



# **Little Leaps School for Autism**

## **ADMISSION FORMS**

**2019**

# Little Leaps School for Autism

Pre-School for learners with ASD / PDD

302 Badenhorst Str  
P.O. Box 50704  
Wierda Park, 0149  
Tel:063 331 4459  
[www.littleleaps.co.za](http://www.littleleaps.co.za)  
[littleleaps06@gmail.com](mailto:littleleaps06@gmail.com)



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## INFORMATION FOR ADMISSION

*NB:::::Please be advised that being in possession of this Admission Form does not guarantee that your child a place.  
Your child's place will only be confirmed once trial is completed.*

<b>DATES OF TRIAL PERIOD:</b>	
<b>SURNAME:</b>	
<b>FIRST NAMES OF CHILD:</b>	
<b>DATE OF BIRTH:</b>	
<b>PLACE OF CHILD IN FAMILY:</b>	
<b>GIRL / BOY:</b>	
<b>NAME OF FATHER:</b>	
<b>NAME OF MOTHER:</b>	
<b>HOME ADDRESS:</b>	
<b>POSTAL ADDRESS:</b>	
<b>HOME TEL NR:</b>	
<b>HOME LANGUAGE:</b>	
<b>OCCUPATION OF FATHER:</b>	
<b>FATHER'S ID NO:</b>	
<b>FATHER'S EMAIL ADDRESS:</b>	
<b>WORK TEL:</b>	<b>CELL NR:</b>
<b>OCCUPATION OF MOTHER:</b>	
<b>MOTHER'S ID NO:</b>	
<b>MOTHER'S EMAIL ADDRESS:</b>	
<b>WORK TEL:</b>	<b>CELL NR:</b>
<b>PREVIOUS SCHOOL / PLAYGROUP LAST ATTENDED:</b>	
<b>DIAGNOSIS:</b>	<b>DIAGNOSED BY:</b>

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## CONTRACT WITH CONDITIONS OF ADMISSION

1. I, the undersigned parent / guardian, \_\_\_\_\_  
hereby apply to place my child, \_\_\_\_\_  
in the care of LITTLE LEAPS SCHOOL FOR AUTISM.
2. I accept that the Pre-School:
  - 2.1 Cannot be held responsible for any accidents;
  - 2.2 May contact a local doctor at the discretion of the Principal if I cannot be reached in an emergency
3. I hereby apply to enrol my child in LITTLE LEAPS SCHOOL FOR AUTISM on a full / half day basis as indicated with an X below.
  - 3.1 R700.00 Registration fee.
  - 3.3 I undertake to pay the monthly fees **IN ADVANCE** as follows: (please mark with an X)

	Half Day – no meals (11 months January 2019 – November 2019)	R 4570
	Half Day with meals (11 months January 2019 – November 2019)	R 4570
	Full Day – no meals (11 months January 2019 – November 2019)	R 5470
	Full Day with meals (11 months January 2019 – November 2019)	R 5880

***Please note that these fees are applicable to 2019. There is an annual increase in January each year.***

- 3.4 I undertake to pay a compulsory R570.00 maintenance fee per annum.

3.5 The Pre-School reserves the right, at their own discretion, to instruct parents to remove children for non-payment of fees or if the school deems it necessary for a child to be removed (after dialogue with the parents), this could be because the child does not benefit from the facilities or the programme designed for him / her.

3.6 School fees must be paid by the latest 4 days after month end.

3.7 Failure to collect my child at the appropriate time (Full day 17H30 or Half day 14H30) will result in a R15.00 charge for every 5 minutes thereafter, which I undertake to pay at month end with my fees. Even after telephonic contact with the School, I will still be liable for the late collection levy.

4 I understand that Little Leaps School will be closed in the school holidays stipulated by the Gauteng Education Department.

Little Leaps School terms for 2019 below:

Term 1 2019	9 <sup>th</sup> January	15 <sup>th</sup> March
Term 2 2019	2 <sup>nd</sup> April	14 <sup>th</sup> June
Term 3 2019	9 <sup>th</sup> July	20 <sup>th</sup> September
Term 4 2019	1 <sup>st</sup> October	4 <sup>th</sup> December

I undertake to give **ONE CALENDAR MONTH'S NOTICE IN WRITING** before I take my child out of the Pre-School **OR** pay one month's fees in lieu of notice.

