

Application for admittance of disabled 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 enroll the child at the Maranatha Bana Centre

Parent Details:

Title:

Name:

Surname:

Physical address:

Postal Address:

Email:

Telephone (Home)

Telephone (Work)

Cell Phone:

Employer:

Work address:

Emergency contact's details:

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

Name:

Address:

Phone/ Cell number:

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.

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Child's Details:

Name:
Surname:
Date of birth:
Age:

General health questionnaire:

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

Disability diagnosis: _____

Complications: _____

Past medical treatment

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

Operations:	Date	Illnesses:	Date	Communicable 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

ADMISSION REQUIREMENTS

The child will submit 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 facilitator, should this be deemed necessary by the Centre manager .

A recommendation in this regard shall be submitted to the Management Committee for their approval.

A fee of R _____ (all inclusive of therapy fees and administration fees) is payable for this process.

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 fee as set out.

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Code of conduct

All children attending the Centre will be required to behave in a disciplined, dignified manner. Any child continually displaying disruptive behavior 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 behavior is obtained.

Application for membership of the Maranatha Bana centre (Non Profit Organisation)

Should my child be admitted to the centre I hereby apply to become a member of the organization.

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(Please sign and initial all pages of contact as well as specific clauses)

DATED ON THIS THE _____ DAY OF _____ 2006
in the presence of the undersigned witnesses.

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

for THE MARANATHA BANA CENTRE

AS WITNESSES:

1 Signature: _____
 Name: _____

2 Signature: _____
 Name: _____

For Official Purposes only:

Recommendation by Centre Manager:

ACCEPTED _____

Group Placement _____

Reason _____

REFERRED _____

Details _____

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 be 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