



H/v Thabo Mbeki en Leivoorlaan  
Ferdinand Postma  
Potchefstroom  
Telephone no: 072 274 6330  
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www.delandkleuterskool.co.za

# Enrollment form

## APPLICATION FOR ADMISSION

To

**Kleuterskool @ deLand**

**in Potchefstroom**

**(referred to herein as “Kleuterskool @ deLand / the nursery school”)**

The Applicant (parent/guardian) hereby applies for admission of the child to Kleuterskool @ deLand.  
By signing this application the contents will constitute the agreement between the parties.

I hereby apply for

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(Name and surname of child)

at

Kleuterskool @ deLand from

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(Date)

**Block 1 & 2 parents' initial**  
**Block 3 office use**

**SECTION A: GENERAL INFORMATION  
OFFICE FILE**

It remains the responsibility of the parent/guardian to inform Kleuterskool @ deLand in writing when any of the following information (email address, telephone numbers, etc.) for the parents/guardians has changed. It is very important that Kleuterskool @ deLand has the correct personal details of the parents/guardians at all times, in case of an emergency.

**DETAILS OF CHILD**

Surname: ..... Home language: .....

Full name: ..... Denomination: .....

..... Faith: .....

Name: ..... Name of previous school:

ID number of child: .....  

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Date of birth: .....  

Y	Y	Y	Y	M	M	D	D
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Will your toddler be attending a full day?

YES	NO
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Sex: .....  

M	F
---	---

Size of school shirt  year

**Please indicate if the following documents are attached to this form.**

Document	Parent	Office
Copy of child's birth certificate		
Copy of clinic card		
Copy of both parents' ID documents		
Proof of address		
All documents are signed and initial		



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**SECTION B: FINANCIAL AGREEMENT / ADMINISTRATION OF SCHOOL FEES  
FINANCIAL FILE**

**1. REGISTRATION**

- Registration fee – One-off pre-paid amount of R 600.00 NOT refundable per student for the year 2020. (Registration cannot be finalized before the cash payment has been received within 7 days of acceptance.)

**2. REGISTRATION DOCUMENTATION**

- All necessary documents are attached to the registration form and handed in at Kleuterskool @ deLand or sent via email. Parents/Guardians will be notified in writing if the application was successful /unsuccessful.

**3. SCHOOL FEES 2020**

- Monthly fees are payable in advance, from January to December.
- Monthly fee:
  - **Full day** – R 2 250.00 x 12 months (includes 2 snacks, juice and lunch)
  - **Half day** – R 1 850.00 x 12 months (includes 2 snacks, juice and lunch)
- School fees are subject to an annual increase as determined by the Board.
- If any school fees have not been paid on the abovementioned date, Kleuterskool @ deLand reserves the right to impose a fine.
- If the nursery school has to take any legal action to recover any amounts due, the person responsible for payment of school fees will also be responsible for all legal costs.
- Both parents selected the addresses as indicated above as their respective *domicilium citandi et executandi* for purposes of any notice and/or legal process necessary in this regard and shall notify Kleuterskool @ deLand in writing of any change of address. Failure to do so will mean that such person will be held liable for the cost incurred by a tracing agency, if needed.
- If the parent responsible for paying the school fees does not fulfill his/her payment obligations, the other parent/guardian will still be held responsible for payment.

**4. ACKNOWLEDGEMENT OF LIABILITY**

- I/We the undersigned Father, Mother, Applicant and as defined in Section B hereof agree and confirm that I/we are liable to the Kleuterskool @ deLand for the amounts set forth herein.

**5. SUSPENSION OF SCHOOL ATTENDANCE**

- The nursery school reserves the right, in addition to the rights of the nursery school as set out herein, to refuse a child access to the school upon non-payment of school fees as set out in paragraph 3 **after 1 month's arrears fee.**

**6. NOTICE: LEAVING THE SCHOOL**

- The parents/guardians agree that they will give 1 (one) calendar month written notice of their intention to remove their child(ren) from the school.
- The undersigned is still responsible for the payment of school fees for the notice month.
- Notice will not be accepted during November and December.
- If the parents remove the toddler during the notice month, they are still responsible for paying the full month's school fee.
- The undersigned hereby accepts responsibility for the payment of any and/or all legal costs incurred by the nursery school to recover outstanding CANCELLATION fees.

