

7 Grimm street
Ster Park
Polokwane
0700

Tel: 015 023 0600
WhatsApp: 081 545 3500

info@kiddiestown.co.za
admin@kiddiestown.co.za



**KIDDIES
TOWN**
ECD

Dear Parent (s)/ Guardian (s),

Thank you for the interest in KIDDIES TOWN ECD AND ACADEMY.

Please ensure that you complete the attached documentation and return it to us as soon as possible to secure a place for your child. Please ensure that the following documents are attached, and that you make a copy of the documents for your own records before submitting them to the office. Both parents initial all pages.

- ✓ A completed application form
- ✓ A certified copy of your child's immunisation card
- ✓ Certified copy of your child's birth certificate
- ✓ A certified copy of the ID of the person responsible for payment of school fees
- ✓ Certified copy of both parents
- ✓ A copy of the medical aid card (where is available)
- ✓ A non-refundable registration fee (of R600)
- ✓ Permission letter for person/s allowed to pick up the child/ren, other than parents and a certified copy of his/her ID
- ✓ Proof of residence

We look forward to a long association with you and your child/ children.

- ALL MEALS, Snacks and Drinks are provided for at the day-care
- ALL TRIPS are free except for refreshment at the venue (we will only need permission from parents through indemnity and when time arrives) -
- All Mother's day, Father's day, etc. presents will be done at school at no costs
- Movie days cost little

Medication will not be given to any child according to the HEALTH DEPARTMENT. It is the parent's responsibility to give medicine / vitamins to their children at home and not at the school; We have the full right to request a doctor's letter due to certain circumstances.



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REGISTRATION FORM

PARTICULARS OF CHILD

SURNAME: _____

FIRST NAME/S: _____

Preferred Name or Nick Name: _____

DATE OF BIRTH: _____

ID NUMBER: _____

SEX: _____ HOME LANGUAGE: _____

RELIGION: _____

NUMBER OF CHILDREN IN FAMILY: _____ POSITION IN FAMILY: _____

WHO WILL BRING THE CHILD TO SCHOOL: _____

WHO WILL COLLECT CHILD FROM SCHOOL: _____

PREVIOUS CRECHE/NURSERY SCHOOL ATTENDED: _____

PRIMARY SCHOOL YOU INTEND SENDING YOUR CHILD TO: _____

PLEASE INDICATE THE CARE REQUIRED (HALF DAY OR FULL DAY):

DATE OF ENROLMENT: _____

AGE AT ENROLMENT: _____

CONTACT NUMBER (MOTHER) _____

CONTACT NUMBER (FATHER) _____

CONTACT PERSON OTHER THAN PARENTS

In case of an emergency a responsible person should be on standby.

| Particulars | Friend | Next of Kin |
|----------------------|--------|-------------|
| Name and Surname | | |
| Relationship | | |
| Physical Address | | |
| | | |
| | | |
| Telephone no. (Work) | | |
| Telephone no. (Home) | | |
| Cell no. | | |

TRANSPORT

Others who are authorised to collect child from school:

| Name | Telephone no. |
|------|---------------|
| | |
| | |
| | |

SPECIAL INSTRUCTIONS

| |
|--|
| |
| |
| |

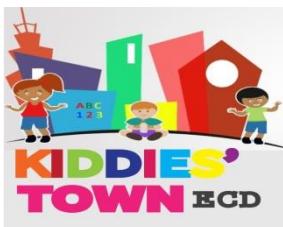
MEDICAL FORM

SURNAME: _____

FIRST NAME: _____

FAMILY DOCTOR: _____ TEL. NO.: _____

1. DOES HE/SHE SUFFER FROM: DIABETES: _____ ASTHMA: _____ EPILEPSY: _____
CARDIAC MURMUR: _____ OTHER: _____
DETAILS: _____
2. WHAT CHILDHOOD SICKNESSES HAS YOUR CHILD HAD? _____
3. LIFE THREATENING ALLERGIES: _____
4. OTHER ALLERGIES: _____
5. IS YOUR CHILD ON ANY REGULAR MEDICATION? _____
DETAILS: _____
6. HAS HE/SHE HAD ANY MAJOR OPERATIONS? _____
7. ANY BEHAVIOUR PROBLEMS? _____
8. ANY SPEECH OR HEARING PROBLEMS? _____
9. ANY COMPLICATIONS DURING BIRTH? _____
10. IS YOUR CHILD'S IMMUNISATION UP TO DATE? _____
11. RELEVANT FAMILY HISTORY (EPILEPSY, DEAFNESS, BLINDNESS, ETC): _____



