KORBITOTS UNITED

A Division of Rondebosch United

(021) 686-3228/ 083 419 5452

rondeboschunited@cybersmart.co.za

**ENROLMENT FORM**

REQUESTED DATE OF ADMISSION:

1. **PARTICULARS OF CHILD FOR WHOM APPLICATION IS MADE**

|  |  |  |  |
| --- | --- | --- | --- |
| SURNAME |  | FIRST NAME/S |  |
| DATE OF BIRTH |  | GENDER |  | RACE | Required by the Western Cape Education Dept. |  |

1. **DETAILS OF PARENT/GUARDIAN 1**

|  |
| --- |
| **Relationship to child:** (Please circle) MOTHER / PARENT 1/ GUARDIAN 1 / OTHER: |
| SURNAME: |  | FIRST NAME/S: |  |
| I.D NUMBER |  | CAR REG. NO |  |
| HOME ADDRESS: |  |
|  | CODE: |  |
| TEL: |  | CELL: |  |
| OCCUPATION: |  |
| EMPLOYER : |  |
| WORK ADDRESS: |  |
|  | CODE: |  |
| TEL: |  |
| e-Mail address: |  |

1. **DETAILS OF PARENT/GUARDIAN 2**

|  |
| --- |
| **Relationship to child:** (Please circle) FATHER / PARENT 2/ GUARDIAN 2 / OTHER: |
| SURNAME: |  | FIRST NAME/S |  |
| I.D NUMBER |  | CAR REG. NO |  |
| ADDRESS: |  |
|  | CODE: |  |
| TEL: |  | CELL: |  |
| OCCUPATION: |  |
| EMPLOYER : |  |
| ADDRESS: |  |
|  | CODE: |  |
| TEL: |  |
| e-Mail address: |  |

1. **ALTERNATIVE/EMERGENCY CONTACTS (NOT PARENT)**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | SURNAME: |  |
| ID NUMBER: |  | EMAIL: |  |
| RELATIONSHIP |  | TEL MOBILE |  |
| NAME: |  | SURNAME: |  |
| ID NUMBER: |  | EMAIL: |  |
| RELATIONSHIP |  | TEL MOBILE |  |

1. **OTHER CHILDREN IN THE FAMILY**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | AGE: |  |
| NAME: |  | AGE: |  |
| NAME: |  | AGE: |  |
| NAME: |  | AGE: |  |

1. **MARITAL STATUS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MARRIED |  | DIVORCED |  | SINGLE |  | RE-MARRIED |  |

1. **HOME LANGUAGE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ENGLISH |  | AFRIKAANS |  | XHOSA |  | OTHER |  |

1. **RELIGION**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF FAMILY DOCTOR |  | TEL NO: |  |
| NAME OF MEDICAL AID |  | MEMBER NO |  |

1. **WHO MAY COLLECT YOUR CHILD FROM SCHOOL?**

|  |  |
| --- | --- |
| 1. | Ph no:  |
| 2. | Ph no: |
| 3. | Ph no: |

1. **SCHOOL FEES AND HOURS**

|  |  |
| --- | --- |
| 1. FULL DAY – MON TO FRI (07:30 to 17:30)
 | R |
| 1. CASUAL DAY
 | R |

**SIGNED BY:**

|  |  |
| --- | --- |
| PARENT 1/ MOTHER:  | PARENT 2 / FATHER:  |
| I.D NUMBER: | I.D NUMBER: |

A clinic card and birth certificate must be sent along with the enrolment forms

|  |
| --- |
| **MEDICAL PARTICULARS FORM** |
| 1. | Surname |  | First name(s) |  |
| 2. | Birth weight |  | Sex |  |
| 3. | Complications at birth: |
| 4. | How was he/she fed from birth? | Bottle |  | Breast |  |
| 5. | Feeding routines:Food preferences: |
| 9. | Does your child have any allergies? | Yes? |  | No? |  |
|  | If yes please specify: |
| 10. | General state of health: |
|  |  |
| 11. | Any serious accidents or operations? |
|  |  |
| 13. | Has your child had any of the following childhood illnesses? |
|  | Chicken Pox |  | Measles |  | GermanMeasles |  | Mumps |  | WhoopingCough |  |
|  | Other please specify |  |
| 14. | When last was your child examined by a doctor? |
| 15. | Do you give permission that if it should become necessary for whatever reason foryour child to receive medical attention the person in charge may call your family doctor or if the family doctor is not available for any reason your child may be attended to by the school’s honorary doctor or taken to a hospital or clinic at your expense? Do you give the school permission to administer emergency first aid? |
|  | **REQUIRED: PLEASE ENSURE THAT A COPY OF YOUR CHILD’S CLINIC CARD IS ATTACHED TO THIS FORM** |
| 16. | COMMENTS: (any other comments relating to your child’s medical condition/s, state of health or requirements that you wish to bring to our attention) |
|  |  |
|  |  |
|  |  |

I give United Playcentre permission to administer the following: (tick below)

□ Nappy cream (supplied by the parent/school)

□ Teething gel (supplied by the parent only)

□ Anthisan creams (supplied by parent/ school)

□ Arnica cream (supplied by parent/ school)

PARENT / GUARDIAN NAME PARENT/ GUARDIAN SIGNATURE

**CHILD’S PROFILE**

To help us understand your child better, please complete the form below. Settling can be an uneasy process, which we want to make easier on both you and most importantly, your child.

