

THRIVE CHRISTIAN ACADEMY

P.O. BOX 40502, Auspannplats

E-mail: thriveacademynamibia@gmail.com

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APPLICATION FORM 2023

Day Care (1-2 years)	Kindergarter	(3-5)	Grade 0 (6 years)			
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DETAILS OF CHILD						
Surname:		Home name:				
Name(s):						
Date of birth:		☐ Mal	e Female			
Home language:		Nationality:				
Other languages:						
Number of siblings:						
Medical history (allergies, chronic diseases, ear/eye problems, disabilities, medication etc.):						
DETAILS OF PARENTS/GUAF FATHER/GUARDIAN	RDIANS					
Title:		Initials:				
Surname:		Name:				
Postal Address:						
Home Address:						
Tel (Home):		Tel (Work):				
Cell:		ID no:				
Nationality:		Church:				
Occupation:		Marital status:				
Employer:	1					

MOTHER/GUARDIAN

Title:	Initials:	
Surname:	Name:	
Postal Address:		
Home Address:		
Tel (Home):	Tel (Work):	
Cell:	ID no:	
Nationality:	Church:	
Occupation:	Marital status:	
Employer:		

Contact	person ir	n case of	emerge	ncy, w	hen i	parents	cannot	be !	reached	<u>1.</u>

Name & Surname:	
Cell:	
Relation to the child:	

PLEASE ATTACH TO THIS FORM (or bring along on the first school day):

- 2 recent photos of child (passport size)
- Certified copy of child's birth certificate
- Copy of child's vaccination records
- Certified copy of both parents'/guardians' ID documents

PAYMENTS and FEES

A non-refundable registration fee must be paid annually in October for the year to come. Should a child join during a current school year, this fee will be payable upon acceptance of your application. The monthly fee includes breakfast, swimming and music lessons.

	Day Care 1 - 2 years old (N\$)	Kindergarten 3-5 years old (N\$)	Grade 0 (N\$)
REGISTRATION (once a year)	700	700	700
MONTHLY FEE (half-day)	2 200	2 000	2 000
MONTHLY FEE (full-day)	2 550	2 350	2 350
ONCE OFF (half-day)	25 080	22 800	22 800
ONCE OFF (full-day)	29 070	26 790	26 790



KINDLY NOTE:

- For the month of January 2023, payment will be made along with the registration fee for the year.
- Payments must be made in advance before the 3rd of every month, January through December (inclusive).
- The signed **CONTRACT** with the school is made on a **yearly basis**, thus payments are to be made every month, **including school holidays**.
- Failure to pay the monthly fee will result in the child staying at home and an additional N\$100 fee will be added on late payments. The child may return to school once payments are up to date.
- For any second and subsequent child enrolled in the school a 10% off the monthly fee will be offered, as follows: N\$ 2200 will be N\$ 1980, N\$ 2000 will be N\$ 1800, N\$ 2550 will be N\$2295 and N\$ 2350 will be N\$ 2115.
- For once off payments, an additional 5% will be discounted (see table above).

Payments can be made in cash, at our office (8:00 - 16:00), or via bank transfer. REFERENCE in case of bank transfer: Child's full name + School Fees

Banking Details: (note that we are busy changing the bank account; you will be informed when it is ready)

THRIVE ACADEMY CC Account no: 62275862566

Bank: FNB

Branch: KATIMA MULILO 280475

GENERAL RULES

- Should your child be absent, please inform the school.
- If your child is sick (e.g. showing symptoms of cold/flu, fever, vomiting, diarrhoea) please keep him/her at home to avoid infecting the teacher or other children as well.
- If your child needs to take any medication during the day, please inform his/her class teacher.
- Please send to school a plastic bowl, spoon and a cup to be used for breakfast by your child only.
- Try to pack break-time lunch boxes with healthy snacks (e.g. sandwich, raisins, rice cakes, nuts, fresh/dried fruit, yoghurt) and water or fruit juice. Sweet treats and gas cool drink will only be allowed on Fridays.
- For kindergarten, we recommend that your child has an extra set of clothes packed for the day.
- Label all clothes clearly, as well as bags, juice bottles and lunchboxes with the child's name.
- If your toddler is still wearing nappies, please make sure to pack in extra for the day, as well as wet wipes and nappy bags.



DECLARATION OF PARENT/GUARDIAN

I/We, the undersigned parent(s) / guardian(s) of
read and understood the content of this application form and that the information given by me/us in this Application for Admission is complete and accurate. I/We also agree to the conditions as set out herein and stated below.
1. Until the registration fee has been paid, the learner is not guaranteed of a place at Thrive Academy.
2. Payment of all relevant school fees must be done in advance for 12 months, on/before the 3rd day of each month.
3. Learners whose school fees are outstanding by more than 30 days, will not be allowed to return to school.
4. Parents are bound to give 30 days written notice of termination of the enrolment of a learner, if need be. In case no notice is received, parents will be held liable for school fees for the subsequent month.
The aforesaid learner may be involved in all excursions undertaken by his/her class during school days as part of his/her learning experience and, where applicable, I/we agree that he/she may utilise the transport arranged by the school for such excursions. The undersigned give/s permission to Thrive Academy to assist the child with any
medical assistance that might be necessary and, as parents/guardians, shall be fully responsible for any costs that may occur in respect of such assistance.
 7. Any damaged school property caused by the aforesaid learner shall be reimbursed by the undersigned. 8. I/We accept that the School is based on Christian principles.
SIGNED ATON THISDAY OF20 (place) (day) (month) (year)



SIGNATURE OF PARENT/GUARDIAN SIGNATURE OF PARENT/GUARDIAN

INDEMNITY

I/We, the undersigned parent(s)) / guardian(s) of _			(full
name of child) hereby give perr	nission for my/our o	child to partic	pate in sucl	n activities as
may be offered by Thrive Acader	ny while he/she is a	learner there.		
Furthermore, I/we undertake to teachers, any member of staff of			•	
any or all claims whatsoever that	t may arise in conne	ection with any	loss of or d	amage to the
property or injury to our child a	foresaid in the cou	rse of or aris	ing from ac	tivities, in the
knowledge that those in charge	e of such activities	will neverthe	less take a	ll reasonable
precautions for the safety and we	elfare of my/our child	d.		
I/We hereby waive any claims o	f whatever nature w	hich I/we ma	y have agair	nst the school
as set out above.				
SIGNED AT	ON THIS	DAY OF		_ 20
(place)	(da	ay)	(month)	(year)
SIGNATURE OF PARENT/GUAF	RDIAN SIGN	NATURE OF P	ARENT/GU	ARDIAN

