



APPLICATION FOR ENROLMENT FROM 2019

As parent or legal guardian of my child, I apply herewith for his/her enrolment at *Capriccio! Arts Powered Pre-school*.

DATE OF ADMISSION REQUESTED: _____

DETAILS OF CHILD:

Surname: _____ Full Names: _____

Preferred Name: _____ Date of Birth: _____ Male / Female (pls indicate)

How many children in family? _____ Ranking in family: 1st / 2nd / 3rd / 4th

Was applicant born at full-term / pre-term? (please indicate) If pre-term, please specify: _____ weeks

Primary language: _____ Other languages spoken: _____

Family's religion: _____ (please note that we function from within a Christian ethos, but welcome children from families of any conviction)

Diet exclusions, if any (e.g. no meat/fish/eggs/nuts/sugar): _____

Previous pre-school/day care: _____ Contact: _____ Tel: _____

DETAILS OF PARENT(S)/GUARDIAN(S):

1) Title: _____ Surname: _____ Name: _____

ID no: _____ Home phone: _____ Cell: _____

Work phone: _____ Email: _____

Occupation: _____ Company: _____

Work Address: _____

Home Address: _____

2) Title: _____ Surname: _____ Name: _____

ID no: _____ Home phone: _____ Cell: _____

Work phone: _____ Email: _____

Occupation: _____ Company: _____

INITIALS OF SIGNATORIES

Work Address: _____

Home Address: _____

Who does the child live with: Mother / Father / Both / Guardian / Other: _____

Who will bring the child to school? _____

Who will collect the child from school? _____

Other person authorised to collect child from school: _____

Please mention any family issues we need to be aware of, e.g. date of divorce/separation or details of any traumatic event:

EMERGENCY CONTACTS:

Alternative persons, residing at a different address, who may be contacted in case of emergency, to act on your behalf, should you not be available immediately:

1) Surname: _____ Name: _____

Home phone: _____ Cell: _____

Work phone: _____ Relation to child: _____

2) Surname: _____ Name: _____

Home phone: _____ Cell: _____

Work phone: _____ Relation to child: _____

MEDICAL INFORMATION:

Family doctor: _____ Tel: _____

Family dentist: _____ Tel: _____

Medical Aid: _____ Option: _____

Membership no: _____ Principal Member: _____

Previous serious illnesses: _____

Surgical procedures/operations: _____

Any speech, hearing or sight impediments: _____

Blood type: _____ Any allergies: _____

Mental/psychological problems: _____

Have all inoculations, as prescribed by law, been administered? _____

NB: PLEASE ATTACH A COPY OF INOCULATION CERTIFICATE AND BIRTH CERTIFICATE.

Is the child's physical development, in your opinion, normal for his/her age? _____

Please specify details and any other relevant information we need to be aware of: _____

INITIALS OF SIGNATORIES

INDEMNITY DECLARATION:

- We acknowledge that in certain situations there may be insufficient time to contact Parents or Guardians, or to refer to Medical Records, and consequently *Capriccio! Arts Powered Pre-school's* representative is authorised to utilise the most appropriate medical service available.
- We delegate the Principal, or her representative, the power to authorise whatever emergency medical treatment she/he in their sole discretion deems necessary for the learner, and in doing so agree that the Principal and/or his/her representative should act *in loco parentis*.
- We indemnify and hold *Capriccio! Arts Powered Pre-school* and/or their staff, agents or employees harmless in respect of any injury, loss, accident, illness, damage or expense, whether to person or to property, from any cause howsoever arising, which may be sustained to the child or their property or possessions, whilst on the school premises, or in the care of the school staff during any activity, excursion, transportation or outing.
- We agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be of effect for the duration of the child's enrolment at *Capriccio! Arts Powered Pre-school*.

COMMUNICATION:

Where did you hear about *Capriccio!* _____

I would like to / would not like to (pls indicate) receive correspondence from the school, e.g. updates, newsletter and feedback, via:

- Email address: _____
- WhatsApp: _____

I give permission / do not give permission (pls indicate) for my contact details to be shared with parents of children in my child's class.

PHOTOGRAPHS/VIDEOS:

I give permission / do not give permission (pls indicate) to the pre-school staff to publish photographs or videos in which my child appears for purposes of education, promotion and publication.

PAYMENT OF FEES:

The Signatories agree that they shall be jointly and severally liable to pay school fees as prescribed, and further levies imposed by the school, and that they have sufficient funds to meet the financial commitments herein.

If any payment due by the Signatories remains unpaid for a period of 30 (thirty) days after due date, the school shall have the right to suspend the child from attending the facility without prejudice to its other rights under this agreement, including its right to immediately institute action against the Signatories for the full balance owing in terms hereof.

The Signatories accept that interest at prime + 2% will be charged on all outstanding fees.

Person responsible for payment: _____ ID NO: _____

Non-refundable, once-off enrolment fee payable upon notification of successful application: R4,000 per child

Fees are calculated annually based on four school terms and will be subject to annual escalation, as advised at the end of each school year for the following school year.

- *2019 School fees:* R42,000 per annum payable monthly in advance in 12 instalments of R3,500 each (January to December), kindly due on the 1st day of each month.

INITIALS OF SIGNATORIES

- **2019 Afternoon care fees - please circle option selected (if any):**
 - a. 5-days per week option: R16,800 per annum payable monthly in advance in 12 monthly instalments of R1,400 each (January to December), kindly due on the 1st day of each month.
 - b. 3-days per week option: R14,400 per annum payable monthly in advance in 12 monthly instalments of R1,200 each (January to December), kindly due on the 1st day of each month.

Information with regard to educational supplies for the following year is provided by the school by the end of November of the current year. This include details of annual educational supplies fee, payable by the end of November of the current year, together with the last school fee instalment of the year (covers stationery, art materials, specified clothing items, books and other materials), and a list of hygiene/household and recycled items to be brought from home. The provisional estimated 2019 educational supplies fee is R1950.

Should a child be absent from school for any period of time, fees for that period will still be payable.

Please note that in the case of a child leaving the school, advance written notice of one school quarter (3 months) is required.

I/We hereby undertake to abide by the rules, regulations and payment procedures of the school and include a copy of both parents' identity documents, my/our child's birth certificate, inoculation certificate and a small photograph of my/our child for his/her file.

SIGNED AT: _____ DATE: _____

SIGNATORIES: MOTHER/LEGAL GUARDIAN: _____ FATHER: _____

This completed application to be presented to the principal.

Should the application be successful, you will be advised by the school via email communication, at which point the enrolment fee becomes due and the contract between the parent/guardian and the school comes into effect. Upon payment of enrolment fee, your child will be successfully enrolled and his/her place at the school is guaranteed.

Feel free to contact me should you have any questions. We look forward to having you and your little one join our school family!

Kind regards,

Elbe Webber (principal)



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