Your child’s name:

What does your child prefer to be called?

Does your child have a sleep pattern? (under 2’s)

Does your child have a pacifier?

Does your child have previous experiences of attending a childcare facility? If so, please specify:

What does your child enjoy doing at home?

What other information is important for us to know about your child? (eg, what they like, dislike, what fears they may have, or any special words they use)

**TERMS AND CONDITIONS**

**Application forms:**

* The prescribed forms must be filled in and signed by parent/s or guardian/s.
* The work address provided by each parent/guardian in the application form shall be that person’s duly appointed domicilium address.

**Attendance**:

* The school closes on the 24th of December each year up to and including New Year’s Day of the following year.
* As the dates vary from year to year, parents will be advised of closing dates in advance. The school will also be closed on public holidays.
* Operating hours are 07:30am to 17:30pm, Mondays to Fridays.

**Fees**:

* Fees are payable strictly in advance monthly and not later than the 2nd of each month.
* If fees are paid later than the 2nd then an admin surcharge of R50-00 may be imposed.
* Should fees not be paid by the 4th of the month we will be unable to accept your child on the 5th.
* Owing to the fact that the school facility costs are largely fixed, we regret no reduction of fees will be considered due to illness or holidays.
* The school reserves the right to revise fees.
* In the event that your employer elects to subsidise your school fees, we respectfully request that you make them aware of these terms of payment, especially if they choose to pay the full fee to the school directly and recover a portion from your remuneration.
* Kindly note, however, that the parent/s and/or guardian/s of the child will remain jointly and severally liable for the fees.
* A refundable deposit is required upon enrolment. Please note that this is not part of your first month’s fee.
* Should you wish to withdraw your child’s enrolment in the school, two calendar months’ written notice is required. In the event that a child is withdrawn on short notice, fees in respect of the full two-month period will nevertheless be payable.
* In the event that the school is at any stage required to institute legal recovery steps for unpaid fees, the parent/ s and/or guardian/s will be liable for the school’s legal, tracing and collection costs on a scale as between attorney and client.

**PTA meetings:**

* We expect at least one of the child’s parents to attend all meetings.

**Fund raising:**

* Parents are required to support our fund-raising efforts.

**Clothes:**

* All clothing must be clearly marked. The school cannot be held responsible for clothes lost at school.
* At least one spare set of clothing must remain in your child’s bag or locker at all times.

**Injuries:**

* We take all reasonable precautions to secure the safety of your children.
* The children are constantly in the care of our staff members. However, accidents will occur, and the school cannot be held responsible for any da mages arising from such injuries and not caused by the negligence of any of the school’s personnel.
* Should a medical emergency arise and the parent/ s and/or guardian/s and/or alternative contact/s are not contactable; and the child does not have a family doctor, or the doctor is not available, then it is accepted that the school will use a doctor of its own choice and that the parents/guardians will be responsible for settling the account directly with that doctor.

**Illness:**

* No child may attend school if they have contracted a contagious disease. Should your child become symptomatic during school, we will need to send them home and kindly ask for your urgent assistance in this event.
* Medicine must be given to the teacher with clear instructions written in the child’s message book if you are unable to administer the medication yourself.
* Illnesses requiring a child to be taken home include, but are not limited to: -
* Temperature exceeding 38
* Contagious diseases
* Sore throat
* Conjunctivitis (pink eye)
* Vomiting/diarrhoea/severe constipation

**Collecting children:**

* Only the person/s nominated to fetch your child on the enrolment form will be allowed to remove your child from the school.
* Arrangements must be made with the staff if you send someone else in their place. For reasons you may well understand we are very strict on this particular matter.
* The school will issue you with a password, which you will need to give to the designated person collecting. Your child will only be released into the care of a person about whom we have been notified in advance and upon verification by password.
* The school will assume that the parent/s or guardian/s listed on the enrolment form are authorised to collect the child from the school. In the event that your circumstances require the school to be cognisant of different arrangements, please notify us in writing and provide appropriate supporting documentation.

