kleuterskool en crèche
Tel: 012 998 6679
Praktiscem CK97/44692/23

SNIPPER-SNIP NURSERY SCHOOL AND CRÈCHE

Sandra Street 585, Garsfontein x 11. Tel. 012 998 6679
E-mail: snippersnip2@gmail.com
Carla van Zyl: 0833203390

SNIPPER-SNIP NURSERY SCHOOL AND CRÈCHE (hereafter refer to as "The School")

and.....(hereafter refer to as "The Parent") agree as follow:

PART 1

CHILD AND PARENT INFORMATION

1. CHILD

1.1 SURNAME:.....

1.2 CHRISTIAN NAMES:.....

1.3 NAME:.....

1.4 DATE OF BIRTH:...../...../20.....

1.5 HOME LANGUAGE:.....

1.6 RESIDENTIAL ADDRESS:.....

.....

1.7 POSTAL ADDRESS:.....

.....

1.8 DATE TO JOIN:...../...../20.....

1.9 PLEASE MARK: 5X PER WEEK..... 3X PER WEEK.....

1.10 NAME OF PREVIOUS NURSERY SCHOOL:.....TEL:.....

2. PARENTS

2.1 FATHER

2.1.1 SURNAME:.....

2.1.2 FULL NAMES:.....

2.1.3 IDENTITY NUMBER:.....

2.1.4 RESIDENTIAL ADDRESS:.....

.....

2.1.5 OCCUPATION.....

2.1.6 EMPLOYER:.....

2.1.7 WORK ADDRESS:.....

.....

2.1.8: WORK TEL:..... CELL NR:..... HOME TEL:.....

2.1.9 E-MAIL:.....

2.1.10 MARITAL STATUS: SINGLE/MARRIED/DIVORCED/WIDOWER

2.2 MOTHER

2.2.1 SURNAME:.....

2.2.2 FULL NAMES:.....

2.2.3 IDENTITY NUMBER:.....

2.2.4 RESIDENTIAL ADDRESS:.....

.....

2.2.5 OCCUPATION:.....

2.2.6 EMPLOYER:.....

2.2.7 WORK ADDRESS:.....

.....

2.2.8: TEL:..... CELL:..... HOME TEL:.....

2.2.9 E-MAIL:.....

2.2.10 MARITAL STATUS: SINGLE (AGE .....)/MARRIED/DIVORCED/WIDOW

- WHO ASSISTS YOU IN THE CLOSURE OF THIS CONTRACT?.....
- NAME OF NATURAL GUARDIAN? .....

GUARDIAN INFORMATION:

- WORK ADDRESS:.....

.....

- RESIDENTIAL ADDRESS:.....

.....

2.3 DIVORCED MOTHERS AND/OR ILLEGITIMATE CHILDREN

(IF APPLICABLE)

2.3.1 SURNAME OF CURRENT SPOUSE:.....

2.3.2 HIS FULL NAMES:.....

2.3.3 OCCUPATION:.....

2.3.4 NAME OF EMPLOYER:.....

2.3.5 TEL:..... CELL:..... HOME TEL:.....

2.3.6 E-MAIL:.....

2.4 MEDICAL AID PARTICULARS

2.4.1 MEDICAL AID TO WHICH CHILD BELONGS:.....

2.4.2 MEDICAL AID OPTION: .....

2.4.3 MEDICAL AID NUMBER:.....

2.4.4 MEMBER OF MEDICAL AID:.....

2.5 BROTHERS AND SISTER

2.5.1 FULL NAMES AND AGES OF OTHER BROTHERS:.....

.....

2.5.2 FULL NAMES AND AGES OF OTHER SISTERS:.....

.....

2.5.3 WHICH SCHOOL/S DO THEY ATTEND?.....

.....

2.5.4 RESIDENTIAL ADDRESS:.....

.....

3. CHILD'S MEDICAL INFORMATION

(Please include a copy of you medical aid card)

3.1 **HISTORY** Is your child immunised against?

3.1.1	Diphtheria	Y/N	3.1.2	Poliomyelitis	Y/N
3.1.3	Whooping cough	Y/N	3.1.4	Tetanus	Y/N
3.1.5	Smallpox	Y/N	3.1.6	Measles	Y/N

3.1.7 Which contagious diseases did your child have?.....

.....

3.1.7 Details of any allergies, epilepsy, special medical conditions etc.....

.....

3.2 **DETAILS OF DOCTOR**

3.2.1 NAME OF DOCTOR:.....

3.2.2 TEL:.....

3.2.3 ADDRESS:.....

.....

