



## Application for Enrolment

Full Day \_\_\_ Half Day \_\_\_ (Please Indicate) Child's full name \_\_\_\_\_

Today's Date \_\_\_\_\_ Child's DOB \_\_\_\_\_ Preferred name \_\_\_\_\_ Gender \_\_\_\_\_

**For Office Use :-** Date Started \_\_\_\_\_ Referred by: \_\_\_\_\_ Acc. Number: \_\_\_\_\_

This application for admission will only be processed if **ALL** fields are completed legibly, are signed and **ALL** necessary supporting documents are attached.

**PLEASE ENSURE ALL THE SUPPORTING DOCUMENTATION BELOW IS SUBMITTED WITH THIS APPLICATION**

<input type="checkbox"/>	Copy of learner's birth certificate / passport
<input type="checkbox"/>	Copy of learner's vaccination records
<input type="checkbox"/>	Copy of parents / legal guardians ID's
<input type="checkbox"/>	Copy of latest school report
<input type="checkbox"/>	Copy of learners residence / study permit, if foreign

<b>Parent information</b>	
The church you attend	
Mothers name	Fathers name
Mothers I D	Fathers ID
Residential address	Residential address
Email address (please print clearly)	Email address (please print clearly)
Occupation and employer and contact number	Occupation and employer and contact number
Moms Cell number	Dads Cell number
Another contact should you not be available	A second contact
Name :	Name:
Number:	Number:
Relationship to your child:	Relationship to your child
Mother's Signature	Father's Signature

## CHILD'S MEDICAL DETAILS

Has your child ever suffered from any of the following illnesses? Please indicate with an X.

<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	ENTERIC FEVER	<input type="checkbox"/>	MEASLES	<input type="checkbox"/>	SCARLET FEVER	<input type="checkbox"/>	CHICKENPOX
<input type="checkbox"/>	GERMAN MEASLES	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	TICK BITE FEVER	<input type="checkbox"/>	DIABETES	<input type="checkbox"/>	HEPATITIS
<input type="checkbox"/>	POLIO	<input type="checkbox"/>	TYPHOID	<input type="checkbox"/>	DIPHThERIA	<input type="checkbox"/>	MALARIA	<input type="checkbox"/>	RHEUMATIC FEVER
<input type="checkbox"/>	WHOOPING COUGH	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Blood type. (Please indicate with a X).

<input type="checkbox"/>	O+	<input type="checkbox"/>	O-	<input type="checkbox"/>	A+	<input type="checkbox"/>	A-	<input type="checkbox"/>	AB+	<input type="checkbox"/>	B+	<input type="checkbox"/>	B-	<input type="checkbox"/>	Unknown
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Does your child suffer from any allergies?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If YES please give details \_\_\_\_\_

Does your child have any special needs?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If YES please give details \_\_\_\_\_

Is your child receiving medical treatment for any condition?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If YES please give details \_\_\_\_\_

## MEDICAL CONSENT

Please note that in the case of any serious injury you will be notified at once. Each teacher has a list of contact numbers for the children in her class. **You must make sure that we are updated with contact details if they change**. It is preferable that you come to the school and take your child for treatment. The purpose of this consent form is for emergencies that may require your child to be taken to the doctor or the local hospital.

I \_\_\_\_\_ Do hereby give permission for my child \_\_\_\_\_

To be taken to Waterfall Hospital, or any other emergency practitioner for emergency treatment should such an emergency arise. This consent is given to Secret Garden Nursery School in the event that I am unreachable or unavailable during such an emergency. I also acknowledge that I am responsible for any medical expenses that may result from such treatment.

Signature of Parent /Legal Guardian \_\_\_\_\_

## MEDICAL AID DETAILS

Medical Aid \_\_\_\_\_ Membership Number \_\_\_\_\_ Plan /Option \_\_\_\_\_

Main Member ID \_\_\_\_\_ Family Doctor \_\_\_\_\_ Contact Number \_\_\_\_\_

**Please supply us with a photo copy of the front and back of your Medical Aid card.**

## MEDICATION AND ILLNESS

No medication can be administered without written permission from the parent.

All medicine must be handed to the class teacher and must be clearly labeled with the child's name.

Medication **must not** be left in the child's bag. There is a "medicine form," that parents must fill details of any medication or supplements to be given to your child. Should the form not be completed and signed on a daily basis, staff cannot administer medicine.

Children with upset stomach, rash, temperature or eye infection will not be accepted into the school until the condition has been diagnosed and treated.

Children on antibiotics must be kept at home for the first 48 hours of treatment.

*Please do not send a sick child to school for your child's sake, and for the sake of the other children and the staff.*

**DETAILS OF ACCOUNT HOLDER**

Full name/names of the person or persons responsible for the payment of your child's school fees
Physical address of the named above
Email address or addresses, that the account invoice must be sent to <b><u>It is very important that you print this information clearly</u></b>  1  2
Cell numbers that contact can be made regarding the school fee account.  1  2

**DECLARATION OF ACCOUNT HOLDER**

We, the undersigned, \_\_\_\_\_ hereby certify that the information given by the Account Holder in this Application for Admission is complete and accurate.

