



 **6 Loerie Street Meyerton Park**  
 **087 701 4003/ 061 429 9295**  
 **Info@smartmeacademy.co.za**

## **2026 ENROLMENT FORM**

Child's Name and Surname as per Birth Certificate: \_\_\_\_\_

The Name child is known as: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Circle Child's gender:      Male / Female

Starting Date: \_\_\_\_\_

Half Day / Full Day: \_\_\_\_\_

Previous Nursery Schools / Playgroups: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

What's app Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Occupation and Name of Company: \_\_\_\_\_

Home Physical Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

What's app Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Occupation and Name of Company: \_\_\_\_\_

Home Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Is the family unit complete? \_\_\_\_\_ if no, single/divorced/separated/widowed

Who does the child live with? \_\_\_\_\_

Grandparents or other emergency contacts name and number: \_\_\_\_\_

If Divorced or single please complete the following:

1. Who may collect the child: \_\_\_\_\_

2. Who may not collect the child: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Home Language: \_\_\_\_\_

### **DOCUMENTS REQUIRED FOR ENROLLMENT**

The following documents must accompany this enrolment form to deem the enrolment of your Child at Smart Me Academy effective:

- Copy of your Child's Birth Certificate
- Copy of your Child's Clinic Card
- Copy of Father's ID or Passport
- Copy of Mother's ID or Passport
- Copy of Proof of Address
- Proof of payment of Registration fees

### **Banking Details**

Name: Smart Me Academy

Bank: Capitec business

Branch Code: 450105

Account Number: 1051468140

Please use your child's name as reference

### **Specialized stationery requirements (due on first day of school):**

- 12 rolls toilet paper (2ply), 2 x Typek rims, 1 pack wet wipes, 1 box tissues, flip file and a zip file

### **MEDICAL INFORMATION**

Allergies: \_\_\_\_\_

Reaction to allergies: \_\_\_\_\_

Infectious diseases child has already suffered:

\_\_\_\_\_

Serious illnesses/ special needs/ psychological or behavioral disorders etc.:

\_\_\_\_\_

Any operations child has had: \_\_\_\_\_

Chronic medication child is on: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

Medical Aid Company: \_\_\_\_\_

Medical Aid Member Number: \_\_\_\_\_

Medical Aid Telephone Number: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**In the event of an injury at school, we will always contact the parents to inform them as to what has happened and what action should be taken. In the event of a serious injury and we cannot contact the parent or guardian, we shall take the child to the nearest emergency department.**

### **CONSENT AND INDEMNITY**

I \_\_\_\_\_ the parent/guardian of the child  
\_\_\_\_\_ fully understand that whilst Smart Me Academy is totally committed to the safety and wellbeing of my child, to which end the Academy shall endeavor to take all necessary steps, nonetheless the Academy and all its staff paid or unpaid cannot accept liability for the safety and possessions of its pupils and are therefore indemnified against injury, death or damage or loss to the personal possessions of the aforesaid. I hereby give consent for my son/daughter to take part in any extra mural activities of Smart Me Academy including games, educational tours and excursions, as well as to make use of educational and playground equipment at school.

Signed at Meyerton on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

### **Marketing Consent:**

I hereby give consent to Smart Me Academy to use photos of my child for marketing purposes on our website or where ever we see fit.

**Consent given** ☐

**Consent not granted** ☐

For marketing purposes, please let us know how you heard about us

Google: ☐

A friend: ☐

An advert: ☐

Other: \_\_\_\_\_

## **Financial Agreement**

### **1. REGISTRATION FEE**

This enrolment is subject to the payment of a non-refundable once off registration fee of R500 payable into the bank account of Smart Me Academy attached below. Please use your child's full name as a reference when paying

### **2. PERSON RESPONSIBLE FOR PAYMENT**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

ID Number \_\_\_\_\_

### **3. PAYMENT METHOD**

School fees are payable into the Smart Me Academy account, no cash will be accepted

### **4. BANKING DETAILS**

Account name: Smart Me  
Academy Bank: Capitec  
Business  
Account no.: 1051468140  
Branch code: 450105  
Reference: Child's Name

### **5. PAYMENT DUE DATE**

Fees are payable on or before the 3rd of each month or in advance for those who wish to pay ahead. Fees are due for 12 months of the year, from January to December.

### **6. DECEMBER FEES**

Smart Me Academy is operational throughout the year until the specified date of closure for the December holidays. This means that the full monthly fee amount will be due irrespective of early closure of the facility for the December holidays. There is NO exception to this rule. No notice given in the month of November will be acceptable.

### **7. OVERDUE/ARREARS/NON-PAYMENT**

A late penalty fee will be added to all overdue accounts by the 3<sup>rd</sup> of each month following the due date. A minimum penalty fee of R300 will be added to the invoice generated for the new month. In the event of default payment by the second month, a childcare suspension letter will be issued, and services will automatically be suspended until full payment has been received.

Smart Me Academy reserves the right to employ the services of an external agency for collection of overdue fees, the cost of which will be billed to you as the account holder.

### **8. FEE INCREASES**

Fees may be subject to an annual increase at a reasonable rate.

9. **DECLARATION**

I \_\_\_\_\_ and \_\_\_\_\_

the parents / guardians of \_\_\_\_\_ hereby 10.1

Accept that the monthly fee of R\_\_\_\_\_, as selected in clause 2 of this Financial Agreement, is payable by no later than the 3rd of each month; and 10.2 Acknowledge and agree that all signing parties to this agreement will be held jointly and severally liable in respect of payment of any amount due and payable to Smart Me Academy; and 10.3 Acknowledge that overdue accounts will be handed over to an external party for collection, the cost of which will be billed to me/us as the account holder/s.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Mother/Legal Guardian

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Witness

## **REGISTRATION AGREEMENT**

1. I agree to pay a R500 registration fee as well as the monthly fee to secure my child's place.
2. Should my child be taken out of school for any period due to being sick, going on holiday etc. school fees are still payable.
3. I will give one full calendar month's written notice to the Academy management if I will be withdrawing my child from the Academy. Failing to do so, I shall be liable for full payment of monthly fees for one month. I acknowledge that any unpaid fees that are still owed once my child leaves the Academy will be handed over for debt collection and I will be responsible for payment of the outstanding fees and any fees added on by the debt collector. Please note that notice is not accepted in November or December, in other words if you wish to withdraw your child in November, then December fees still have to be paid.
4. I agree to not engage in slander in any form or on any medium about the school, while my child attends the Academy or once they leave the Academy as this may result in legal action.
5. I will settle all fees in full before leaving Smart Me Academy.
6. I will make sure that all belongings are clearly marked.
7. I agree to notify the principal of any absence, if possible before 9am.
8. I agree to not send my child to school if they are suffering from any infectious sicknesses, and to keep them at home for at least 24hrs after starting a course of antibiotics.
9. I authorize Smart Me Academy to administer Panado Syrup to my child if deemed necessary and Allergex syrup in the case of an insect sting.
10. I agree to fetch my child by 18:00pm each day or to pay a spot fine of R50.00 late pick up fee for every 15 minutes or part thereof to the teacher on duty.
11. I understand that there are no refunds of any monies paid under any circumstances, including registration fee.
12. I understand I will need to supply **specialized stationery.**

### **I fully understand and acknowledge the above terms:**

I \_\_\_\_\_ will be responsible for payment of fees. Place \_\_\_\_\_

Signature \_\_\_\_\_

ID Number: \_\_\_\_\_ Date \_\_\_\_\_