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ENROLMENT FORM 2018

NAME OF CHILD

ENROLMENT FORM 2018

| DETAILS OF CHILD | |
|------------------------|------|
| Enrolment Date: | |
| Full name of child: | |
| Surname: | |
| Child's date of Birth: | |
| ID Number of child: | |

PLEASE ATTACH A COPY OF CHILD'S BIRTH-CERTIFICATE AND CLINIC CARD

| MOTHER / GUARDIAN DETAILS | FATHER / GUARDIAN DETAILS |
|---------------------------|---------------------------|
| Name & Surname | Name & Surname |
| | |
| Cell Number | Cell Number |
| | |
| Home Tel Number | Home Tel Number |
| | |
| Work Tel Number | Work Tel Number |
| | |
| ID Number | ID Number |
| | E se s'h |
| Email | Email |
| Physical address | Physical address |
| | |
| | |
| | |
| | |
| Marital Status | Marital Status |
| | |
| Occupation | Occupation |
| | |
| Birthday | Birthday |
| | |
| | |

| Who does your child live with? | |
|--|--------|
| | |
| Who, other than yourself, has permission to collect your child from Yummies, or contacted in an Emergency? | may be |
| Name: | - |
| ID Number: | - |
| Cell Number: | _ |
| Physical address: | |
| | - |

Should any other person OTHER THAN YOU or the above-mentioned person be collecting your child, it is important that you please phone and notify us IN ADVANCE

Please indicate which e-mail address to use for Newsletters and other correspondence to be sent

MEDICAL & BACKGROUND INFORMATION

This information will be treated as confidential, however the school reserves the right to disclose the information in a medical emergency, or such situation as they may deem warrants disclose to such persons or entities it may deem relevant. Should the school not be able to contact the child's parent(s), guardian or any of the persons on the contact list, we shall at our discretion employ the services of such medical service provider as we may deem appropriate.

Please note that by law, we cannot compel disclosure should your child have HIV/AIDS, nor shall we exclude a child from the school on these grounds in terms of our Declaration and Mission Statement attached hereto, but in the interest of correct medical treatment in an emergency, we request that disclosure of such condition and/or any other conditions is made to Isabel and Hein to ensure appropriate action.

Should you send medicine to school, please mark all the bottles clearly. <u>DO NOT leave it in your child's bag</u>. Please inform a teacher personally of dosage instruction or write it on a note and attach it to the medication. A clear, specific instruction ensures proper, safe medicating. Hand the medication over to an adult.

| Does your child have any of the following: | Does your child have any of the following: | | |
|---|--|--|--|
| Vision Problems | | | |
| Please explain | | | |
| Hearing Problems | | | |
| Please explain | | | |
| Speech Problems | | | |
| Please explain | | | |
| Do you have any concerns about any aspect | of your child's development? | | |
| | | | |
| Does your child have any health problems w | e should be aware of? Please explain | | |
| | | | |
| Has your child had any serious accidents or c | operations? (Explain) | | |
| | | | |
| Please list other illnesses your child has had | | | |
| | | | |
| Does your child have any allergies? If so, plea | ase describe or list them | | |
| | | | |
| Is anyone in the family allergic to bees? | | | |
| , | | | |
| | | | |
| Has your child ever been stung? | Reaction? | | |
| | | | |
| Does your child take any regular/chronic me | dicine? | | |
| | | | |
| | | | |
| Are there any foods / drinks your child shoul | d not have, and reasons why? | | |
| | | | |
| | | | |
| What time does your child usually go to bed | ? | | |
| | | | |
| Who is your child's GP? | | | |
| | | | |
| Name: | | | |
| | | | |
| Contact Number: | | | |
| | | | |
| Has your child ever broken a limb and if so, p | Diease specify | | |
| | | | |
| Does your child have any specific fear – please specify | | | |
| | | | |
| Do you have a family history of Dyslexia, hyperactivity, minimal brain dysfunction or other | | | |
| learning difficulties? Please specify | | | |
| | | | |

