _____ 2025/2026.