3.2.4 Does the school have the permission to contact your doctor should it be necessary?

.....

3.2.5 Should your doctor not be available, does the school have your permission to contact their own doctor?.....

3.2.6 Does the school have your permission to transport the child in case of an extreme emergency to the nearest hospital or doctor? .....

4. OTHER INFORMATION

NAMES AND ADDRESSES OF TWO OTHER PEOPLE **NOT** LIVING WITH THE PARENTS, WHOM THE SCHOOL CAN CONTACT IN CASE OF AN EMERGENCY:

4.1 NAME:.....

ADDRESS:.....

TEL:..... CELL:.....

4.2 NAME:.....

ADDRESS:.....

TEL:.....CELL:.....

PART 2

1. SCHOOL HOURS

1.1 The School will **only** be open from MONDAY to FRIDAY between 6:30 and 17:30.

1.2 According to regulations of the Department of Health and Welfare a child may not be tended to after school hours.

1.3 A fine of R50 will be charged for being late after 17:30.

1.4 The School will be closed for ± 4 weeks in DECEMBER. The date of closure will be announced before 1 OCTOBER.

1.5 The School will be closed ± 3 days per year, this happens when we have a public holiday on a Tuesday or Thursday.
The Monday or Friday will then be school holidays.

2. FEES

2.1 The parent undertakes to pay a deposit fee of R……..…. The child's place will only be secured after payment of deposit. The deposit is refundable if a **calendar months notice is given in writing.**

2.2 The parent undertakes to pay a registration fee of R…… The registration fee is not refundable.
Registration fees are paid yearly.

2.3 The parent undertakes to pay a monthly fee of R.....……..... The parent undertakes to always pay the monthly
fee in advance **before or on the 5th** of every month.

2.4 The School has the right to increase the school fees every year. At least 15 day's written notice will be given to
parents. Parents will be informed about increase and the date of which increased school fees are payable.

2.5 Fees are payable over 12 months. An 11 months option can also be done.

☐ 12 months ☐ 11 months

3. EMERGENCIES

The School has the right to contact the School's own doctor in case of an emergency, should the doctor as described in part 1 not be available. The School also has the right to contact the School's doctor if the School is unable to contact the parents. It is the parent's responsibility to pay all costs that the School had to lay out for emergencies. The parent is responsible to pay all expenses that the School incurred within 48 hours.

4. GENERAL

4.1 The child may not bring **any** food or toys to School.

4.2 No child may be left on the School grounds by the parent without supervision, before or after hours. The School will not take responsibility for children outside normal school hours.

4.3 Children with infectious diseases must be kept at home as stipulated by Health and Welfare Organisation Laws.

4.4 **All clothes must be clearly marked**. **NO responsibility** will be taken for lost, clothes, shoes, jewellery etc.

4.5 The School will take all necessary safety precautions when the child is in the School's care. The School will however, not be held responsible for any injuries and diseases that were beyond their control while the child was in the school's care.

4.6 Should the child receive any medication, the parent must supply the School with the correct medicine and instructions. All medicine should be clearly marked. The parents should indicate the following:

4.6.1 Name and surname of child.

4.6.2 The correct dosage and time.

4.6.3 The parent should always sign the medicine book.

4.6.4 Medication must never be left in the child's bag.

4.7 Should a child have physical or other disabilities a doctor's certificate must be handed in at the School. The certificate must specify the disabilities.

4.8 Should a child arrive at the School with injuries, the School has the right to ask for an explanation from the parent. Should the parent refuse to give an explanation, the School has the right to report the matter to the police and/or the Department of Welfare.

4.9 The parent agrees that as soon as the registration fee has been paid and the date of enrolment has been confirmed, the parent will be liable for the fees for that month, whether the child attends the School or not.

4.10 The parent further agrees that there will be **no discount** on school fees during holiday periods (including December) or for any other reason, should the child not attend the School.

4.11 Notification of a child leaving the School may not be done in the beginning of November. **No child may give notice in November. No verbal notice will be accepted. Deposit can only be returned if a month's written notice is given.**

4.12 The parent further acknowledges that this contract cannot be ended without notice in terms of Part 3 hereof, even in circumstances where the child can no longer attend the School, because of ill health or other medical and/or psychological reasons.

4.13 Please indicate if the school may post any photo's of your child on Facebook or any other relevant advertisements.

Yes	No

PART 3

STIPULATION OF THE LAW

1. TERM OF CONTRACT

This contract is for an indefinite period and can only be terminated if:

1.1 The School has the right to refuse admittance of the child to the School for any reason in terms hereof, or if any of the rules of the School are not obeyed by the parent, to end this contract immediately without prior notice or reasons and/or to end this contract with one calendar months written notice.

