



**Creative Minds Academy**

Company registration no.: 2020/184071/08

Tax reg no.: 9361064208

P.O. BOX 3364, White River, 1240

R538 Road, Karino, Mbombela, 1204

Phone: 079 515 3341

Email: creativemindsacademy2020@gmail.com

# APPLICATION FORM FOR ADMISSION

0-1 Years

2-3 Years

3-4 Years

4-5 Years

Tick the Age Group required:

What Year was your Child Born \_\_\_\_\_

Full Name of applicant \_\_\_\_\_

Boy / Girl \_\_\_\_\_

Preferred Name (if applicable) \_\_\_\_\_

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

Residential Address \_\_\_\_\_

Code \_\_\_\_\_

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

Code \_\_\_\_\_

Home Language \_\_\_\_\_ Second Language (if applicable): \_\_\_\_\_

Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Religion \_\_\_\_\_

Any Special Needs \_\_\_\_\_



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Fathers Name \_\_\_\_\_ Mothers Name \_\_\_\_\_

Postal Address \_\_\_\_\_ Postal Address \_\_\_\_\_

Code \_\_\_\_\_ Code \_\_\_\_\_

Email address \_\_\_\_\_ Email address \_\_\_\_\_

Home Tel \_\_\_\_\_ Home Tel \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

Work Tel \_\_\_\_\_ Work Tel \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status (Married/Widowed/Single/Divorced) \_\_\_\_\_

Name of Person Responsible for Account \_\_\_\_\_

Postal Address (if not indicated above) \_\_\_\_\_

How many days a week will your child come to CMA? \_\_\_\_\_

(Please **TICK** which days)

Mon	Tues	Wed	Thurs	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you be interested in using our **Aftercare Facility**? (Yes/No) \_\_\_\_\_

If yes, 3, 4 or 5 days a week \_\_\_\_\_ until 2.30pm or 5 pm \_\_\_\_\_

Would you be interested in using our **Holiday Club Facility**? **We suggest in taking this option as this will be more affordable instead of using Casual Holiday Club rates.**

**There are approx. 50days holidays in a calendar year.**

**For a small additional fee monthly** (Yes/No) \_\_\_\_\_

Has your child previously attended another daycare/preschool? \_\_\_\_\_

If yes, please give us the following details - Name of School \_\_\_\_\_

Tel \_\_\_\_\_

Reason for leaving \_\_\_\_\_



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Where did you hear about CMA Preschool? \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_



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**Section A – Medical Information**

Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

Family Doctor 1 \_\_\_\_\_ Tel No \_\_\_\_\_

Family Doctor 2 \_\_\_\_\_ Tel No \_\_\_\_\_

Medical Aid \_\_\_\_\_

Medical Aid Number \_\_\_\_\_

Has your child received all the necessary immunisations? Yes  No

If not, please give details \_\_\_\_\_

Has your child suffered the following illnesses (Please indicate with a TICK)

- |                                      |   |  |   |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma      | <input type="checkbox"/> Enteric Fever  | <input type="checkbox"/> Measles         | <input type="checkbox"/> Scarlet Fever  |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> German Measles | <input type="checkbox"/> Mumps           | <input type="checkbox"/> Tickbite Fever |
| <input type="checkbox"/> Diabetes    | <input type="checkbox"/> Hepatitis      | <input type="checkbox"/> Polio           | <input type="checkbox"/> Typhoid Fever  |
| <input type="checkbox"/> Diphtheria  | <input type="checkbox"/> Malaria        | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> whooping Cough |

Does the child suffer from any other illnesses or disability or has the child suffered from any other illnesses or disability Yes  No

If yes please give details \_\_\_\_\_

Is the child receiving medical treatment for any condition? Yes  No

If yes please give details \_\_\_\_\_



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Has the child suffered from or been treated for any psychological or emotional upset?

Yes  No

If yes please give details \_\_\_\_\_

Has the child had any operations?

Yes  No

If yes please give details \_\_\_\_\_

Specify any other relevant medical data \_\_\_\_\_

**Consent**

NB: in a critical situation, please bear in mind that there may not be time to refer to your child's records. The school therefore reserves the right to utilize the quickest medical service available.

