



## **E.C.D (EARLY CHILDHOOD DEVELOPMENT)**

6 Circle Road  
Table View, 7441  
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### **APPLICATION FOR ENROLMENT**

Social Development: **15/5/13/2/2 T9662 WCED: 13/14/4 H52289**

Dear Parents,

We would like to take this opportunity to welcome you and your child/children to our school. Below is a breakdown of the rules and regulations to ensure a peaceful and safe environment for all to enjoy.

#### **RULES AND REGULATIONS**

##### **HOURS:**

**FULL DAY** 06:30am – 18:00pm

**HALF DAY** 06:30am – 14:30pm

Please be punctual in collecting your child being either Full day or Half day. Any child collected after 18:00pm will be charged **R50.00** per 15 minutes or any part thereof.

Please inform the Principal or Teacher if your child is to be collected by anyone other than a parent – or we will **NOT ALLOW** your child to leave our Academy. Please also inform the Principal or Teacher of any change of address or telephone numbers, in case of emergencies. All medication is to be given to your child's teacher who will record the dosage etc. in the medical record file. If your child is not feeling well, PLEASE mention this to their teacher so that your child can be monitored. If your child has any contagious diseases, please notify us.

Breakfast, morning snack, lunch are provided, you will only need to pack a healthy afternoon snack, so therefore, **PLEASE** do not allow your child to bring sweets, chips etc. to the Academy. Breakfast is ONLY served between 08:00am and 08:30am every morning. Any

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child arriving after 08:30am will unfortunately not be served breakfast. Breakfast is only served up to and including the Grade R class. Please **DO NOT** allow your child to bring any toys from home, as we cannot be held responsible for any loss or damage.

Please supply your child with the following clearly marked items:

- Sun hat & Sun block
- Mattress cover (120cm x 60cm)
- A change of clothing in case of little accidents

**FOR THE PROTECTION OF ALL CHILDREN, YOUR CHILDREN MUST BE KEPT AT HOME IF HE/SHE SHOWS ANY OF THE FOLLOWING SYMPTOMS:**

- Contagious illness such as Chicken pox, Measles, Mumps etc.
- Vomiting two or more times.
- Two or abnormally loose stools.
- Contagious conjunctivitis or puss draining from the eye.
- Bacterial infection such as Streptococcal Pharyngitis (sore throat) or Impetigo (little blister like sores that spread)
- Hair lice, Ringworm, Scabies that is untreated.
- An undiagnosed rash or a rash attributable to contagious illness.
- Not able to participate in our Academy activities with reasonable comfort.
- Requires more care than our staff can provide without compromising the Health and Safety of other children in our care.

**IT IS THE RESPONSIBILITY OF EACH PARENT TO BE SURE THAT THERE ARE ALTERNATIVE ARRANGEMENTS AVAILABLE IN THE EVENT THAT THEY CANNOT PICK UP AN ILL CHILD.**

**APPLICATION REQUIREMENTS**

***Please complete the checklist. Any missing requirements deem your application to be incomplete.***

- Application Fee \_\_\_\_\_
- Certified Copy of learners Birth Certificate \_\_\_\_\_
- Certified Copies of parents Identity Documents \_\_\_\_\_
- Immunization records \_\_\_\_\_

**ENROLMENT APPLICATION**

DATE: \_\_\_\_\_

Child's surname: \_\_\_\_\_

Child's first names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**POSITION IN Family: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> out of 1, 2, 3, 4 children.**

**Please provide school with copy of I.D.**

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

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

\_\_\_\_\_

Home No: \_\_\_\_\_

Work No: \_\_\_\_\_

Cell No: \_\_\_\_\_

Email: \_\_\_\_\_

Employers Name/Address: \_\_\_\_\_

\_\_\_\_\_

**Please provide school with copy of I.D.**

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

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

\_\_\_\_\_

Home No: \_\_\_\_\_

Work No: \_\_\_\_\_

Cell No: \_\_\_\_\_

Email: \_\_\_\_\_

Employers Name/Address: \_\_\_\_\_

**NAME AND RELATIONSHIP OF ANOTHER CONTACT PERSON:**

\_\_\_\_\_

Home No: \_\_\_\_\_

Work No: \_\_\_\_\_

Cell No: \_\_\_\_\_

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

Doc Tel No: \_\_\_\_\_

Medical Aid No: \_\_\_\_\_

**MEDICAL INFORMATION: ALLERGIES AND /OR OTHER IMPORTANT INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANY OTHER COMMENTS/INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PICK – UP PERMISSION FORM**

I hereby give permission for my child \_\_\_\_\_ to leave Rising Stars Academy with the following persons named below.

**NAME**

**RELATIONSHIP**

**I.D.No**

<b><u>NAME</u></b>	<b><u>RELATIONSHIP</u></b>	<b><u>I.D.No</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

## **CONSENT AND INDEMNITY**

I, \_\_\_\_\_ (full names) residing  
\_\_\_\_\_ (address)

\_\_\_\_\_, the parent/legal guardian, do hereby give my consent for my child to take part in educational tours and excursions, while attending Rising Stars Academy.

