



Little Treasures Educare

4 Smythe Road

Chanté Botha

P O Box 1174

Warner Beach
4140

031 827 1148

Amanzimtoti
4126

littletreasureseducare@gmail.com

APPLICATION FOR ENROLMENT FOR 2013

Child's Details

Child's name: _____ D.O.B _____ Age _____

Previous school attended: _____ Period _____ yrs

Enrollment for:

Full Day _____ Half day _____

Aftercare _____ Holiday care _____

Starting date _____

Health

Name of Doctor: _____ Tel No _____

In case of an emergency may we call your doctor? _____

Is your child allergic to any food? If so please state _____

Are your child's immunisations up to date _____?

Parents' Details

Father: _____ I.D. Number _____

E-mail _____

Tel No Home: _____ Work _____ Cell _____

Address: _____

Mother: _____ I.D. Number _____

E-mail _____

Tel no Home _____ Work _____ Cell _____

Address: _____

If the parents are divorced or separated, who has legal custody of the child\children?

Little Treasures Representative

Parent /Guardian

Date

The following persons are allowed to collect my child/children from school:

1. _____
2. _____
3. _____

MEALS

Parents to supply morning and afternoon snack and juice for the day. We supply breakfast at 7:30am **sharp** and a cooked lunch at 12pm.

TOILETRIES

All parents to supply 1 soap, 1 toilet roll and a box of tissues *per term*

Parents of babies to supply wet wipes, baby powder and creams. As well as at least 5 disposable nappies per day.

CLOTHING

Please supply change of clothing each day in case of an accident. All clothing and personal items must be clearly marked with your child's name on. A school uniform is available on order. Please note that uniforms are optional.

STATIONERY

Parents are to supply **all** stationery items required to do school work. A stationery list will be given to you when you return these forms . All stationery items need to be clearly marked with your child's name and surname.

Grade R: Parents are to supply the required curriculum books in addition to stationery items.

DOCUMENTS

The following documents must be provided when submitting the enrollment form (only for first time enrollment):

1. Birth certificate
2. ID of parents or guardian
3. Immunisation card

FEE STRUCTURE

All fees must be paid in advance no later than the 1st of the month. Fees paid later than this will be charged a penalty of 10% + interest.

If no prior arrangements have been made and no payments received your child will be suspended. This means if a child arrives at the school and has not paid school fees and it's the 1st of the month it will be very embarrassing for both parties, but we will have to refuse the child. Children will not be permitted to attend Little Treasures Educare unless fees are paid.

A non refundable admin fee of R95-00 must accompany this application, in the case of a renewal. For a new admission, an admin fee of R275 is payable and must accompany this application (non refundable).

FEES FOR 2013*

Half Day R1500 (06:30-12:30)

Full Day R1700 (06:30-17:30)

Casual Half Day R75

Casual Full Day R90

*Fees are divided over 12 months in order to make payment easier. However fees for January and December will be half of the normal month's fees. e.g. If your child comes full day you will pay R850 for January and R850 for December.

Little Treasures Representative

Parent /Guardian

Date

Please make sure your child is at school before 08:00 as we have a set routine.

PAYMENT

Fees are either to be deposited into Little Treasures' bank account the exact amount of cash to be paid at the school. All cash amounts to be sealed in an envelope with the child's name clearly marked on it. If you do make a direct deposit please put proof of payment into your child's homework book.

RULES AND REGULATION

- ❖ Please inform the **school** of any change of address, telephone number, marital status or any other information relevant to your child's home or relationships.
- ❖ **Please do not send sweets or toys to school.**
- ❖ Children suffering from open sores, lice or any infectious disease must remain at home until the condition is cleared.
- ❖ If your child has a temperature of 38°C they will need to remain at home. Should their temperature rise this high while at school you will be phoned and asked to collect them.
- ❖ One calendar month notice is required, "In writing" if you are leaving the school or one month's fees in lieu of notice. Two months notice to be given if concurrent with school holidays.
- ❖ Any child who does not abide by the **code of conduct** will be liable for suspension.

The school will open at 06h30 and close at 17h30 sharp. Children not collected by closing time will pay R100.00 per 15 minutes or part thereof. Our teachers work very long days and have families to go home to.

SERIOUS MEDICAL PROBLEM REGISTER

Please name any possible conditions your child might suffer from:

If the event of an attack/incident we will do the best to contact you. Please provide the following numbers:

Parent/Guardian: _____ Name and number of doctor: _____

If however, we are unable to contact you, we must know how to deal with the emergency. If medication is needed, please supply to us in a sealed and labeled container. Please ensure that instructions are given for the correct amount of dosage, etc.

Please be aware that:

- The school does not keep **additional** medical supplies (We have a fully stocked First Aid Box).
- The principal and workers cannot be held responsible in any way.
- Should the child, in our opinion, have to be taken to the hospital then we will take him or her to the nearest one.

Action to be taken if _____ has a serious attack here at the school:

Little Treasures Representative

Parent /Guardian

Date

IMPORTANT

This document not only serves as an enrollment form but as a contract, we accept the home address as the "domicillium etcitandi" should any legal matter be entered into, for which any legal costs and interests will be for the account of the parent or guardian.

DECLARATION

I declare the above particulars are, to the best of my knowledge, correct and that I have read and understood the form.

I undertake:

- To furnish proof of the child's age
- To inform the school in writing of any change of address
- To inform the school of any case of infectious illness in my household
- To ensure that compulsory school fees are paid timeously.

INDEMNITY

I _____ the parent or guardian of _____ (the child) having full contractual capacity to do so, hereby agree and acknowledge that I, do not hold any of the following responsible in the case of any incident that might occur. Such as theft, injury, disability, etc:

- Little Treasures Educare
- Members and staff of Little Treasures Educare
- Any persons assisting a member of staff of Little Treasures Educare

Signature of parent or guardian: _____ Date: _____

As Witnesses:

Contact number:

1. _____

2. _____

Banking Details

Capitec Bank Amanzimtoti
CB Botha
Savings Account
Account Number 1281832268
Branch Code 470010

Please use your child's name as the reference.

Little Treasures Representative

Parent /Guardian

Date