| | Are there any special medical, physical or emotional needs that the school should be aware of? |
|---|--|
| | When last was your child at the dentist? Date and Reason |
| | When last was your child at the doctor? Date and Reason |
| | What terminology does your child use for the words "Wee" and "Poo"? |
| | Details of any surgery your child has had – please specify |
| | Any other concerns / Habits / Emotional / Physical Needs / Fears |
| | |
| | |
| L | I Aid Details |

| Medical-Aid Name: | | |
|--------------------|------|--|
| Medical-Aid Plan: | | |
| Membership Number: | | |

ATTENDANCE OPTIONS (Please TICK where applicable)

| FULL DAY: 06h00 – 18h00 ONE CHILD | R 2990 p.m. (over 12 months including December) |
|--------------------------------------|---|
| TWO CHILDREN | R 5681 p.m. (discounted fee, over 12 months including December) |
| | |
| HALF-DAY: 06h00 – 13h00 | R 2390.00 (over 12 months including |
| ONE CHILD | December) |
| TWO CHILDREN | R 4541.00 (over 12 months including |
| | December) |
| | |
| AT SCHOOL UNTIL 15h00 | R 2690.00 (over 12 months including |
| ONE CHILD | December) |
| TWO CHILDREN | R 5111.00 (over 12 months including |
| | December) |
| | |
| DAILY RATE: | R 160 p/child |
| REGISTRATION FEE: | R 1000 p/child – non-refundable |

Person responsible for payment of school fees:

| Name: | |
|-------------------|------|
| ID Number: | |
| Cell Number: | |
| E-mail address: | |
| Physical address: | |
| | |
| | |

PLEASE NOTE:

SHOULD YOUR CHILD BE ABSENT FROM SCHOOL DUE TO GOING ON HOLIDAY OR ILLNESS, THE SCHOOLFEES REMAIN DUE AND PAYABLE IN FULL!

SHOULD YOU CHOOSE TO PAY OVER 11 MONTHS AND YOUR CHILD LEAVES BEFORE THE YEAR IS COMPLETED, THE EXTRA AMOUNT PAID FOR DECEMBER IS <u>NON-REFUNDABLE</u>.

Breakfast, lunch and morning snack is provided daily. Please send an afternoon snack for 14h00 (Potties) and 15h00 (Rest of school) – preferable healthy i.e. Fruits, yoghurt or fruit juice etc. In the interest of your child's health, we advise parents to choose 'healthier' treats.

Please send a box of tissues and wet wipes to school EVERY MONTH! Baby-Class and Potty-Class parents – please send 2 packets of wet wipes and a box of tissues monthly.

TERMS & CONDITIONS

I understand that:-

- I must collect my child promptly at the agreed time.
- I must inform crèche staff if my child has been in contact with any contagious diseases.
- In the interest of health and safety of the other children at the crèche I must remove my child if he/she has any contagious illness, including sickness and diarrhoea.
- In the interest of health and safety of the other children I must fully inform crèche staff of any special needs, allergies or requirements.
- That Yummies expects children to be respectful to others and the crèche equipment. Verbal and physical abuse by a child towards other children and staff members is considered unacceptable and may result in exclusion.
- That unacceptable behaviour will be written up in the Incident Book. Three entries in the incident book = exclusion from the crèche. (Parents are asked to sign each entry)
- That the crèche staff cannot be held responsible for any items that are lost or left behind in the crèche. We ask that parents check that their child has all belongings with them at pick up time.
- That Yummies staff have a duty to report any concerns about the welfare of a child to the Principal.
- I agree to my child receiving first aid by a Yummies first aider or the emergency services if required.

The following terms and conditions are applicable on enrolment:-

- A Registration Fee of R1000-00 must accompany each enrolment (Non-refundable).
- One Calendar month's written notice must be given prior to the child leaving the school.
- The school is open from 06h00 18h00. <u>Please collect your child NO LATER than 18h15.</u> A penalty fee of R50 for every 5 minutes late will be charged and we start charging at 18h15!