**7. PAYMENT OF SCHOOL FEES:**

Person who will be responsible for payment of school fees?

FATHER	MOTHER
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Father/Guardian\_\_\_\_\_

Mother/Guardian\_\_\_\_\_



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## SECTION C: INDEMNIFICATIONS

### 1. ACCESS

- The right of access to the premises is reserved at all times.
- All persons and children entering Kleuterskool @ deLand do so at their own risk.
- All persons entering Kleuterskool @ deLand's property, the parents of children and the parties to this agreement, undertake to comply promptly with Kleuterskool @ deLand's rules and regulations and confirm that those rules are incorporated into this agreement as part thereof.

### 2. GENERAL INDEMNITY

Please keep in mind that children must be able to participate fully in the day to day activities of the school. Please ensure that your children are dressed appropriately. All reasonable care will be taken to look after any property entrusted to Kleuterskool @ deLand, but due to the age of the children and the games they play, it is only natural those accidents will occur and that items may be damaged.

### PLEASE ENSURE THAT ALL ITEMS ARE PROPERLY MARKED!

I \_\_\_\_\_ (parent/guardian) agree to the fact that I will take the necessary care by making sure that my child still has all his/her clothes/property by the end of the day. If any items are missing I will immediately report it to Kleuterskool @ deLand and make the necessary arrangements to try and find the items. It is the sole responsibility of each parent/guardian to not send any valuable items to school with the child. The parents/guardians agree to make special arrangements with the school in this regard.

- **Sick children and medication:**

- Kleuterskool @ deLand will immediately inform the parents/guardians if the child becomes ill. When the child has a fever and feels sick, Kleuterskool @ deLand will ask the parents/guardians to take the child home.
- Apart from the child who feels sick at school, the situation is unfair to other children as well as the staff of Kleuterskool @ deLand because they are unnecessarily exposed to infection. It also causes re-infections in other children and undermines the good work of other parents/guardians who act responsibly when their own children are ill.
- The staff at Kleuterskool @ deLand has strict instructions to contact the parents/guardians of a sick child and to ask the parents/guardians to take their sick child home. Kleuterskool @ deLand requires all parents'/guardians' full co-operation in this regard.

**The following is required of parents/guardians:**

- Respond promptly to our staff's call if your child is sick.
- Do not send your child to school if he/she is sick.
- Take your child to the doctor.
- Ensure that you give your child all the necessary medication.
- Get a doctor's note stipulating that your child can no longer infect other children and that the child is healthy enough to return to school.
- Although parents know their children best, Kleuterskool @ deLand encourages you to keep your child at home if any of the following occurs:
  - Uncontrollable diarrhoea and vomiting.
  - Any signs of fever.
  - Mouth ulcers associated with drooling, skin rashes associated with fever and any contagious disease; unless a medical doctor explains the child's condition is not contagious.
  - Eye infections (conjunctivitis) with secretion.
  - Head lice and nits (lice eggs).
- To avoid any misunderstandings, all staff at Kleuterskool @ deLand is under strict instructions to not administer medication unless the school staff receives written permission and full instructions from the parent/guardian. In case of emergency, the school will get telephonic permission, which must be confirmed later in writing.
- The following procedures will be followed for the administration of medication:

- A medicine consent and instruction form must be completed and signed (available in the foyer). A new form must be completed and signed daily.
- Medication that can be administered by parents at home will not be administered by Kindergarten @ deLand.
- All medication should be put in a zip lock bag with a medicine spoon/syringe in the medicine cabinet in the sick-room. Everything should be clearly marked with your child's name and class. You are not allowed to put any medication in your child's school bag.
- When you pick up your child from school, it is your responsibility to take your child's medication home again.

I \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ (child) hereby declare that:

All the information provided to Kindergarten @ deLand is true and correct and that no information has been withheld. I/We, as parent(s)/guardian(s), have read and understood all the rules and regulations, and will at all times comply. I/We, as parent(s)/guardian(s), will not hold Kleuterskool @ deLand responsible for any consequences of medication administered to my child as per my instruction.

