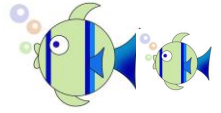


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CONTRACT OF ENROLMENT – 2019



Entered into between:

Big Fish Little Fish Montessori

And

(Names and ID numbers of both parents)

1. DEFINITIONS:

Except where the context indicates to the contrary, the following apply:-

- "Business day" is as defined in section 2(6) of the CPA.
- "Child" means each and every child enrolled at the school as appears from the properly signed registration form by the parent of the child/children.
- "CPA" the Consumer Protection Act 68 of 2008 including regulations
- "Due date" means close of business on the third business day of each month.
- "Notice period" means 40 business days.
- "Parent" means the legal guardian of the child.
- "Registration form" means the registration completed by the parent for enrolment of the child at the school.
- "School" means Big Fish Little Fish Montessori

2. SCHOOL FEE STRUCTURE:

- 2.1 In consideration for the school's undertaking to provide the services contained herein, the parent agrees to pay the fees and related costs as agreed, to the school on or before due date.
- 2.2 Except where the parties, specifically and in writing, agree to a different arrangement, the fees are payable monthly on or before due date, in advance.
- 2.3 Fees in arrears are subject to interest at prime rate plus 3% (three percent) per annum.
- 2.4 The school's fee structure is as follows:
 - A. Full day enrolment over a fixed term of 12 months @ R 3 300.00 per month
 - B. Half day enrolment over a fixed term of 12 months @ R 2 900.00 per month
 - C. Nursery enrolment over a fixed term of 12 months @ R 2 700.00 per month
 - D. Annual administration fee of R 1 000.00 per annum (this amount is calculated pro rata from the month of admission)
 - E. Casual afternoons only for half day children at R 100.00 per day.

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- 2.5 If the parent cancels the contract at any time with 40 working days written notice as per section 14(1)(bb) of the CPA, the school is entitled to levy a cancellation penalty equivalent to any outstanding fees for the remainder of the notice period in accordance with section 14(3)(b)(i) of the CPA.
- 2.6 Notice given for the month of December will not be accepted unless by written agreement and signed by both parties.
- 2.7 Morning care for children enrolled for half day will be charged from 6h30 am to 13h00 pm at the rate set above..
- 2.8 Sibling discount of R 100.00 per child per month is granted.
- 2.9 While fees are due monthly in advance by the 3rd of every month, we reserve the right to refuse admission if any part of the fee remains outstanding by due date.
- 2.10 Any bank charges incurred for cash deposits exceeding R 100.00 (one hundred rand) will be charged to clients account.
- 2.11 Absenteeism for any reason whatsoever does not entitle any parent to any refund.

3. ADDITIONAL CHARGES:

Additional charges during the year or upon enrolment:

- 3.1 1 x personalized chair bag cover @ R 110.00 each
- 3.2 Grade R workbooks @ R 90 each

4. LATE COLLECTION FEE:

- 4.1 Taking care of children enrolled for half day care after 13h00 is charged at a rate of R100 per hour or any part thereof, until time of collection.
- 4.2 Taking care of children enrolled for full day or nursery care after 18h00 is charged at a rate of R100 per hour or any part thereof, until time of collection

- 5. Internet Banking is the preferred method of payment for fees. Banking details are as follows:

Bank: Standard Bank

Branch code: 022209 (Bayside)

Account Number: 27 111 7109

Account Name: Big Fish Little Fish

Please use your child's name and surname as the Beneficiary Reference.

- 6. The school undertakes to care for the child during the following hours:

- 6.1 Half day: Monday to Friday – 6h30 am to 13h00 pm
- 6.2 Full day: Monday to Friday – 6h30 am to 18h00 pm

- 7. We will be open throughout the year, including official school holidays with the following exceptions when we will be closed:

- 7.1 10 to 14 working days over the December/January period.
- 7.2 All public holidays and long weekends.
- 7.3 Should the public holiday fall on a Thursday or Tuesday, the school will be closed on the next day, Friday or the preceding day, Monday.
- 7.4 2 days per year as nominated by the School for the purpose of cleaning, planning, prep and sanitation
A list of all dates for the year are available in the Parents Brochure.

