



INDEMNITY FORM

TO BE SIGNED BY BOTH PARENTS OR GUARDIAN

1. The Willows is a fee paying school. I/We undertake to pay all fees timeously.
2. I/we understand that my child will be automatically withdrawn from the school should the account be more than one month overdue. Should debt collection fees be incurred on my/our behalf I/we shall be liable for the cost thereof.
3. The Willows is affiliated to TPN Credit Bureau. Personal information will be shared with TPN for the purpose of managing accounts. This information is encoded for safety. Failure to settle an outstanding account may result in blacklisting.
4. In the event of withdrawing my child from the Willows, for any reason whatsoever, we undertake to give one full term's notice or, alternatively, to pay one term's fees in lieu of notice.
5. I/We understand that the school or its owners cannot be held responsible in any way for any injury or sickness suffered by a child while at the school or in the care of the school representative.
6. I/we hereby accept that the School cannot be held responsible for medical, or any other expenses incurred through injuries received while at the school or in the care of a school representative.
7. I/we hereby authorise that my child receives the necessary medical attention in case of an emergency

Name of Private doctor :.....

Phone number :.....

Address of practice: :.....

8. I/we undertake to notify the school immediately of any change of address, phone number, email or any other relevant information.
9. The School expects parents to abide by all the school policies and code of conduct and to co-operate with teachers and administrators. Parents undertake to attend the first available Montessori Introductory lectures run by the School after the enrolment of their child, as well as other parenting workshops offered during the year.
10. **I/we understand and accept the conditions laid out above and agree to abide by these regulations.**

Signature of mother/guardian:		Signature of father/guardian:	
Print name:		Print name:	
Date:		Date:	
Date of admission:		Date of discharge:	