

# BOUNCE & GO KIDZ



16 Silver Eike Ave  
Heuweloord Ext 3  
Centurion  
0157

**Tel: 0832647796**

**Emergency: 0832354476**

**Please attach the following documentation to this form:**

Certified copies of both parent's ID documents  
Certified copy of Clinic Card  
Certified copy of Birth Certificate  
Certified copy of Doctor's letter explaining any allergies/illness  
Certified copy of medical aid card  
Proof of residence

**SCHOOL FEES 2025**

Registration : R500.00  
3 mths-2 years : R2400.00  
2 years – Grade RR : R2300.00  
Grade R Registration : R800.00  
Fees : R2500.00

**Child's Details**

Surname / Family Name: \_\_\_\_\_  
Full Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Language of preference: \_\_\_\_\_  
Name of doctor: \_\_\_\_\_  
Telephone of doctor: \_\_\_\_\_  
Illness / Allergies: \_\_\_\_\_  
Immunization up to date: \_\_\_\_\_

**Parents Details – MOTHER**

Surname / Family name: \_\_\_\_\_  
Full names: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer telephone No: \_\_\_\_\_  
Medical Aid: \_\_\_\_\_  
Medical Aid No: \_\_\_\_\_

\_\_\_\_\_  
Mother's Initials

\_\_\_\_\_  
Father's Initials

### Parents Details – FATHER

Surname / Family name: \_\_\_\_\_  
Full names: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer telephone No: \_\_\_\_\_  
Medical Aid: \_\_\_\_\_  
Medical Aid No: \_\_\_\_\_  
  
Contact Person: \_\_\_\_\_  
Cell Phone Number(s): \_\_\_\_\_

### Collection of Child

**[Person responsible to collect the child from school]**

Name and Surname : \_\_\_\_\_  
Cell phone number: \_\_\_\_\_  
Name and Surname : \_\_\_\_\_  
Cell phone number: \_\_\_\_\_  
Name and Surname : \_\_\_\_\_  
Cell phone number: \_\_\_\_\_

***Please take note that we will not allow any other person(s) to collect the child from school***

### Medical treatment

*Category [i]* medicine is a non-prescription medicine that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.

Do you approve category [i] medicine to be used on your child? **Yes**☐ **No**☐

*Category [ii]* medicine is a prescription or non-prescription medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only that is prepared by other adults at the service.

I acknowledge that I (as parent) must give written authority at the beginning of each day a category [ii] medicine is to be admitted, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms / circumstances) medicine is to be given.

\_\_\_\_\_  
Mother's Initials

\_\_\_\_\_  
Father's Initials

## **INDEMNITY FORM**

I/We \_\_\_\_\_ parent(s) of \_\_\_\_\_

Hereby grant permission to all the staff of Bounce & Go Kidz to take care of my/our child in a nurturing and safe environment. I/we accept that all reasonable precautions will be taken to ensure the safety and welfare of my/our child and that the staff or pre-school will not be held responsible for an injuries which my/our child may sustain while under the supervision of the staff of Bounce & Go Kidz. I/We will be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained which cannot be recognized to negligence on the part of the staff responsible. I/We hereby give permission that our/my child may participate in any officially organized activities of the school as well as normal curricular of the school. In the event that I/We wish to withdraw this approval or, in the event that there is any impediment against participation in any curricular school activity, I/we, will duly notify the school in writing. Furthermore I/We give permission that should our/my child for whatsoever reason be conveyed by motor vehicle, be it in the event of an emergency or in regard to an activity, my child must be conveyed by a legal transport operator or an employee or other parent of the school with whom explicit arrangements for such purposes were made.

School hours are from **06:30am – 18:00**. A penalty fee of **R50-00** for every **15minutes** or part thereof will be fined (payable immediately – Cash/Eft) for each child who gets picked up after **18:00**.

Failing to pay the account accordance with this agreement, it will be handed over for legal collection and the responsible person will be held liable for all legal fees and costs on a client / attorney scale.

I undertake that all information supplied herein is correct to date of signature and that any changes hereto will be communicated in writing to this institution without dely. I also declare that I have read the full content of this agreement with attention and understand it clearly.

This is a legal and binding contract. If you are unsure of any of these conditions; please contact the principal.

### **Signature:**

Full name [father]: \_\_\_\_\_ Full name [mother] \_\_\_\_\_

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

\_\_\_\_\_  
Mother's Initials

\_\_\_\_\_  
Father's Initials

## **PARENTS RESPONSIBILITIES / GENERAL INFORMATION**

- The yearly registration fee of R500.00(under Grade R) or R800.00(Grade R) has to be paid upon enrolment and is Non refundable.
- The parents undertake to pay the monthly school fees on or before the 2<sup>nd</sup> of each month. Children will not be allowed at school after the 4<sup>th</sup> if fees are not received. No refunds are given for illness or vacation. You are still liable to make a payment if your child is not in school.
- School fees paid in full in January will qualify for 6% discount.
- There will be a penalty fee of R100.00 for late payment of monthly school fees.
- **One calendar month's written notice** is required when a child is removed from the school or one month fee needs to be paid. Notice to be served by 1<sup>st</sup> November if the child will not be attending in December will not be accepted.
- Children with infectious illness should be kept at home until he/she is past the contagious stage e.g conjunctivitis, influenza, German measles, mumps, hand foot and mouth disease.
- Please inform the school for changes of address or cell phone numbers. (This is important in any emergency).
- Children need to be signed in and out at school. No child will be allowed in or out of the school without a parent's signature.
- School hours are from 6:30am – 18:00. A penalty fee of R50 for every 15 minutes or part thereof will be fined (payable immediately cash or EFT) for each child who get picked up after 18:00.
- We are open throughout the year, excluding public holidays.
- Please don't bring any toys or food to school
- Dress your child in casual school clothes. Girls with dresses have to wear ski-pants or skirt.
- Please make sure your child's clothes/shoes and school bag is clearly marked.
- Absenteeism must be reported.
- Where potty-training is necessary, it remains primarily the responsibility of the parents concerned. However, we will assist you with this if you are prepared to follow our recommendations and work together with us in your child's best interests.
- Late arrivals at school will not be tolerated, once classes start our focus is on the kids.

## **SCHOOL INFORMATION**

Address	:	16 Silver Eike Ave, Heuwelood Ext 3, Centurion, 0157
Telephone Number	:	0832647796 / 083 2354476
E-mail	:	bounceandgokidz@gmail.com
Facebook	:	Bounce&go.Kidz
Bank	:	First National Bank
Account Name	:	Bounce and Go Kidz
Account Number	:	62816572631
Branch Code	:	250655
Reference	:	Child's name and surname

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Mother's Initials

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Father's Initials