**Late collection:**

* Owing to the need for our staff to be paid for overtime, in fairness and in law, we reserve the right to charge for late collections – after 17:30 – at a rate of R60 for the first half-hour or part thereof; and after that R120 per hour or part thereof.
* You will be notified if you have been charged any late collection fees by means of a separate item on your invoice at the end of the month.

**Visitors:**

* Only parents, school staff and specifically authorised persons are allowed in the school.
* Visits by parents are restricted to feeding times, although exceptions may be made during a child’s first few weeks when parents may need to comfort the child while they adjust.
* No more than two parents are allowed in the school at any one time. School staff may exercise some discretion in this regard.
* Parents may be respectfully asked to leave the school if, in the discretion of the staff, their presence is causing undue disruption.

**Removal of children from the school:**

* Parents may remove their child from the school during lunch or for specific appointments such as clinic check-ups or doctors’ consultations.
* If the ad hoc removal of a child is disruptive to the school environment, parents will be requested to make more formal arrangements.

**Photographs and promotional material:**

* The school may, from time to time, publish promotional and other material on our web site, flyers, newsletters and in the local media, among others. It is accepted and agreed that your child may be photographed thus and may appear in any of these media.
* Should you prefer that photos of your child not be published, you are welcome to notify the principal in writing.

**General:**

* In order to keep the school running smoothly, please discuss any problems or questions that may arise promptly with the principal.

**Children’s requirements and supplies:**

* An extra set of clothing (including vests and socks)
* At least 4 bibs
* 2 packets of wet wipes per month
* 2 face cloths
* A blanket for rest time (winter months)
* An A5 message book (Please write up a typical daily schedule for first day)
* Formula bottles ready made for the day
* Purity/home food
* Disposable nappies for the day
* Cream/ Vaseline/ powder for bottom
* A top belonging to Mum for a baby 4 months or under (to ease transition)

**Meals:**

* All meals/bottles are to be provided by the parents.
* Nut free
* All home-made meals are to be sent to school in sealed and/or cool storage, as appropriate, in particular to maintain the cold chain during transport until the food can be stored in the fridge at the school.
* For children who are bottle-fed or eat solids, parents may request school staff to feed them. However, all food is to be supplied by the parents and all bottles are to be pre-mixed and subsequently sterilised by the parents, as we do not have sterilisation facilities on site.

**Birthdays/Graduation**

* Please send age appropriate snack eg, teething biscuit, squeesh, soft fruit
* The teachers will sing happy birthday at tea time.
* *IMPORTAN T: The school is a nut- free zone. That means NO NUTS OF ANY KIND. It is imperative that you take the time to read the ingredients list on everything you put in your child’s meal containers or send for birthdays/graduations.*
* All parents will be welcome to attend these celebrations.

**Security**

* Each family will be issued with two keys at the cost of R60 per key. This amount is refundable to the parent only when you return your key when your baby leaves the school.
* Please ensure that the door to the school is properly closed and locked behind you when entering or leaving the school.
* Although we are gratified that Great Westerford is a well-secured building, we would be grateful if all parents/guardians visiting the school would remain vigilant at all times and assist our team with security and safety overall.

**General**

* Parent/s and/or guardian/s signing and specified on the enrolment form in which these Terms & Conditions are incorporated, hereby confirm that the contents of this document have been read and understood, that they have had an opportunity to clarify and ask questions, and that they understand and accept that their child’s enrolment will be subject to these Terms & Conditions.
* It is furthermore understood that these Terms & Conditions may be updated and changed from time to time, in which event notification will be given and signature of an amended document may be required.
* By signing this document, the signatories hereto undertake to abide by the terms and conditions and rules of the school and confirm that all information furnished in the enrolment documentation is true and correct.

**PARENT/GUARDIAN 1**

Signed at . . . . . . . . . . . . . . . . . . . . . . . . . on the . . . . . . . . of . . . . . . . . . . . . . . . . . . 20 . . . . . . .

Full name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Identity number: . . . . . . . . . . . . . . . . . . . .

Signature: . . . . . . . . . . . . . . . . . . . . . . . . . .

**PARENT/GUARDIAN 1**

Signed at . . . . . . . . . . . . . . . . . . . . . . . . . on the . . . . . . . . of . . . . . . . . . . . . . . . . . . 20 . . . . . . .

Full name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Identity number: . . . . . . . . . . . . . . . . . . . .

Signature: . . . . . . . . . . . . . . . . . . . . . . . . . .

**FOR SCHOOL OFFICE USE ONLY**

ENROLLMENT APPROVED / DECLINED DEPOSIT PAID: YES / NO

COPY OF CLINIC CARD ATTACHED: YES / NO COPY SENT TO PARENTS/GUARDIANS: YES / NO

SIGNED: (Principal)