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| SIGNATURES | | | | | |
|---|-----|----|--------|--------|----------|
| | YES | NO | FATHER | MOTHER | GUARDIAN |
| Do both parents/guardian consent to the staff member on duty authorising all and any medical treatment which the child may require in the case of an emergency? | | | | | |
| Should your family doctor/dentist not be available, do both parents/guardian consent to another doctor/dentist to be consulted in the case of an emergency. | | | | | |

PARTICULARS OF PARENTS/GUARDIAN:

MARITAL STATUS OF PARENTS: _____

WITH WHOM DOES THE CHILD LIVE? _____

| PARTICULARS | MOTHER | FATHER | GUARDIAN |
|-----------------------|--------|--------|----------|
| TITLE (Mr, Mrs, etc.) | | | |
| SURNAME | | | |
| FIRST NAMES | | | |
| I.D. NUMBER | | | |
| OCCUPATION | | | |
| EMPLOYER | | | |
| TEL. NO. WORK | | | |
| TEL. NO. HOME | | | |
| CELL NO. | | | |
| EMAIL ADDRESS | | | |
| HOME ADDRESS | | | |
| POSTAL ADDRESS | | | |
| WORK ADDRESS | | | |

PLEASE ATTACH A COPY OF ID DOCUMENTS OF PARENTS.

FINANCIAL AGREEMENT

- An Administration fee of R600 is payable upon return of the re-enrolment, or during admission each year upon return of the application form (Non-Refundable).
- All school fees are payable over 12 months January to December. No notice can be given in November for December, School fees must be paid in advance;
- Parents who will skip a month (e.g. December) for any reason will be liable for re-registration fee of R1000 when the child resumes attending school and still pay the outstanding fees of the month (s) skipped.
- There will be no refund on any monies that the school receives from the parents, if parents are not satisfied with the service they are receiving, they are free to de-register their kids and enrol them somewhere else, no refund will be paid for the fees already paid in the school account, this also includes fees that are paid in advance, NO REFUND.
- Parent/guardian is still liable for the month's school fees in the event of a child being absent for a period of time (either sick or on holiday);
- No excursions allowed if account is outstanding.
- The School has the right to suspend their service if your account is in arrears.
- No refunds of an annual payment will be given once the payment has been made.
- School fees will be reviewed annually and written notice given if any increases as approved by the Governing Body of the School.
- Arrangements regarding outstanding accounts need to be addressed to our Financial Officer, no other Staff member has the authority to grant permission or exemptions for any financial matters.
- Please make sure you receive a receipt for any money paid – No receipt – No payment. It is the responsibility of the parent/guardian to keep proof of receipts.
- **All school fees should be paid before the 1st of each month.**
- Please ensure you use your child's registered name and surname when making any payments into the bank, no nicknames or other unknown references should be used.



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- Please note that the person who signs the Financial Agreement is the one who is responsible for the account and any other legal matters that might arise thereof.
- Please make an appointment to see the finance person.
- The proof of payment must be given in at the office or must be e-mailed.

I _____ understand that I am fully responsible for my account. All school fees are to be paid by the 3rd of each and every month. If the School fees are not paid in full by the 7th of the month,

the account will be handed over to our attorneys for collections. **Also note that penalty fees will be imposed for all payments after this date.**

Please note that we have the right to ask the parents to take the child / children out of the school and that you will still be liable for the outstanding account. You will be held liable to pay any collection and / or attorney fees on the Attorney Own Client Scale.

If for some reason you want to take the child / children out of the school, a full calendar months notice must be given in writing. If the child / children come to the school for that month or not, you are still responsible for the notice month's school fees.