**Signed: Parents/Guardian**

**Father/Guardian:** \_\_\_\_\_ **Mother/Guardian:** \_\_\_\_\_

No child will be admitted to Kleuterskool @ deLand before the General Indemnity Form has been completed. Sections A, B, C, D and E's information is needed for Kleuterskool @ deLand to make informed decisions and provide quality services. The parents/guardians guarantee that the above information is true and correct and that there is no further information needed for Kindergarten @ deLand to provide quality services. We, as the parents/guardians, acknowledge and agree that the Terms of this Contract will be valid for the period the child attends Kleuterskool @ deLand. If there are any changes to the contract, the parties involved will receive a reasonable period of notice and both parties must agree to the changes in writing.

**Signed: Parent/Guardian**

**Father/Guardian:** \_\_\_\_\_ **Mother/Guardian:** \_\_\_\_\_



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**SECTION D: GENERAL INFORMATION  
INFORMATION FILE**

Name of child: .....

Surname of child: .....

Birth date of child:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

RECENT PHOTO

Address: .....

.....

.....

**PARENTS:**

Mom's name: ..... Email:

Cell: ..... Tel (work): .....

Dad's name: ..... Email: .....

Cell: ..... Tel (work): .....

**ALTERNATIVE CONTACT PERSON:**

Name: ..... Cell: .....

Doctor: ..... Tel (work): Cell: .....

**ALLERGIES:**

.....

**Toddler enrolled for:** .....

**The photos needed for this agreement will only be used for identification purposes.**

I hereby undertake to drop my child at school on time (07:30). I acknowledge receipt and accept the nursery school's school rules and information.

**Signed:**

.....

**Father/Guardian**

.....

**Mother/Guardian**

PHOTO DAD

PHOTO MOM

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## MEDICAL INFORMATION

### 1. EMPLOYER OF PRINCIPAL MEMBER

Name and address of employer: .....

.....

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### 2. MEDICAL AID

Name of medical aid: .....

Plan: .....

Member no.: .....

Principal member: .....

ID number of principal member:

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Only fill in if you believe you qualify for a reduced medical tariff (hospital treatment):

Profession: .....

### 3. DEPENDENTS

Number of dependents (including spouse): .....

Ages of dependents (excluding spouse):

.....

.....

### 4. ADDRESS

Residential address of parent/guardian:

.....

.....

Postal address of parent/guardian:

.....

.....

Email: .....

### 5. TELEPHONE NUMBERS

Home: .....

Work: .....

Father Cell: .....

Mother Cell: .....

### 6. NECESSARY INFORMATION

The following information is necessary in case of treatment or hospitalisation:

(Allergies, tendency to abnormal bleeding, epilepsy, etc.)

.....

.....

.....

### 7. ALTERNATIVE CONTACT PERSON

Name of person who can be contacted if we are unable to contact you:

.....

.....

Work: .....

Cell: .....

Relation: .....

Employer: .....

### 8. FAMILY DOCTOR

Name: .....

Tel: .....

Cell: .....



**SECTION E: GENERAL INFORMATION  
PORTFOLIO FILE**

Name & Surname of child: .....

**A. MEDICAL HISTORY OF THE CHILD**

The medical history of the child attached hereto is regarded as an integral part of the agreement and the parent/guardian guarantees that the medical history is true, correct and complete in all respects and that no information has been withheld.

**1. EARLY CHILDHOOD DEVELOPMENT**

Mother's health during pregnancy: .....

Any birth complications: .....

Birth weight: .....

**Age your child:**

Started walking: ..... Any abnormalities with regard to walking: .....

Started talking: ..... Any speech impediments: .....

Became aware of the toilet: ..... Does your child have adequate bladder control? .....

Control over stools? ..... Should your child still be reminded to go to the toilet? .....

Does your child talk understandably? .....

**2. MEDICAL HISTORY**

General health: .....

Any serious accidents or operations? .....

Allergies: ..... Food: .....

Treatment: ..... Medicine: .....

Any other exceptional condition your child suffers from? .....

Has your child undergone any hearing tests? .....

Date: ..... Result: .....

Has your child undergone any eye tests? .....

Date: ..... Result: .....

**3. RECORD OF IMMUNISATION:**

Please attach a copy of the child's immunisation card/booklet.

