REGISTRATION PACK

2026 School Year

This pack contains the following forms:

Form 1 — Enrolment Agreement & Fee Contract
Form 2 — Emergency Contact & Authorised Collection Form
Form 3 — Medical & Allergy Information Form
Form 4 — Emergency Medical Authorisation
Form 5 — Media Release Form
Form 6 — Sunscreen & Incidental Medical Permission
Form 7 — Parent Handbook Acknowledgement

Please complete all forms and return the full pack to the school office before your child's first day.

Mud and Moss Montessori
1 Dinwiddle Lane, Hogsback, Eastern Cape, 5721
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Form 1 of 7

Enrolment Agreement & Fee Contract

Mud and Moss Montessori • 2025–2026

Child Information

Child's full name _____ Preferred name _____

Date of birth _____ South African ID number (if applicable) _____

Home language _____ Nationality _____

Home address _____

Suburb _____ City / Town _____

Province _____ Postal code _____

Parent / Guardian 1

Full name _____ Relationship to child _____

Cell number _____ Work / alternative number _____

Email address _____

Employer / Occupation _____ ID number _____

Parent / Guardian 2

Full name _____ Relationship to child _____

Cell number _____ Work / alternative number _____

Email address _____

Employer / Occupation _____ ID number _____

Programme & Fees

Programme enrolled: Half Day | 08:30 – 14:00
Monthly school fee: R 1500
Annual stationery & materials levy: R 300
Registration fee (non-refundable): R1000 (Waived for flagship parents)

Commencement date _____ Preferred payment date _____

Bank / EFT reference to use for payment _____

Terms & Conditions

By signing below, I/we agree to the following:

- Monthly school fees are due on or before the 1st of each month.
- A late payment fee will be charged on fees outstanding after the 5th of the month.
- One full calendar month's written notice is required for withdrawal. Fees remain due during the notice period.
- The registration fee is non-refundable under any circumstances.
- Fees are not reduced for absences, public holidays, or school closure days.
- I/we have read and agree to the policies set out in the Parent Handbook.

Parent / Guardian 1 name _____ *Signature* _____ *Date* _____

Parent / Guardian 2 (if applicable) name _____ *Signature* _____ *Date* _____

School representative name _____ *Signature* _____ *Date* _____

Form 2 of 7

Emergency Contact & Authorised Collection Form

Mud and Moss Montessori • 2025–2026

Please list all adults who are authorised to collect your child. Only persons on this list will be permitted to collect. We will request photo ID if we do not recognise the person. If someone not on this list needs to collect your child, please notify us on Whatsapp on the day.

Child's name _____

Parent / Guardian 1 (Primary Contact)

Full name _____ Relationship _____

Cell number _____ Work number _____

Email address _____

Parent / Guardian 2

Full name _____ Relationship _____

Cell number _____ Work number _____

Email address _____

Emergency Contact 1 (not parent)

Full name _____ Relationship to child _____

Cell number _____ Alternative number _____

Authorised to collect child? ☐ Yes ☐ No

Emergency Contact 2

Full name _____ Relationship to child _____

Cell number _____ Alternative number _____

Authorised to collect child? ☐ Yes ☐ No

Emergency Contact 3

Full name _____ Relationship to child _____

Cell number _____ Alternative number _____

Authorised to collect child? ☐ Yes ☐ No

Additional Notes

Are there any court orders or legal restrictions regarding who may or may not have contact with your child? If yes, please attach a copy of the relevant documentation.

Court order / restriction in place? ☐ Yes ☐ No

Please provide details if applicable:

Parent / Guardian name _____ *Signature* _____ *Date* _____

Form 3 of 7

Medical & Allergy Information Form

Mud and Moss Montessori • 2025–2026

This information is confidential and held securely. It is shared only with staff directly responsible for your child's care.

Child's full name _____

Date of birth _____ Medical aid / scheme name _____

Medical aid membership number _____ Principal member _____

GP / Family doctor name _____ GP contact number _____

Allergies

Please list ALL known allergies. Indicate severity and any prescribed treatment.

Does your child have any known allergies? ☐ Yes ☐ No

Allergy 1 — Substance / trigger: _____

Reaction / symptoms: _____

Treatment / medication prescribed: _____

Allergy 2 — Substance / trigger: _____

Reaction / symptoms: _____

Treatment / medication prescribed: _____

Does your child carry an EpiPen or similar emergency device? ☐ Yes ☐ No

If yes, where is it kept / how is it labelled? _____

Medical Conditions & Diagnoses

Does your child have any diagnosed medical conditions? ☐ Yes ☐ No

Please describe (include diagnosis, treatment plan, and any school implications):

Medications

Does your child take any regular medication? ☐ Yes ☐ No

Medication name, dosage, and schedule:

Medications required during school hours must be declared on Form 4 (Emergency Medical Authorisation) and brought in original packaging, clearly labelled with the child's name.

Developmental & Other Information

Has your child received any therapy (speech, OT, physio, etc.)? ☐ Yes ☐ No

If yes, please describe:

Is there anything else the school should know to support your child's wellbeing? ☐ Yes ☐ No

Additional information:

Parent / Guardian name _____ *Signature* _____ *Date* _____

Form 4 of 7

Emergency Medical Authorisation

Mud and Moss Montessori • 2025–2026

Important:
In a medical emergency, staff will attempt to contact parents immediately. If parents cannot be reached, staff will contact the emergency contacts listed on Form 2. If the situation is life-threatening, emergency services (10177 / 112) will be called without delay. This form authorises the school to act in the best interests of your child if you cannot be reached.