School fees MUST be paid on or before the 5th of each month. A penalty fee of R500 will be charged for late payments. Payments must be made directly into the following bank account, <u>WITH YOUR CHILD'S</u> <u>NAME AND SURNAME USED AS REFERENCE:-</u>

| NAME: | YUMMIES FUNDS |
|-----------------|---------------|
| BANK: | NEDBANK |
| BRANCH: | NORTHGATE |
| ACCOUNT NUMBER: | 1567 008 208 |
| BRANCH CODE: | 169805 |

By signing this form the parent/guardian accepts that they have understood the terms contained in this registration form.

Signed: _____

Date: _____

Parent/Guardian's Name (Please print)

YUMMIES NURSERY SCHOOL & CRECHE

DECLARATION / MISSION STATEMENT

We hereby declare that Yummies Nursery School & Crèche will follow the following guidelines and rules in its general day-to-day operations:-

The school offers an approach to education which draws faith, culture and life into harmony.

Yummies is a school in which all members of the school recognize the special Christian character of the school and join in upholding the Christian values of the Gospel as found in the Holy Bible.

The school provides a challenging learning environment, which enables pupils to realize their potential and develop their skills and talents. Thus prepared, pupils are equipped for a future aware of their social responsibilities to the wider community and ready to respond with compassion and justice to the realities of that society.

As a Christian school it is based on the Gospel of Jesus Christ and the ethos is enlightened by the doctrinal and moral teachings of the Church A scholar and priest named St Marcellin Champagnat (1789 – 1840) insisted that to teach well the teacher had to first love the child and to be a mirror of Christ's Gospel for the children. Practically this means being a presence to them while showing them how to be simple of heart and humble and modest in the relationships with others. Following this motto, all at Yummies Nursery school & Crèche, boys, girls, teachers and parents, cultivate and live a spirit of "being a family".

All the pupils attend daily prayers at school, and have a prayer at mealtimes and regular Religious Education are part of the curriculum. The school is open to children of all faiths, however, and respect for and tolerance of the beliefs of others is encouraged. The morals and guides to daily living found in the Holy Bible are encouraged as part of the religious ethos of the school.

"YOU HAVE TO LOVE A CHILD BEFORE YOU CAN TEACH HIM".

INDEMNITY FORM

- I have the full authority, and/or consent of spouse to enrol my child in Yummies Nursery School & Crèche.
- My child voluntarily and at his/her risk participates in the activities of Yummies Nursery School & Crèche.
- I hereby waive any right I may have to claim damages of any nature in the case of any incident causing injury, death or disability to the child or any other person in any manner whatsoever due to the direct or indirect interaction or participation with or presence during or relating to Yummies Nursery School & Crèche, from Yummies Nursery School & Crèche, the owners, their employees, agents or representatives and Plot 34, Penchartz Road, Harveston.
- I have read the entire contract, and I understand and agree to the provisions that all the information that I have provided to Yummies Nursery School & Crèche is true and correct.

| Parent/Guardian: | |
|-----------------------|--|
| (Signature) | |
| | |
| Parent/Guardian Name: | |
| ID Number: | |
| Date: | |
| | |
| | |

PERMISSIONS

- Face Paints
- Photo's
- Transport for Concert

| Please indicate if you consent to having your child's face painted on fun days? | |
|---|--|
| Please indicate if you consent to having photo's taken of your child? | |

Please indicate if you consent to having your child transported for the concert?

I, _____, the parent of, ______

gives/does not give Yummies Nursery School & Crèche the right to :-

- Publish Photo's taken of my child on the website, advertisements or newspaper (please underline)
- Have her face painted during fun days
- Have First aid performed on her/him should the need arise
- Have her/him transported for the concert

Signature Parent/Guardian

Date