Please note that this agreement cannot be cancelled/ terminated within 3 months of enrolment, without any proof of a valid reason such as parents relocating to another city or province. Should parents not be happy with the service provided to the child, they are advised to complain to the school management by sending an email/ letter to admin@kiddiestown.co.za

Should cancellation be done without notice or less than a month notice, the parents will be liable for the 3 Months school fees as other potential enrolments were prevented to enrol because of the space occupied by this enrolment.

Names (Mother)

Signature

Names (Father)

Signature

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KIDDIES TOWN ECD ACCOUNT DETAILS



KIDDIES TOWN ECD

**PLEASE USE ANY OF THE FOLLOWING
ACCOUNTS FOR YOUR PAYMENTS**



CAPITEC

A/C: 17 046 859 05
OR
Cell: 079 386 6233



110 679 2211
NEDBANK



FNB

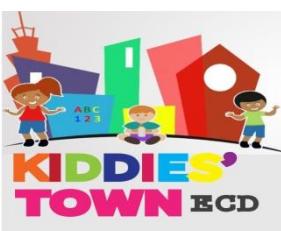
630 4649 0974



**Standard
Bank**

1013 675 3726

Please send Proof of Payment to: admin@kiddiestown.co.za
OR WhatsApp: 081 545 3500



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Indemnity Form:

I/We _____

The parent (s)/guardian (s) of _____

Hereby grant permission that my/our child may participate in activities presented by our School (including excursions). May play on and participate in activities on the apparatus on and off the school grounds.

However, we must stress that KIDDIES TOWN ECD and its staff will take the usual good care of your child.

I/we do understand that all school activities (in-and including excursion) are at my/our child's own risk.

I/we..... also undertake to indemnify the School, the Principal and staff members, any person in the service of the centre, paid or unpaid, from any claim that might arise. Including loss of, replacement, injuries to your or your child's person and property, either direct or indirect during activities on the property or excursions arranged.

I/We..... hereby grant permission to the School to take any necessary steps in their own discretion to have /our child admitted to hospital and/or treated by a doctor or other medical staff in the case an emergency might arise. I have read and understand the full agreement together with the Code of Conduct provided.

Father/ Mother/ Guardian , declare that the information supplied in this document is correct. I furthermore bind myself irrevocably to all of the terms and conditions set out in this agreement.

Signed at on the day of
20

Relation to learner/s: _____

Name and Surname of responsible party: _____

Responsible Persons Contact Number: _____

Email to be used for Accounts: _____

Signature of person responsible for the Account Witness _____



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KIDDIES TOWN ECD POPI ACT AGREEMENT

RE: POPI ACT – SOCIAL MEDIA, PHOTOGRAPHIC & VIDEO FOOTAGE REQUEST

As you are aware due to certain individuals exploiting children and taking inappropriate photos the Popi Act was drafted and approved to protect the children of South Africa.

The School would like to request that you allow us to use your child's photos and video footage for educational and promotional purposes. Please would you be so kind and give us the necessary written permission to take photos and video footage of your child in school related activities. We hereby agree to the following terms:

1. All photos taken will be done in the best interest of the child.
2. No photos will be sold or distributed without further permission from parents, guardians.
3. All photos will have a positive impact on the child's self-esteem and self -image and will in no case lead to this individual being portrayed in a negative light.
4. All photos and footage will be made available to the parents on request.
5. Photos used on Social Media will be in good taste and uplift the image of said child – Always.
6. During the pandemic (like Covid19) should the need arise, personal information of learners, parents, guardians will be shared with Health Authorities and legal entities for "tracking and Tracing" purposes.

I _____ parent of _____ hereby grant the necessary permission to KIDDIES Town ECD to take the photos and footage required by them for educational and promotional applications.

Parent Signature (Mother): _____ Date: _____

Parent Signature (Father): _____ Date: _____

School Representative: _____ Date: _____



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SCHOOL VACATIONS AND PUBLIC HOLIDAYS

- School is open during school holiday's; will only close after second week of December holidays (for only December holidays).
- Long weekend closing days will be discussed with parents ahead of time;
- School is open during December till date of closing which parents will be informed of;

RULES/REGULATIONS OF KIDDIES TOWN ECD

SCHOOL HOURS: 06H00 – PICK UP BEFORE or on 18H00.