Child's full name _____

Date of birth _____ Blood type (if known) _____

Medical aid name & number _____

Hospital preference _____ Treating doctor _____

Medication Administration

I/we authorise Mud and Moss Montessori staff to administer the following medications during school hours:

Medication name	Dosage	Time	Condition treated

General Emergency Consent

In the event of an emergency where I/we cannot be reached, I/we authorise school staff to:

- Call emergency services (10177 / 112) and arrange transport to the nearest appropriate medical facility.
- Consent to emergency medical treatment on my/our behalf.
- Administer basic first aid as required.
- Share this form and Form 3 with treating medical personnel.

Does your child have any objection to receiving blood products on religious grounds? ☐ Yes ☐ No

If yes, please specify:

Parent / Guardian 1 name	*Signature*	*Date*
Parent / Guardian 2 (if applicable) name	*Signature*	*Date*

Form 5 of 7

Media Release Form

Mud and Moss Montessori • 2025–2026

From time to time, Mud and Moss Montessori photographs and films children during their school day to document learning and share it with our community. Please read the options below carefully and initial next to each one to indicate your preference. You may choose differently for each type of use.

You may update your preferences at any time by notifying the school in writing. Changing your consent will not affect your child's enrolment or participation in any school activity.

Child's full name _____

Consent Options

Use of images / video	Yes	No	Initial
Shared with parents via our secure school communication app (class updates, learning documentation)	☐	☐	
Used on the school's private website (password-protected, families only)	☐	☐	
Used on the school's public website or blog (no child's name used)	☐	☐	
Used in printed school newsletters or reports (no child's name used)	☐	☐	
Used on school social media (Facebook, Instagram, etc. — no child's name used)	☐	☐	
Used for educational or training purposes (e.g. teacher training, Montessori workshops)	☐	☐	
Used in print marketing materials (brochures, posters, etc. — no child's name used)	☐	☐	

We will never publish your child's full name alongside their photograph in any public-facing material. Images shared internally (e.g. via the school app) are password-protected and visible only to enrolled families and staff.

Parent / Guardian name _____ *Signature* _____ *Date* _____

Form 6 of 7

Sunscreen & Incidental Medical Permission

Mud and Moss Montessori • 2025–2026

Children spend time outdoors every day. To protect their skin from the South African sun, we ask parents to apply sunscreen before drop-off and to provide a labelled bottle of SPF 30+ sunscreen for reapplication during the day. This form authorises staff to assist with reapplication.

This form also covers basic incidental first aid (e.g. cleaning a graze, applying a plaster) that may be needed during the school day.

Child's full name _____

Sunscreen Authorisation

I/we give permission for school staff to assist my child with sunscreen reapplication during the school day. ☐ Yes ☐ No

Brand / product name of sunscreen provided (if known): _____

Does your child have any known sensitivity or reaction to sunscreen products? ☐ Yes ☐ No

If yes, please describe and list any products to avoid:

Please ensure your child's sunscreen bottle is clearly labelled with their name and brought in their school bag daily.

Insect Repellent

I/we give permission for school staff to assist my child with insect repellent application if provided from home. ☐ Yes ☐ No

Insect repellent should be applied at home before school where possible. If provided for school use, it must be in its original labelled container.

Basic First Aid Permission

From time to time, minor injuries occur during play — a scraped knee, a small cut, or a splinter. I/we give permission for school staff to administer the following basic first aid measures:

- Clean and dress minor wounds with water, antiseptic, and a plaster
- Apply a cold pack to bumps and bruises
- Remove splinters with sterile tweezers
- Monitor and comfort a child who has had a bump to the head, and contact parents immediately

I/we authorise the above basic first aid measures. ☐ Yes ☐ No

Parents will always be notified of any injury that required first aid, however minor.

Is your child allergic to any first aid products (e.g. plasters, antiseptic)? _____

Over-the-Counter Medications

The school does not keep or administer over-the-counter medication (e.g. paracetamol, antihistamine) without explicit written authorisation per medication. If your child requires such medication during the day, please complete Form 4 and provide the medication in its original packaging.

Parent / Guardian name _____ *Signature* _____ *Date* _____

Form 7 of 7

Parent Handbook Acknowledgement

Mud and Moss Montessori • 2025–2026

Please read the full Mud and Moss Montessori Parent Handbook before completing this form. The handbook is available from the school office and on our website. By signing below, you confirm that you have read and understood all policies and procedures, and agree to uphold them as a member of our community.

Child's full name _____

Date of birth _____ Commencement date _____

I/We confirm that we have read and understood:

- ☐ The school's Montessori philosophy and nature-based approach
- ☐ Hours of operation (08:30 – 14:00), drop-off and collection procedures
- ☐ Attendance and absence notification requirements
- ☐ The illness and exclusion policy (including the 38°C fever rule and 24-hour exclusion)
- ☐ The food and nutrition policy — all food sent from home; no sweets, sugary drinks, or fast food
- ☐ Clothing and daily bag requirements
- ☐ The behaviour and positive discipline approach
- ☐ The communication and parent partnership approach
- ☐ Fee payment terms, the notice period for withdrawal, and the non-refundable registration fee
- ☐ The media release options (as completed on Form 5)
- ☐ Sunscreen, first aid, and medical authorisation policies
- ☐ Emergency procedures and contact requirements

Declaration

I/We agree to:

- Abide by the policies set out in the Parent Handbook
- Notify the school promptly of any changes to contact or medical information
- Engage respectfully and constructively with staff and other families
- Support the Montessori approach at home to the best of my/our ability

Parent / Guardian 1 name	*Signature*	*Date*
Parent / Guardian 2 (if applicable) name	*Signature*	*Date*

Thank you for joining the Mud and Moss community.
We can't wait to grow together.