Happy Little Feet
12 Pionier Street, Glen Marais
Marinda Erasmus 072 233 9330 happylittlefeetsa@gmail.com

Enrolment Date: _____

Particulars of Child:

Full Name(s)				Surname			
Known as				Gender			
Date of Birth	Dd	Mm	yyyy	Home Language	ENG	AFR	OTHER
Full Name(s)				Surname			
Known as				Gender			
Date of Birth	Dd	Mm	yyyy	Home Language	ENG	AFR	OTHER
Full Name(s)				Surname			
Known as				Gender			
Date of Birth	Dd	Mm	yyyy	Home Language	ENG	AFR	OTHER

Previous Nursery School:

Previous Pre-Pre-Primary, play school, nursery school etc. attended				
Name of Institution				
Suburb/Town		Duration	FROM	UNTIL

Medical Information:

Medical Aid Institution		Membership ID No.	
Doctor(s) Name		Doctor's Tel No.	
Allergies or chronic illness			
Special Medication specifications			

Parent(s) Information:

Mother:

Name		Identity Number	
Surname		Occupation	
Residential Address		Home Number	
		Work Number	
		Cell Number	
e-mail address			

Father:

Name		Identity Number	
Surname		Occupation	
Residential Address		Home Number	
		Work Number	
		Cell Number	
e-mail address			

Contact details in case of an emergency (not parent(s):

Name		Name	
Surname		Surname	
Relation to Child		Relation to Child	
Contact Number		Contact Number	

List of people who may collect the child:

Name		Identity Number	
Surname		Relation to Child	

Name		Identity Number	
Surname		Relation to Child	

Financial Information:

Person responsible for account
Person should be permanently employed, and proof of income should be presented on enrolment.
(Please attach ID document of person paying the account.)

Name		Identity Number	
Surname		Occupation	
Residential Address		Home Number	
		Work Number	
		Cell Number	
e-mail address			

Services:

Please mark with an "x" the relevant services you would like to make use of:

Baby Full Day		Baby Half Day		Pre-schooler Full Day		Pre-schooler Half Day	
R 3000		R2600		R2800		R2400	

Checklist for parent before enrolment of child is finalized:

The Following is needed:

- ◻ Registration fees paid
- ◻ First Month School Fees Paid
- ◻ Copy of Identity Documentation received of person responsible for financial feasibility
- ◻ Copy of child's Birth Certificate
- ◻ Copy of child's clinic Card received
- ◻ Enrolment and indemnity forms signed

Please note that no admittance of child will be made into the school before both registration fees and the first month's school fees are paid in full.

Office Use

Registration Fee Paid – R400.00	R
Date registration fees paid	
Enrolment form signed	Yes / No
Standard Terms and Conditions signed	Yes / No
Copy of identity Documents received of person responsible for financial feasibility and parents	Yes / No
Copy of child's birth certificate	Yes / No
Copy of Medical Aid Card and Clinic card received	Yes / No

Account Details:

Account Name	
Bank	
Branch / Branch Code	
Account Number	
Reference	Childs Name & Surname

I fully place acknowledgement concerning my reading of Little Happy Feet Pre School applicable to the school at large, and declaring my binding thereto:

Signature of Person Responsible for Account: _____

Date: _____

INDEMNITY FORM

I, the undersigned,

…… (Full names)

Being the father / mother / guardian of

…… (Full name of child)

hereby agree to the terms and conditions below and undertake to abide by them while my child is in the care of Little Happy Feet Pre School.

1. I hereby waiver all claims I may have against Little Happy Feet, its owner and /or staff arising from injury, accident, illness or any other cause involving the above-mentioned child, and hereby indemnify the Pre School against all such claims.
2. I hereby authorize Little Happy Feet Pre School to take all steps, which at its absolute discretion may deem necessary, to have the said child admitted to a hospital, and treated by a doctor or other medical attendant. I further understand that I shall be held responsible for the payment of medical doctor and/or hospital accounts arising from treatment of the child.
3. I hereby give permission for the transportation of said child in the school's vehicle and other outings arranged during the course of the education of the abovementioned child whilst in the care of Little Happy Feet Pre School.

…….. ……

Signature of parent or legal guardian Date

STAMP

OUR TERMS AND CONDITIONS

1. I the undersigned parent / guardian of the above mentioned child do hereby acknowledge that he/she attends Little Happy Feet Pre School at his/her own risk.
2. I undertake to pay the day care fees, a month in advance, by the 1st day of each month
(fees need to reflect in the school account before the 7th day of the month,)
3. I understand that I will be required to pay a R 250.00 late payment penalty, if the day care fees do not reflect in the schools account by the 7th day of the month.
a. Legal action will be taken should there be a default in monthly payments.
4. I furthermore give consent that Little Happy Feet Pre School may use a national credit bureau database for tracing purposes if necessary.
5. Should the parents and/or person responsible for the account fail to settle their account in full by 30th November each year (until child is officially deregistered from Little Happy Feet Pre School), with the applicable fees for that year, Little Happy Feet Pre School may record the parents and /or person responsible for the account will be liable for the payment of legal fees at a rate between attorney and own client. All parties named herein consent to the jurisdiction of the magistrate's court should legal proceedings be necessary for collection of outstanding amounts.
7. I accept liability for 30 days' notice in writing from the 1st of any given month should my child no longer attend Little Happy Feet Pre School. If notice is given in October/November, you are liable for the fees to be paid through to the end of the year.
8. I parent / guardian give permission to be ITC checked and understand should I default on my monthly payments or fail to give proper notice in writing, legal action will be taken against me.
9. I will pay the non-refundable deposit fee (R400.00) & the non-refundable first months school fees before my child attends Little Happy Feet Pre School, unless payment terms are agreed upon or waivered by the management of Little Happy Feet Pre School.
10. I fully acknowledge and / or condone that all monies paid to Little Happy Feet Pre School on/from the date of signing this enrolment form are non-refundable for whatever reason.
11. Emergency medical attention will be provided if required and an account will be sent to you directly.
12. I authorize all medical and surgical treatment, x-ray, laboratory, anaesthesia and any other medical and/ or hospital procedures may be performed or prescribed by the attending physician and / or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent / guardian can be reached in the case of an emergency.
13. I have read, understood and will abide by the rules and regulations / terms and conditions of Little Happy Feet Pre School. These rules and regulations / Terms and conditions are subject to change at any time.

Applicant Name and Surname_____

Signed on this _____day of _____ Month _____ Year

Signature _____

STAMP