I \_\_\_\_\_ being the parent / legal guardian of  
\_\_\_\_\_ hereby agrees that the appointed CMA

Preschool, Aftercare & Holiday Club representative may carry out emergency treatment as may be necessary.

**SIGNATURE OF PARENT / GUARDIAN** \_\_\_\_\_

**Section B – Details of another contact in the case of an Emergency**

Surname \_\_\_\_\_ First Names \_\_\_\_\_

Relationship \_\_\_\_\_ Tel No \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_



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**Section C - Declaration**

We, the undersigned \_\_\_\_\_ hereby certify that the information given by us on this application is complete and accurate. We agree to the conditions as set out below.

We accept that CMA Preschool, Aftercare & Holiday Club is based on Christian Principles and undertake not to undermine this position.

The child's application will be re-considered in the case where relevant, important information, which should be brought to our attention, is withheld during the interview.

**\*\*NB: the signatures of both parents and or guardians are required below\*\***

\_\_\_\_\_

**Signature of Father / Stepfather / Guardian**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Mother / Stepmother / Guardian**

\_\_\_\_\_

**Date**



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**Section D – Details of Account Holder**

Surname \_\_\_\_\_

Full Names \_\_\_\_\_

Designation \_\_\_\_\_ Marital Status \_\_\_\_\_

ID Number \_\_\_\_\_ Employer \_\_\_\_\_

Relationship \_\_\_\_\_

Address 1 – Residence

Address 2 – Work

Address 3 – Postal

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_

Tel \_\_\_\_\_

Code \_\_\_\_\_

Email \_\_\_\_\_

Parental status (Please **TICK** correct block below)

Child living with parent   Childs Legal Guardian   Access rights to child   Access rights in emergency only



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**Section E – Declaration of Account Holder**

I, the undersigned, \_\_\_\_\_ hereby  
certify that the information given by me on this application is complete and accurate.

We accept joint and several liability to CMA Preschool for the due and punctual payment of all school fees, enrolment fee (which is non refundable) or any other amounts which may become due and payable to CMA Preschool or in respect of participation in or attendance of any extracurricular activity.

I accept the Financial Terms and Conditions of which I have received a copy.

**\*\*NB: The signature of the account holder as well as that of the 2<sup>nd</sup> parent is required\*\***

\_\_\_\_\_  
**Signature of Account holder**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of 2<sup>nd</sup> Parent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature CMA Preschool**

\_\_\_\_\_  
**Date**



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## **Section F – Terms and Conditions**

CMA Preschool t/a CMA Preschool, Aftercare & Holiday Club

### **Acceptance of Liability**

1. The person/s responsible for the account (hereafter "the responsible person") as set out in the standard CMA Preschool Application for Admission ("the Application Form") herewith assumes liability for the account, alternatively binds himself as co-debtor and surety for payment of all school fees to CMA Preschool ("the school").
2. The guardian, as described in the Application Form, binds himself as surety and co-debtor for the payment of all school fees by the responsible person or any other payments that may arise from this agreement.

### **Terms of Payment**

1. It is recorded that school fees are determined at the beginning of the year and responsible persons are informed of the result in writing.
2. The responsible person shall immediately inform the school if he has not received an invoice at the start of the year.
3. School fees for 12 (twelve) months are payable monthly, quarterly or yearly in advance depending on the fee payment option exercised by the responsible person in the application form.
4. Payments are to reach the schools account without any deductions or set off on the 1<sup>st</sup> day of the month, quarter or year depending on fee payment option agreed to.
5. Enrollment fees are not refundable if the child leaves the school.
6. The school reserves the right to charge interest of 15% (fifteen percent) on all accounts that are in arrears by 30 (thirty) days and longer.
7. Payment of monthly school fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fees at the school.