1.2 The parent fails to pay the monthly school fees on time and the School therefore does not have to let the parent know by written notice of it's intention.

1.3 The parent will be entitled to end this contract should the parent give **one calendar month's written notice**.

The parent further acknowledges that the contact can only be terminated by **written notice**, even if the reason is based on medical reasons, unforeseen moving or transfers, increase in school fees in terms of paragraph 2.3 of Part 2 hereof and other similar reasons. NO VERBAL NOTIFICATION WILL BE TAKEN INTO ACCOUNT.

1.4 The parent undertakes for as long as this contract is valid, to let the School know immediately by written notice of any address changes or other important information.

1.5 The contract only ends automatically if the child enrols for Grade 1.

2. GENERAL

2.1 This contract is binding.

2.2 No changes to this contract are valid unless it is put into writing and is signed by both parties.

3. COSTS

3.1 The parent undertakes to pay all legal costs that may arise in the process of recovering outstanding debts to the School. The parent owing the School will pay all lawyers' fees and other fees. The parent is responsible for all costs.

3.2 The parent's signature on this contract is an acknowledgement that the parent acts on behalf of both parents, or the natural guardian of the child, or the supervisory parent of the child, irrespective of which parent signs this contract and both parents will be responsible for the fulfillment of the terms of this contract.

3.3 The parents acknowledge that they have received, read and acknowledged all information given to them by the School. Information brochures form part of this contract.

DATED AT PRETORIA on this .....day
of .....

_____
*FATHER/MOTHER/GUARDIAN/GRANDMOTHER/GRANDFATHER/NATURAL GUARDIAN

*If the parent is not the natural guardian, the School needs confirmation if the parent is married or not. Notification needs to be given if the parent is married in or out of community of property. If she is married in community of property, written permission must be given from her partner. If the parent is divorced, a copy of the divorce settlement needs to be handed in. If the parent of the baby/toddler is unmarried and underage, she/he needs written permission from her/his natural guardian to be able to sign this contract.

DATED AT PRETORIA on this .....day
of .....

_____
NURSERY SCHOOL

kleuterskool en crèche

Tel: 012 998 6679

585 Sandra Street
Garsfontein
Snippersnip2@gmail.com
Website: www.pretoriaeastnurseryschool.co.za

Consent to publish photographs on the school's website / Facebook / newspaper / school publications and / or newsletters

Name of Parent / Guardian:_____

Name of Child: _____

Please tick one of the boxes below:

☐ **I consent to the use of photographs of my child in school publications or on the school's communicator**

☐ **I do not consent to the use of photographs of my child in school publications or the school's exclusive communicator**

_____ _____

Signature of Parent **Date**

kleuterskool en crèche
Tel: 012 998 6679

585 Sandra Street
Garsfontein
Snippersnip2@gmail.com

Child's Name:	ID No:
Date of birth:	Class:
Parent's / Guardian's full name and surname:	
Mothers name:_____ Cell:_____ Work:_____ Home:	Fathers name:_____ Cell:_____ Work:_____ Home:
Residential Address:_____ _____ _____ Code:	Postal Address: _____ _____ _____ Code
Doctor's name:	Tel no:
Medical aid name:	No:
Alternative Person to contact in case of an emergency:	Tel:_____ Cell:
Conditions of Indemnity: 1. My child will obey all lawful instructions given by the teacher/s in charge. 2. 1 will be held responsible for medical and/or hospital accounts which may be incurred in treating and caring for my child. 3. Provided all efforts to contact me or the family doctor have failed, I cede my powers as parent/guardian to the principal of the school or her representative should medical treatment/surgery be deemed necessary for my child. 4. My child, as far as I know, is in good health and the following should be noted by the persons responsible for the activity	
PLEASE NOTE: (Allergies or special medication required, epilepsy, abnormal bleeding etc.)	
I the undersigned, being the parent/guardian of the above-mentioned child, give permission for my child to participate in any school activity to be held at school or away from the school premises (including the transportation of learners) and agree to abide by all of the above conditions. Further that **SNIPPER – SNIP NURSERY SCHOOL** shall not be held liable for any loss or damage to property or persons, or any other unforeseen circumstances that may arise, (as long as due precautions to avoid such have been taken); and that they shall, in all respect, act in loco parentis regarding supervision, care and discipline of the child.	
Signature of Parent/Guardian _____ Witness _____ I.D. No. _____ Witness _____ Date:	