SIGNATURE OF PARENT/ GUARDIAN: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

# MEDICAL REPORT & BACKGROUND

## PARENTS WILL BE NOTIFIED IMMEDIATELY OF ANY ILLNESS OR ACCIDENTS

Has your child received all the necessary immunisations?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Diagnosis: \_\_\_\_\_

Diagnosed by: \_\_\_\_\_

**NB: please attach Doctors / Therapists reports**

Allergies (Please state)

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Any other (diet or other):

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Is your child on any daily medication e.g. Respiridal, Ritalin, Epilim, even unprecribed medication etc.?

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Has your child ever received Occupational Therapy, Speech Therapy, Psychological or any other counselling or therapy? Is he/she receiving any of the above at present? (please attach reports)

YES  NO

Please give details if yes:

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Name any special arrangements regarding your child: (collection, family history, etc)

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Previous school attended

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General state of child's health:

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Name of Family doctor:

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Address: \_\_\_\_\_

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Tel Nr: \_\_\_\_\_

Medical Aid Society:

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Medical Aid Number:

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I accept that Little Leaps School:

1. May consult a doctor if I cannot be reached in an emergency
2. Cannot be held responsible for necessary doctor's fees and medication
3. Cannot be held responsible for any accident

NAME OF FRIEND OR RELATIVE TO BE CONTACTED IN CASE OF AN EMERGENCY:

NAME: \_\_\_\_\_

TEL NUMBER: \_\_\_\_\_

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### AUTHORISATION FOR COLLECTION OF CHILDREN FROM LITTLE LEAPS SCHOOL

I, \_\_\_\_\_ being the mother/father/guardian  
of \_\_\_\_\_

hereby authorise the following person/s to collect my child from Little Leaps  
Pre-School.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Any other relevant information that you feel the School should be made aware of:

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Signed: \_\_\_\_\_ Date \_\_\_\_\_

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## INFORMATION

### PARENTS TO RETAIN THIS SECTION FOR THEIR INFORMATION

1. **TIMES:**

School hours are FULL DAY: 06H30 to 17H30  
HALF DAY: 06H30 to 13H00 or 14H30  
(depending if you want your child to sleep)

2. **FEES:**

2.1 School fees must be paid **IN ADVANCE** by the 4th of each month, or by the 19th, if payments are made on the 15th of the month by prior arrangement (Army etc.). FAILURE TO PAY FEES TIMEOUSLY, WILL RESULT IN AN AUTOMATIC FINE OF R50.00 AFTER THE FOURTH DAY.

2.2 School fees increase in January every year.

3. **CLOTHING AND TOYS:**

All clothing must be suitable for the prevailing weather conditions, and no responsibility will be accepted for damage and / or disappearance of clothing, toys and / or other possessions. Please mark clothes, face cloths, blankets and pillows clearly.

4. **FOOD:**

- 4.1 A mid-morning snack will be provided by the parents. A drink must also be provided. No cakes, sweets, fizzy drinks, chocolates or crisps are allowed!
- 4.2 Breakfast will be provided for children arriving before 8H00 a.m. Cereals and hot porridges only.
- 4.3 A well-balanced lunch will be provided at 12H30 p.m. Please consult the notice board for details of the menu.
- 4.4 Afternoon drink and snack are also provided at 15H30.
- 4.5 *If your child is currently on a special diet, please liase with Principal re: meals*

5. **TOILETRIES AND OTHER REQUIREMENTS:**

- 5.1 A small cushion and blanket marked with your child's name.
- 5.2 A toothbrush and a small tube of toothpaste.
- 5.3 A face cloth marked with your child's name.
- 5.4 The appropriate amount of nappies supplied daily, if your child is not yet toilet trained.
- 5.5 A swimming costume and towel clearly marked in the summer months.



**6. EXTRA ACTIVITIES & THERAPIES:**

**6.1 SPEECH AND LANGUAGE THERAPY**

Danita Meiring 082 376 1618

**6.2 OCCUPATIONAL THERAPY**

Patricia McKay 084 568 7488

**6.3 GROUP SPEECH AND LANGUAGE THERAPY SESSION – OCTOPUS & WHALE (INCLUDED IN FEES)**

Each child receives a once a week 30 min session in a group of 3 with our Speech Therapist Danita Meiring

**6.4 GROUP OCCUPATIONAL THERAPY – LISTENING THERAPY – JELLY, TURTLE & PENGUIN CLASS (INCLUDED IN FEES)**

Each child receives a once a week 30 min session in a group of 3 with our OT Pat McKay.