



# PALMERSTON PRE-PRIMARY

Registration Number: C4761

Email: info@palmerstonpreprimary.com

Phone: 021 715 5576

## ENROLMENT FORM

This document, duly signed by both parties, forms a contractual obligation between Giggles & Whispers Pty Ltd / Palmerston Pre-Primary and the parent / guardian enrolling his / her child / ren.

### FOR OFFICE USE ONLY

Reg. fee: R\_\_\_\_\_ Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_ Fee structure: \_\_\_\_\_ Confirmation letter: \_\_\_\_\_

Computer update: \_\_\_\_\_ Email update: \_\_\_\_\_ Register: \_\_\_\_\_ CEMIS: \_\_\_\_\_ Issued T-shirt/book: \_\_\_\_\_

ID Proof: Child \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Authorized persons \_\_\_\_\_ Date of Entry: \_\_\_\_\_

### PLEASE PRINT ALL INFORMATION

#### CHILD'S INFORMATION

First Names: \_\_\_\_\_ Surname: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Religion: \_\_\_\_\_ Race (for WCED statistics): \_\_\_\_\_

Place in family: 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> child: \_\_\_\_\_ Child's home language: \_\_\_\_\_

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

Any information you would like to make us aware of: \_\_\_\_\_

Name of Creche / Playgroup / Caregiver previously attended: \_\_\_\_\_

From which source did you learn of Palmerston Pre-Primary:

Newspaper: \_\_\_\_\_ Yellow Pages: \_\_\_\_\_ ConnectingKidz: \_\_\_\_\_ From a friend (supply surname): \_\_\_\_\_

Other (give details): \_\_\_\_\_

#### PARENTS INFORMATION

Full Name: \_\_\_\_\_ ID/Passport: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Telephone No's: (W) 021 \_\_\_\_\_ (H) 021 \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ ID/Passport: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Telephone No's: (W) 021 \_\_\_\_\_ (H) 021 \_\_\_\_\_

(Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Marital Status:** Married: \_\_\_\_\_ Divorced: \_\_\_\_\_

Single: \_\_\_\_\_ Separated: \_\_\_\_\_





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## EMERGENCY CONTACT PERSONS / NUMBERS

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Relationship to child: \_\_\_\_\_ (W): \_\_\_\_\_

(Cell): \_\_\_\_\_

Medical Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Aid and Number: \_\_\_\_\_

## NOMINATED PERSONS ALLOWED TO COLLECT YOUR CHILD

Mr / Mrs / Miss: \_\_\_\_\_ ID No: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Mr / Mrs / Miss: \_\_\_\_\_ ID No: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Mr / Mrs / Miss: \_\_\_\_\_ ID No: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_





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### DECLARATION BY PARENTS / LEGAL GUARDIANS

In order to provide quality education and care at Palmerston Pre-Primary, it is the responsibility of every parent to pay school fees. In terms of Section 39 of The South African Act, parents are liable for compulsory school fees. In terms of Section 40 of The South African Schools Act, the school may enforce the payment of school fees. In terms of Family Law, parents are jointly and severally liable for payment of learner's fees - regardless of maintenance agreements, etc. **In the case of non-payment, action will be taken against both parents regardless of any maintenance agreements that may exist between parties. Parents will be held liable for any legal costs that arise out of such actions. The school may record failure to meet school fee obligations with a credit information bureau. This information will be available to other credit grantors and used in making a credit risk management related decisions.**

### FEES

A R\_\_\_\_\_ **non-refundable Registration fee** is due on completion of the Enrolment Form.

It is agreed that I shall pay R\_\_\_\_\_ per month **BEFORE the 5<sup>th</sup> of every month.**

It is agreed that I shall pay R\_\_\_\_\_ for my child's annual stationary fee. (R\_\_\_\_\_ per term)

Increase in fees is reviewed annually and the increases are made in January.

Should I not pay before the 5<sup>th</sup> of the month for whatever reason, I agree to pay a 10% admin fee in addition to the monthly fee. Non-payment of fees could result in your child being suspended.