- 8. The Parent shall be entitled to 40 days written notice of increases in fees in terms of section 14(3)(c)(i) and (ii) of the CPA at the end of each 11 month term.

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9. If it becomes necessary for the school to institute any legal proceedings to recover any school fees owing to it by the parent, the school shall be entitled to recover from the parent all legal costs incurred by it on the attorney and client scale.
10. The parent agrees to his/her personal contact details such as cellular phone numbers and email addresses be entered into the school's registry for the purpose of the direct marketing of school functions, fund raising events and donations and that such details be used by the school for that purpose at a time that is convenient to the school. It is further agreed that the school shall NOT be entitled to make these details available to third parties without the parent's express permission.
11. **Sick Policy:** The Sick Policy forms part of the Condition of this Enrolment.

12. INDEMNITY:

- 12.1 The parties recognize and acknowledge the impetuous and impulsive nature of children. In view of this, all persons in charge of the child at the school have been instructed to take every precaution to the best of his/her ability to ensure the child's safety. However, neither they nor any persons connected to Big Fish Little Fish Montessori will accept any liability for any claims arising from any accident or injury to the child due to criminal acts or acts of negligence by outsiders or incidents that fall outside the responsibilities and duties of the acting with due diligence and care and in the course and scope of their duties. Furthermore, the Parent agrees to waive and abandon any claims, which may, at any time, arise as aforesaid, both in the Parent's personal capacity, and in the Parent's capacity as a parent or as guardian of the child, and the Parent expressly indemnifies the supervisor or such authorized person against any claim which may arise or be instituted unless criminal negligence is proven against such supervisor in a court of law.
- 12.2 The Parent unreservedly accepts full responsibility as a parent to ensure that the child has been properly immunized against whooping cough, diphtheria, tetanus and polio and vaccinated against tuberculosis prior to enrolment proof of which must be furnished by the Parent upon request.

We the mother/father/guardian of the child _____ (Name of child), hereby agree to accept and abide by the terms and conditions governing Big Fish Little Fish Montessori, with which we declare ourselves fully acquainted.

This done and signed at _____ (Place) on the ____ Day of _____ (Month) 20____ (Year).

Mother/Guardian

Father/Guardian

Principal

Witness 1

Witness 2

NB! PLEASE INITIAL EACH PAGE OF THE CONTRACT AND ENROLMENT FORM

Enrolment Information Form

Date of Enrolment:

Child's Details

Surname			
Christian Names			
Date of Birth			
ID Number			
Age at Entry			
Care required	<input type="checkbox"/>	Full day	<input type="checkbox"/> Halfday
Child's Gender	<input type="checkbox"/>	Male	<input type="checkbox"/> Female

Parents's Details

	Mother	Father
Surname		
Christian Names		
Date of Brith		
ID Number		
Occupation		
Employer's Name		
Home Address		
Postal Address		
Landline (Home)		
Landline (Office)		
Mobile Number		
Email address:		
Emergency contact - NB! Must be different to Mother and Father		
Name/Relationship		
Telephone number/s		

