

# LITTLE FOOTPRINTS INTERACTIVE MOVEMENT CLASSES FOR TODDLERS

3 Rembrandt Road, CLAREMONT, 7708

Tel: 6710500 or 0836335558

Email: [footprints1@netactive.co.za](mailto:footprints1@netactive.co.za) website: [www.littlefootprintsplaygroup.com](http://www.littlefootprintsplaygroup.com)

Child's Surname: \_\_\_\_\_

Child's First Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Please state your preferred  
days and times here.  
(These will be accommodated where possible.)

Postal Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

\_\_\_\_\_ Work Phone Number: \_\_\_\_\_

\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Paediatrician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Birth Details:

Type of Birth: \_\_\_\_\_

Where there any complications? Explain: \_\_\_\_\_

Was the pregnancy full term? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, how prem? \_\_\_\_\_

### Development:

Are there any siblings? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_

Sexes and ages: \_\_\_\_\_

Does your child have any physical disabilities or allergies? \_\_\_\_\_

*(Please enclose this signed form with your booking fee of R30,  
which is a once off fee & enrolment form)*

How did you hear about Little Footprints? \_\_\_\_\_

**LITTLE FOOTPRINTS- CLASS RULES - NO PARKING ON NO 5 OR 7  
REMBRANDT Road's Verge's PLEASE**

- 2 Respect each other and this quality time
- 3 Please do not smoke in or near the house
- 4 Please do not allow your child to eat in the classroom.
- 5 Please be punctual
- 6 Please park with respect for others
- 7 Please make suggestions and requests directly to the facilitator
- 8 Please do not bring a sick child to the sessions
- 9 Please pay attention to your child at all times
- 10 Please relax, enjoy and be involved!

### **LITTLE FOOTPRINTS - PAYMENT AGREEMENT**

- 1 Fees are payable in advance and are non-refundable
- 2 Fees are due on enrolment of the month
- 3 Alternative payment arrangements must be made directly through Faith
- 4 A full month's notice is required or you will be liable for a month's fees

I, \_\_\_\_\_, agree to observe Little Footprints

Class Rules and Payment Agreement.

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

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

#### **BANK DETAILS:**

<b>Name of account holder:</b>	<b>FM Cartwright</b>
<b>Bank:</b>	<b>ABSA</b>
<b>Account Number:</b>	<b>4044719481</b>
<b>Branch Code:</b>	<b>630510</b>
<b>Branch:</b>	<b>Santyger</b>
<b>Type of account:</b>	<b>Current / cheque account</b>

**All cheques to be made out to F. Cartwright please.**

#### **INDEMNITY**

Little Footprints establishment and the facilitators of the classes cannot be held responsible for any injury sustained by parent or child during the sessions or on the premises.

I, \_\_\_\_\_, understand the above and take full

responsibility for my child during these workshops, and hereby indemnify Little Footprints, its owner and employees against any claim, howsoever arising in respect of all and any of my or my child's dealings with the Little Footprints.

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

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