We accept joint and several liability to Secret Garden Nursery School for the due and punctual payment of the once-off, refundable deposit, school fees and any other amounts which may become due and payable to the School or in respect of participation in or attendance of any extracurricular activity.

We accept the Financial Terms and Conditions and have read and accept all conditions set out in the Secret Garden Information document of which a copy has been kept.

NB: The signatures of the account holder and that of the 2<sup>nd</sup> parent / a parent / legal guardian are required if applicable.

SIGNATURE OF ACCOUNT HOLDER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF 2<sup>nd</sup> PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF AUTHORISED SCHOOL REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

## **FINANCIAL TERMS AND CONDITIONS**

### 1. ACCEPTANCE OF LIABILITY

- 1.1 The person responsible for the account (hereafter the Account Holder) as set out in the standard Application for Admission (hereafter the Application) herewith assumes liability for the account, alternatively binds him!/herself as co-debtor and surety for payment of all fees to the School.
- 1.2 The legal guardian, as described in the Application, binds him!/herself as surety and co-debtor for the payment of all fees by the Account Holder or any other payments that may arise from the Agreement.

### 2. TERMS OF PAYMENT

- 2.1 It is recorded that fees are determined at the beginning of the year and that the Account Holder is informed of the result in writing.
  - 2.2 The Account Holder shall immediately inform the School if he!/she has not received an invoice at the start of the academic year/ termly or monthly.
  - 2.3 Fees for 12 (twelve) months are payable monthly in advance by means of EFT (Electronic Funds Transfer) on or before the 1<sup>st</sup> (first) day of each calendar month in advance including December, or annually in advance by 1<sup>st</sup> January, depending on the fee payment option exercised by the Account Holder in the Application.
  - 2.4 The School reserves the right to charge R500 (Five Hundred Rand) on all accounts that are not paid by the 5<sup>th</sup> (fifth) of each month and R20/day thereafter.
  - 2.5 Payment of monthly school fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fee structure of the School.
  - 2.6 In the event where an existing account is/ has not been managed in the proper manner, no further applications will be considered.
  - 2.7 Parents of children still at school after 5.30 pm will be subject to a late collection fee. The first 5 minutes charge is R50. Each minute after is then R10 per minute. This amount will be charged to your account.
3. In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of this Agreement, the School may in its sole discretion:
- 3.1 Refuse the child entry to the School premises until the breach has been remedied; or
  - 3.2 Claim damages from the Account Holder and / or the surety and legal guardian; or
  - 3.3 Take whatever legal steps that may be necessary.
  - 3.4 Written notice of one full month (from the 1st of the following month) is required when leaving the school.
- No resignation, (finishing), date will be accepted after the 1st of October each year. This means that fees are payable for all three months should your child be leaving between 1st. October and 31st December.
- If fees are paid annually a notice period of one full school term is required.

4. 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 term thereof or of any Agreement, bill of exchange or other document issued or executed pursuant to or in terms of the Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or any Agreement, bill or 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 strictly construed as relating strictly to the matter in respect whereof it was made or given.

5. JURISDICTION

This Agreement is subject to South African Law.

SIGNED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

SIGNATURE OF ACCOUNT HOLDER \_\_\_\_\_

SIGNATURE OF 2<sup>nd</sup> PARENT/LEGAL GUARDIAN \_\_\_\_\_

SIGNATURE OF AUTHORISED SCHOOL REPRESENTATIVE \_\_\_\_\_

When making payments, please use the account number allocated to you and your child’s name as the reference.

Secret Garden Nursery School (Pty) Ltd
Nedbank
Branch code 198 765
Account Number 1147223289
Cheque account

Should you need further information, please contact

The principal, Liz Crewe on **082 655 3740**

or

Phil Crewe ( Business manager) on **082 655 0002.**

Please return all signed and initialed original forms and proof of payment to: [phil@secretgarden-nurseryschool.co.za](mailto:phil@secretgarden-nurseryschool.co.za)



## SECRET GARDEN NURSERY SCHOOL

### INDEMNITY FORM

The Secret Garden Nursery School and its Directors undertake to implement reasonable and generally acceptable measures with regard to the safety and well-being of all learners, educators and visitors to the School.

Due to the nature of the matter, Secret Garden Nursery School and its Directors do not accept any responsibility for accidents that may take place in the class or on the school grounds.

Each parent is therefore requested to complete the section below as proof that you accept the position of Secret Garden Nursery School and its Directors as set out above as well as the risks involved therewith.

I, the undersigned,

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

ADDRESS: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

the parent / legal guardian of the under mentioned learner who is enrolled as such and accepted by Secret Garden Nursery School, subject to the terms set out herein:

NAME OF LEARNER: \_\_\_\_\_

Indemnify Secret Garden Nursery School and its Directors for any losses or damages in general, however they may occur, that I as parent / legal guardian of the above learner may suffer as a result of any occurrence whereby the learner may be involved, whether as the causing or suffering party, whilst participating in any school activity.

In the event of the aforesaid learner making use of the bus/taxi service to and from the School, I acknowledge that I am aware that such service is operated by an independent contractor and that neither Secret Garden Nursery School or its Board of Directors accepts any responsibility therefore.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 202

WITNESSES:

1. \_\_\_\_\_

2. \_\_\_\_\_ PARENT / LEGAL GUARDIAN