- R100 penalty for every 30 Min;
- No toys allowed on school premises. School and personnel will not be held responsible for any lost or broken items;
- Precaution and supervision will be around the school ground but the school and/or its personnel will take no responsibility for any injuries, loss or damaged suffered;
- No snacks, food or sweets are allowed to be sent to school with your child; only upon agreement;
- Parent/guardian will be held responsible for any property or apparatus of the school that are vandalized by your child/children purposely;
Parent/guardian will replace/repair same to its original condition.

RULES AND REGULATIONS

1. Ages 3 Months to 6 years.
2. Operating Hours from 06:00 to 18:00 - Monday to Friday
- Saturday and holiday care also available on request
Overtime: There will never be overtime, beyond pickup time
3. Fees:

- Registration Fees: R600 (non-refundable)

Monthly Fees 2025:

- Full Day: R 2 800 (2 – 5 Yrs)
- Babies: R 3100 (Up to 23 Months)
- Half Day: R 2200 (2 – 5 Yrs, ends at 13:00 PM)
- Half Day babies: R2500 (ends at 13:00 PM)
- Day visit tariff: R220 babies, R200 toddlers
- Aftercare: R950 (Snacks/ light meal and Homework assistance included)
- Local school transport is available and can be arranged at a fair price
- No Cheques accepted
- School fees that will be paid after the 7th will be liable for penalty of R250.
- The school reserves the right not to accept the kid/ s in the premises if school fees is outstanding and not paid after the 7th of every month

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NB: Please note that fees are reviewed from time to time and subject to increase after every 12 months of returning this registration form.

SCHOOL LIST (*All Items must be clearly Marked*)

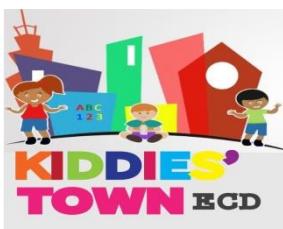
| Per Term (2 to 5 years): | Daily (2 to 5 years): | Weekly(2 to 5) | Daily: BABIES |
|---|---|---|---|
| <ul style="list-style-type: none"> • 1 X 9 toilet rolls pack • 2 X wet wipes • 2 X boxes tissues • 1 X body lotion or Vaseline • 1 X Toilet Spray • Colors pack • Dough • Glue • Pencil • 1X typex or any other brand A4 pack (once a year) • 1 X file (covered) | <ul style="list-style-type: none"> • School Bag • Emergency change clothes • Water bottle (No Juice or any drink please) <p>This must be taken with every Friday and back Mondays</p> | <ul style="list-style-type: none"> • Blanket • Pillow • Fitted sheet | <ul style="list-style-type: none"> • 5 Nappies to last the entire day • Formula (with Instructions) • Specialised food (if applicable and with instructions) • Set of clean clothes (2 sets) • Wet wipes • Vaseline or any lotion used for the KIDDIES TOWN ECD. • Blanket |

Some items can last longer than a term, we will let you know what is needed per term after this one.

PERMISSION FOR OUTINGS

Each year KIDDIES TOWN ECD undertakes various outings in order to supplement the child's education. By signing this form, you give your permission that your child may participate in these outings.

By means of circular letters you will be informed of outings that are planned, when they will take place and what they entail. Should you decide that you do not want your child to be part of a particular outing, Then the reply slip which accompanies the relevant circular letter needs to be completed and returned back to the school.



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I..... THE UNDERSIGNED, GIVE PERMISSION
AND CONFIRM THAT ALL INFORMATION AS SUPPLIED IN THIS FORM IS
CORRECT.

Signed: (Parent/guardian)

Date

FULL AGREEMENT

This is a full agreement between the two Parties.

THIS AGREEMENT CONSTITUTES THE WHOLE AGREEMENT BETWEEN BOTH PARTIES.

- Any variation from this agreement must not be construed as a waiver of any rights or a novation of this agreement;
- Amendments to this agreement will only be valid if such amendments are reduced to writing and signed by both relevant parties hereto.

Signature: _____ Signature:_____

ID:_____ ID:_____

Mother and Father

Monthly amount _____ to be paid on the **15th/ 20th/ 25th/ 31st** of every month.

Signed at _____ on this _____ day of
_____, 20 _____.

The Principal/ Manager
KIDDIES TOWN ECD & ACADEMY



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