Did your child have any infectious diseases?

Maesels	Chicken-pox	Whooping cough	Rubella	Mumps	Diphtheria	Scarlet Fever	
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**4. SOCIAL DEVELOPMENT**

Has your child previously had any playgroup experience? .....

Where? .....

How does your child get along with other children? .....

How many hours does your child watch TV per day? .....

Is your child regularly exposed to books and stories? .....

**5. EMOTIONAL DEVELOPMENT**

Does your child adapt easily? .....

Would you say your child is sensitive? .....

Did any events (relocation, death in the family, divorce, birth, illness) have a big impact on your child?

.....

**6. DISCIPLINE**

In general, do you consider your child as easy / fairly easy / difficult to control? .....

.....

Do you currently have any concerns about your child regarding discipline? .....

.....

How do you handle this? .....

.....

**7. EXPECTATIONS FROM PARENTS:**

In what way would you like to see your child develop? .....

.....

**8. ANYTHING ELSE THE SCHOOL NEEDS TO KNOW:**

.....

**Signed at..... On the ..... day of..... Year.....**

.....

.....

**Father/Guardian**

**Mother/Guardian**



**INDEMNIFICATIONS**

**“INSTAPPIES” / EXCURSIONS / EDUCATIONAL VISITS / GENERAL SCHOOL ACTIVITIES /  
EXTRACURRICULAR ACTIVITIES**

I ..... the parent/guardian of  
.....

(Full name and surname of child)

.....

(ID number of child)

Herewith declares the following:

1. I am aware that Kleuterskool @ deLand (hereinafter referred to as “the nursery school”) organizes activities from time to time, such as “instappies”, excursions and educational visits related to the curriculum and other activities of the nursery school;
2. I realize that although the nursery school undertakes to take reasonable precautions to ensure my child’s safety and well-being during school hours and during any activities, the nursery school cannot guarantee the safety and well-being of my child at all times;
3. I hereby give permission that my child may participate in any of the nursery school’s official organized activities as well as all normal curricular activities of the nursery school. If I wish to withdraw the above approval or if there is any obstacle to participating in any activity or normal curricular school activities, I will notify the nursery school in writing.
4. I furthermore give permission that:
  - if my child has to be transported for any reason whatsoever by means of a motor vehicle, whether in case of emergency or in respect of an activity, my child may be transported by a legal transport operator or an employee or other parent of the nursery school with whom there is an explicit arrangement for this purpose;
  - If medical treatment / surgical intervention may be necessary for my child and the nursery school has been unsuccessful after reasonable efforts to get hold of me or the designated contact person (whose name and details appear in the “Application for admission to the nursery school”), the principal or her authorized representative may give permission on my behalf for the medical treatment / surgical intervention;
5. I declare that as far as I know my child is physically able to participate in any normal activities at the nursery school and that my child is in good health. I also confirm that I have informed the nursery school of all relevant facts and defects regarding my child's physical ability and health.
6. I accept that I will be held responsible for the payment of expenses, medical bills and/or hospital accounts, if applicable, in case my child gets injured.
7. I indemnify the nursery school, members of the Board of Directors and employees against any damages, claims or liability that may arise as a result of damage to or loss of property, bodily injury, illness or death affecting me or my child and relating to my child’s participation in any activities (including the transportation of my child) or curriculum activities of the nursery school, whether resulting from or caused by a negligent act or omission by any such indemnified party. The aforementioned indemnity does not, however, apply to damages, claims or liabilities caused by the intentional or gross negligence of any indemnified parties.



Three empty rectangular boxes for a signature or stamp.

8. I am aware that if my child participates in extracurricular activities, the nursery school cannot be held responsible for my child's safety and well-being. I indemnify the nursery school, its members, members of the Board of Directors and employees against any damages, claims or liability that may arise as a result of damage to or loss of property, bodily injury, illness or death affecting me or my child and related to by my child's participation in any extracurricular activities taking place outside the normal business premises of the nursery school (whether during or outside school hours), whether resulting from or caused by an act or omission (negligent or otherwise) by any such indemnified party.

.....

**Father/Guardian**

.....

**Mother/Guardian**

**Date:** .....

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