Medical and Health

Has your child ever broken a limb?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please specify							
Does your child have any particular fears?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please Specify							
Does your child take regular medication?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please specify							
Do you have a family history of Dyslexia, hyperactivity, minimal brain disfunction or other learning difficulties?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please specify							
PLEASE NOTE: Should the school at any time feel that your child may require an assessment by a professional facilitator (i.e. OT, Education Phycologists, Speech Therapist, etc); a period of 2 months will be allowed to ensure the assessment takes place. Parents are reminded that any assessments are there for us to best help your child and any challenges they may face. Should any therapy be recommended after such assessment, the school will insist that such therapy by implemented immediately.							
Are there any special medical, physical or emotional needs that the school should be aware of?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please specify							
Has your child previously been assessed by any professional facilitator? (e.g.. OT, Education Phycologists, Speech Therapist,)				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please specify							
In the event of a dire emergency, may we take your child to the local doctor? NB! You will be liable for the medical charges				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is your child potty trained?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has your child had any of the following illnesses? Please tick if "Yes"							
<input type="checkbox"/>	Croup	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Mumps		
<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Eye Infections	<input type="checkbox"/>	Ear Infections		
<input type="checkbox"/>	Rubella	<input type="checkbox"/>	Encephalitis	<input type="checkbox"/>	Whooping Cough		
<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	Bladder Infections	<input type="checkbox"/>	Tonsillitis		
<input type="checkbox"/>	Respiratory Tract Infections	<input type="checkbox"/>	Prone to Thrush	<input type="checkbox"/>	Skin Rashes		
Any others, please specify							
Does your child have allergies to, or intolerances for, any of the following. Please tick if "Yes"							
<input type="checkbox"/>	Bee stings	<input type="checkbox"/>	Peanuts	<input type="checkbox"/>	Fish		
<input type="checkbox"/>	Lactose (Dairy)	<input type="checkbox"/>	Eggs	<input type="checkbox"/>	Dust		
<input type="checkbox"/>	Gluten	<input type="checkbox"/>	Wheat	<input type="checkbox"/>	Other (please specify)		
<input type="checkbox"/>	Analgesics	Please specify					
<input type="checkbox"/>	Anti-biotics / Preservatives	Please specify					

Medical Aid Details

Scheme Name	
Plan	
Membership Number	
Principal Member	

Milestones (at what age did your child...?)

Communication	Start talking				Smile					
	Start laughing				Child's first word					
Does your child	Use baby talk?		Yes		No	Stutter?		Yes		No
	Stammer?		Yes		No	Battle to "find" words?		Yes		No
Gross Motor	Roll over?					Sit up?				
	Pull up onto the feet?					Take first steps?				
	Did your child crawl?		Yes		No					
Feeding	Feed him/herself?		Yes		No	Use a spoon?		Yes		No
	Use a knife and fork?		Yes		No	Drink from a bottle?		Yes		No
	Drink from a cup?		Yes		No	Suck a dummy?		Yes		No

Family History

Child's place of birth and nationality										
Is your child adopted?		Yes		No	If yes, at what age?					
Does your child know about the adoption?										
Names and ages of siblings	Name and age					Name and age				
	Name and age					Name and age				
Child's place in family		Oldest			Middle		Youngest			
Parents marital status		Married		Divorced		Separated		Widowed		
If divorced/separated, who does the child live with?										
What are the visiting arrangements?										

Discipline

Does your child have temper tantrums?		Yes		No
Do you believe in discipline?		Yes		No
Describe briefly whether you are strict, firm or fairly free in your attitude towards your child:				
How do you deal with temper tantrums when they arise?				

General Information

Has your child been to school before?		Yes		No
Name of school attended and contact no:				
What time does your child go to bed at night?				
What time does your child wake up in the mornings?				
Does your child sleep through the night?		Yes		No
Does your child have a nap during the day?		Yes		No

Security at School

Who will bring the child to school?	
Who will collect the child from school?	

Billing Information

Person responsible for payment of school fees	Name	
	Postal Address	
	Home Address	
	ID Number	
	Office Landline	
	Email address	
	Mobile Number	

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Next of kin not living with you	Name	
	Address	
	Telephone number	

I, _____ (name), _____ (ID/Passport number), hereby confirm that all the above information that I have supplied is true and correct at the time of signing this document.

Signed at _____ (place), on this day _____ (date) _____ (month) 20____ (year)

Mother

Father

Principal

Documents Required:

1	ID/Passport document for both parents
2	Child's birth certificate/Passport
3	Child's Immunization Certificate
4	Proof of Residence