I fully understand and accept that while every effort is made by Rising Stars Academy to transport your child/children safely, all tours and excursions shall be undertaken at my child's own risk.. I undertake on behalf of myself, my executors, my spouse and child aforesaid to indemnify the Principal and staff against any or all claims whatsoever that may arise in connection with loss or damage to the property or injury to the person of my child, in the knowledge that the Principal and Staff will take all responsible precautions for the safety and welfare of my child.

\_\_\_\_\_  
Signature of Parent/legal Guardian

I have read, understood and will abide by the rules and regulations of Rising Stars Academy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **DEPOSIT**

Notwithstanding an offer of place made and accepted, places are reserved and pupils admitted only after payment of the Deposit. Deposits are held by the School and are non-refundable.

The deposit payment amount is **R1000.00**

## **BANKING DETAILS**

**Bank**

**CAPITEC BUSINESS BANKING**

**Account Holder**

Sharp Move Trading 70 Pty

**Account No**

105 062 6966

**Branch Code**

450 105

**Reference**

Your child/children's name & surname

***Fees for each month are payable in advance by the 1<sup>st</sup> of every month***

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***Reg No: 2004/024982/07***

## **CONTRACT OF ENROLMENT**

I/we am/are the legal guardian(s) of the learner whose details appear on the application form. I/we have read and understood the policies of the school as published by the school.

### **POLICIES OF THE SCHOOL**

I/we agree to abide by these policies (with special references to the Debtors Policy, the Terms and Conditions of the School as well as the School's Cautionary and grievance Procedures that may be adopted from time to time by the School.

I/we hereby undertake to abide by and comply with all the rules and regulations of the School, and I/we hereby acknowledge that it is incumbent upon me/us to make myself/ourselves familiar with all the rules pertaining to the School.

I/we acknowledge that I/we am/are responsible for my/our child whether on the property of Rising Stars Academy or not after the published finishing times of any school activity, event or function.

I/we will ensure that the learner referred to in the Application Form abides by all policies applicable to him/her.

Notwithstanding the provisions hereunder, I/we understand the School reserves its right to give a shorter period of notice of termination of the enrolment contract should the Head determine a shorter notice period as being appropriate.

### **DISCLAIMER**

The School does not take any responsibility for any theft or loss of, or damage or destruction to any property of whatever nature (including school clothing, sporting equipment, books, or any other personal possessions) brought onto the School premises by my/our child.

### **WITHDRAWAL**

I/we hereby undertake to give **ONE MONTH'S** notice (in writing) to the Head, whether such notice is to be effective during the currency of a school year, or whether the notice is in respect of a withdrawal at the end of any school year. If such notice is not given, a full month's fees shall be paid in lieu of such written notice.

I/we understand that one full month's fees are payable in the event of withdrawal between the date of acceptance of a place and the beginning month.

If the School elects for any adequate reason to terminate the enrolment of a learner, then it may do so on giving one month's notice of its decision to terminate its enrolment contract with the parent(s) at the end of the month in question, at which time I/we shall be required to withdraw the learner.

**PAYMENT OF FEES**

- Fees for each month are payable in advance by the 1<sup>st</sup> of every month.
- With the exception of annual and Termly payments in advance, fees are payable via cash, debit card or internet.
- In the event of payment not being made within the prescribed period:
  - A surcharge on the outstanding capital amount will be levied
  - The whole balance outstanding shall immediately become due and payable and no indulgence or grant of time by Rising Stars Academy shall be deemed a waiver of its rights.
- The Head shall have the right to prevent the learner from attending School until such time as the fees have been paid.
- Should the fees remain unpaid, the Head shall have the right to fill his/her place without prejudice to the claim of fees in lieu of notice.

**ACKNOWLEDGEMENT OF DEBT**

I/we hereby assume absolute responsibility for the payment of fees as a result of my/our child attending Rising Stars Academy. I/we acknowledge that fees are payable in advance and facilities exist for monthly payments.

I/we acknowledge that should any one instalment payable in terms hereof not be paid by due date, then the whole balance outstanding shall immediately become due and payable by me/us and that no indulgence or grant of time by Rising Stars Academy shall be deemed a waiver of its rights.

I/we hereby agree in terms of Section 45 of the Magistrate's Court Act No.32 of 1944 that the School shall, at its option, be entitled to institute any legal proceedings for the recovery of any monies owing by me/us to the School in any Magistrate's Court having jurisdiction in respect of such proceedings in terms of Section 28 of the Act.

In the event of the School having to institute action to recover fees, I/we understand that I/we shall be liable to make payment of all costs incurred by the School, as between attorney and client.

I/we confirm that all particulars that I/we may furnish or that have been furnished on this form shall, to the best of my/our knowledge and belief, be full, true and accurate. I/we undertake to advise the School in writing of any changes to the details included herein.

I/we do hereby declare that the above information is true and correct and the I/we understand the contents thereof.

I/we do hereby accept the offer of a place for: \_\_\_\_\_(child's name)

\_\_\_\_\_  
Signature of first Parent/Guardian

\_\_\_\_\_  
Signature of second Parent/guardian

\_\_\_\_\_  
Date