### **Breach of Contract**

1. In the event where the undersigned surety, responsible person or guardian commits a breach of contract of any of the terms of this agreement, the school may in its sole direction
  - Refuse the child entry to the schools premises until the breach has been remedied: or
  - Claim damages from the responsible person and / or the sureties and guardian
  - Take whatever legal steps that may be necessary



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**General**

This agreement constitutes the whole agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this agreement or any provision or terms thereof or any agreement, bill of exchange or other document issued or executed pursuant to or in terms of this agreement and no settlement of any disputes arising under the agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this agreement, bill of exchange or other document issued pursuant to or in terms of this agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be directly constructed as relating strictly to the matter in respect whereof it was made given.

**Jurisdiction**

This agreement is subject to the South African Law.

**Credit Information**

The responsible person, surety or guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the Credit Act.

**Domicilium**

The parties choose as their domicilla citandi et executandi the adress set out in the application form.

**Legal Fees**

In the event where the school takes legal action against the responsible person, he will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

**Cancellation**

1. The responsible person undertakes to give 30 (thirty) calendar days written notice of termination of the enrollment of a child whom has not yet started, failing which the liability be incurred for the full amount of the following terms fees.
2. CMA Preschool shall be entitled to terminate the enrollment of any child
3. In the event of emigration which is a long process, CMA Preschool requires 1 (one) full terms written notice in advance.

**NOTE**

Once the Acceptance deposit has been paid, your child's place is reserved. If you wish to give up this place, notice is required by the 1<sup>st</sup> December of the year prior to your child starting school, failing which a terms fees are payable in lieu of notice.

One Terms Notice is required for a withdrawal of a child from the school, failing which a terms fees will become payable in lieu of notice.

\_\_\_\_\_  
**Signature of Account Holder**

\_\_\_\_\_  
**Date**



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**Section G – General Indemnity**

CMA Preschool t/a CMA Preschool, Aftercare & Holiday Club

The school and the owners undertake to implement reasonable and generally acceptable measures with regard to the safety and wellbeing of all the children, educators and visitors to our school.

Due to the nature of the matter, the owners can however not accept any responsibility for accidents that may take place in the class or on the school terrain.

Each parent is therefore requested to complete this form as proof that you accept the position of the school and the owners as set out above as well as the risks involved therewith.

I, the undersigned:

Full names \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

Being the parent or guardian of the under mentioned child / children who is / are enrolled as such and accepted by CMA Preschool subject to the terms set out herein:

Names of Child / children

\_\_\_\_\_  
\_\_\_\_\_

Indemnify CMA Preschool and the owners for any losses, injuries or damages in general, however it may occur. That I as the parent or guardian of the above child / children may suffer as a result of any occurrence whereby my child may be involved, whether as the causing or suffering party, whilst in any school activity.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Witness 1 \_\_\_\_\_

Witness 2 \_\_\_\_\_

**Parent / Guardian** \_\_\_\_\_



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**Payments:**

Accounts will be sent via email towards the end of each month, indicating amount due by the 1<sup>st</sup> of each month.

Our banking details are:

**Bank:** STANDARD Bank  
**Account Name:** CREATIVE MINDS ACADEMY  
**Account Number:** 10214631107  
**Branch Number:** WHITE RIVER      **Branch:** 051001

NB: For EFT payments please add as ref: name of child and account number

**Overdue payments:**

Fees are payable in advance on or before the 1<sup>st</sup> day of each month. Fees which are outstanding 30 (thirty) days (ie) (one) month in arrears , will be followed up by a “First” Letter from CMA Preschool, Aftercare & Holiday Club requesting immediate payment of fees. CMA Preschool & Aftercare reserves the right to request the use of debit order facility for future payments going forward. If a “Second” letter requesting payment is sent, notification of your child/ren’s termination date from CMA Preschool, Aftercare & Holiday Club will also be included.

**Increase in fees:**

CMA Preschool, Aftercare & Holiday Club “Reserves the Right” to increase fees together with the Annual New Admissions Acceptance & Stationery fees. At least 45 (forty five) days’ notice will be given.

**PLEASE ATTACHED THE FOLLOWING DOCUMENTS**

**\*CHILD BIRTH CERIFICATE**

**\*BOTH PARENT ID COPIES**

**\*CLINIC CARD COPY(FRONT PAGE ONLY)**

