



"Your child's best interests are at heart – their home away from home!"

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Little Heffalumps

CENTURION
NURSERY SCHOOL

ENROLMENT FORM (Please initial each page)

Please circle if your child will be: full day / half day

Child's name and surname: _____

Date of birth: _____

Please tick: Male ___ Female ___

Home Language: _____

Fluency in English: _____

Physical Address: _____

Postal Address: _____

Allergies / physical or psychological disabilities:

Date of enrolment: _____

PARENT DETAILS

Marital status: _____

Mother's Information

Name and Surname: _____

ID number: _____

Occupation: _____

Employer: _____

Telephone:

(W) _____

(H) _____

(C) _____

Postal Address:

Residential Address:

Email: _____

Mothers Initials: _____

Father's Initials: _____

Father's Information

Name and Surname: _____

ID number: _____

Occupation: _____

Employer: _____

Telephone:

(W) _____

(H) _____

(C) _____

Postal address:

Residential:

Email: _____

Person responsible for the account (Mom/Dad) _____

ADDITIONAL CONTACT (In case of Emergency)

Name and relative to child:

Telephone:

(W) _____

(H) _____

(C) _____

Mothers Initials: _____

Father's Initials: _____

Medical history:

Previous school history:

Please Attach the following when enrolling your child:

- Copy of previous school report.
- Up to date immunisation card.
- Copy of Mother's ID.
- Copy of Dad's ID.
- Proof of residence.
- Copy of Birth Certificate
- Any additional assessment reports

The enrolment process will not be complete or accepted if these documents are not attached.

Mothers Initials: _____

Father's Initials: _____

MEDICAL FORM

I, _____, hereby give permission for my
Child _____ to be taken to Medipark Medical
Centre, Panorama Road, Centurion for emergency treatment should such an
emergency occur. This agreement is given to Little Heffalumps Nursery School
in such an event that I am unavailable or unreachable during such an emergency.
I am also aware that I am personally responsible for any medical expenses that
may result from any medical treatment.

Medical Aid: _____

Medical Aid Number: _____

Family Doctor: _____

Tel: _____

Paediatrician: _____

Tel: _____

Date:

Sign:

Mothers Initials: _____

Father's Initials: _____

I, _____ have read the information and terms set out in our Little Heffalumps Agreement in terms of payment, deposits, notice period, opening and closing times and holidays and agree to follow by such conditions. I also acknowledge and accept that Little Heffalumps Nursery School will not be held responsible for any injury, child abduction or loss thereof to my child whatsoever.

Date: _____ Sign: _____

Mothers Initials: _____ Father's Initials: _____

INDEMNITY CONTRACT

We, _____ the parents of _____, hereby accept and abide by the following rules and conditions:

1. That our child is up to date with all the necessary inoculations prescribed by the local health regulations.
2. That our child, to the best of my knowledge, does not suffer from or is coming down with any illness that might be harmful to other children.
3. In the case that our child is not on his/her developmental level, we will do our best to ensure that we help our child in every way possible and work closely with the school in this regard.
4. That we will not bring our child to school while he/she has any contagious illness such as flu, stomach bugs, childhood diseases etc. Children with head lice may not attend school. If our child's fever is 38 degrees or higher, for whatever reason, we agree to come and fetch our child immediately regardless of any circumstance. A strict rule has been put into place that NO Medication will be left with a staff member (including chronic and homeopathich) and only in an emergency at school, will medication be given (on contact with the parent). In the case where medication needs to be given such as chronic meds for asthma, allergies, anti-biotics etc, the parent is to come in and administer the medicine to their child themselves. A child on anti-biotics is not allowed at school within the first 48 hours after starting the course. Little Heffalumps Nursery School cannot be held responsible for loss or illness from any medication whatsoever.
5. We accept responsibility to inform the staff of Little Heffalumps of any circumstances, physical or psychological, affecting our child that we know of.
6. We, the parents/guardian, accept that the school will not be held responsible for our child's loss or injury.
7. Little Heffalumps opens at 7am and closes at 12pm for half day and 5:30pm for full day. Penalties are payable if a child is picked up after 5:30pm.
8. School fees are payable by the second day of the month, over a 12 month period. No cash payments are allowed. We agree to pay the holiday programme fee at the start of each holiday programme and acknowledge that our child may not attend that specific care if the moneys are not paid. Should the school fees for whatsoever reason not be paid within 3 days after the due date (2nd of every month), then Little Heffalumps reserves its rights to:
 - a) Prevent the child/children from attending Little Heffalumps Nursery School until fees are paid and/or
 - b) To cancel the contract (if occurs after the 2nd time) and forfeiting the paid deposit.Please remember that, as we all understand financial problems, fees have to be paid on time. A late payment penalty will unfortunately be charged for any late payments. Prior notice is required for special requests on a once off basis at the discretion of the owner of the school.
9. Legal fees will be paid by the parent if outstanding fees need to be handed over on an attorney - own client scale.

Mothers Initials: _____

Father's Initials: _____

10. Written notice of one month is required when your child is to leave our care. School fees will be payable for that month whether the child attends or not. The deposit is only used for our child's last month's fees, if one months notice is given. If one months notice is not given, the deposit is forfeited and school fees for that month is due in full. We acknowledge that the deposit paid may be higher than the normal monthly fees and agree that this money, regardless of a higher value is used for our child's last month's fees, when one months notice is given. The deposit that is paid before enrolment is not refundable in cash. If my child is asked to leave Little Heffalumps Nursery School for reasons in breach of the contract stipulations, I acknowledge that my deposit will not be reimbursed. If a parent pays the deposit and within the time of making the reservation (paying deposit) and the enrolment date, decides to no longer start their child in the school, the deposit will not be refunded.

We understand that, when giving notice that our child will be leaving the school, the latest month that this can be done towards the end of the year is at the beginning of October. If this is not the case, the deposit cannot be used and fees will be paid in full for November and December. Therefore, the deposit may only be used for the month of December and not in the month of November.

11. Fees may be increased at the discretion of the school.

12. In the case of illness and holidays school fees remain payable.

13. School is closed on all public holidays. If a public holiday falls on a Thursday or Tuesday then the Friday or Monday school will also be closed. We accept and have diarized the important dates for the year, including holidays etc.

14. We acknowledge that the school will not be held responsible for our child from the time we come to collect him/her from school whether it be in the school or parking area.

15. Destruction to the school, any large equipment or educational toys etc, by any child will not be tolerated and damages will be paid by the parent.

16. I undertake to attend to all correspondence from the school.

17. The school will unfortunately not be responsible for refunding moneys on any outside sources such as extra murals, photos, etc. It will be the parents' responsibility to make the necessary calls to the individual people if a problem arises.

18. On enrolment, a certified copy of your child's ID needs to be submitted, as well as a certified copy of both mom and dad's ID. Proof of address in the form of an electricity bill etc needs to be attached to these forms.

Signed: _____ Signed: _____
(Mother) (Father)

Date: _____ Witness 2: _____

Mothers Initials: _____ Father's Initials: _____