**I agree to give a full calendar month's notice, in writing, to the office should I wish to leave Palmerston Pre-Primary. Should this not be done I agree to pay a full month's fee in lieu of notice.**

**No reduction or part payment in fees is given for school holidays, public holidays or when your family goes on leave. When your child is booked in at a monthly rate you pay monthly - a place is kept booked even when you are away for a short time.**

### SCHOOL HOLIDAYS

Monday - Friday (07h00 to 18h00)

Please note that an overtime charge of R\_\_\_\_\_ per minute is levied to pay staff members if you are late in collecting your child for whatever reason.

We, the parents / guardians of \_\_\_\_\_

1. Agree that by signing these forms we confirm that we accept and understand the terms and conditions of this contract and take full responsibility and confirm adherence to the contents, conditions and stipulations of the agreement.
2. On signing these forms we confirm that this is a legal and binding agreement and is subject to the stipulated cancellation conditions.

### PAYMENT OF FEES

Person/s responsible for payment for fees to be paid by the 5<sup>th</sup> of each month. A 10% late payment penalty will be levied and suspension of your child could result if payment is not made by the end of the month.

Name: \_\_\_\_\_ ID No: \_\_\_\_\_

Name: \_\_\_\_\_ ID No: \_\_\_\_\_





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Method of payment:

Internet transfer: \_\_\_\_\_ Direct deposit: \_\_\_\_\_ Stop order - to be setup by account holder: \_\_\_\_\_

For security reasons, we do not accept fees in cash.

### Our banking details are as follows:

**Bank Name:** Nedbank

**Acc No:** 1192864506

**Acc Name:** Giggles and Whispers Pty Ltd

**Acc Type:** Current Account

**Branch Code:** 10110900

Please use your child's full name as your reference.

We, the undersigned, understand that it is our responsibility to cover the fees of this child's tuition and care. We further understand that we will be liable for any legal cost incurred should non payment occur.

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

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

## CONSENT AND INDEMNITY

We/I hereby consent to my child taking part in all indoor and outdoor activities at the school unless specifically instructed by me in writing, and confirm and agree that all activities in which my child engages in or undertakes are at my own risk and that I have no claim of whatsoever nature against the school or any of its staff members for any loss or damage to any property owned by me or in respect of any injury to my child sustained whilst at school.

We/I further authorize and empower the school staff to act as my duly authorizes agent in giving consent and (without being under any obligation to do so) at their sole discretion take such steps as may be necessary or requisite for the provision of medical attention for my child. I agree that I will be liable personally for all medical fees and expenses incurred in the treatment of my child in the event that medical services are procured by the school staff on my behalf.

We/I agree that we have been given a copy of the Information Pamphlet outlining the conditions pertaining to enrolment which we have read and agree to abide by.

## ADVERTISING/PROMOTION

I hereby as parent / guardian give my permission for Palmerston Pre-Primary to sue images of my child taken at the school or school events on promotional advertising related websites.

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

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





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# MEDICAL CERTIFICATE

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Aid: \_\_\_\_\_ Medical Aid No: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address of Doctor: \_\_\_\_\_

## GENERAL CONDITIONS OF HEALTH

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## CHILDREN'S DISEASES ALREADY CONTRACTED

Chicken pox: \_\_\_\_\_ Mumps: \_\_\_\_\_ Measles: \_\_\_\_\_ Whooping cough: \_\_\_\_\_

Any other diseases: \_\_\_\_\_

## ANY ALLERGIES?

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## ANY EPILEPSY?

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## ARE ALL IMMUNIZATIONS UP TO DATE ACCORDING TO MEDICAL CARDS? YES / NO

Our school is totally inclusive and we therefore are willing to accept any child provided the facilities we offer are in the best interests of the child. Are there any physical / intellectual / emotional challenges that we need to be aware of to assist us in giving the best care possible to your child?

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## ILLNESS OR DISEASE

Children with a fever or contagious disease or condition must be kept at home. I \_\_\_\_\_  
Father/Mother/Legal Guardian of \_\_\_\_\_ request you to allow my child to take part in all indoor and outdoor activities. I further authorize you or any member of Palmerston Pre-Primary staff to act as in-loco parents during the time spent at Palmerston Pre-Primary and give any consent required by hospital or medical authorities in respect of medical attention they may think necessary in case of an emergency. I absolve Palmerston Pre-Primary and its staff from liability for loss, damage or injury to his/her person or effects for any reason whatsoever during his/her time at Palmerston Pre-Primary.

I confirm that the above, pertaining to my child is understood.

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

Signature: \_\_\_\_\_

