



ENROLMENT DOCUMENTATION

Dear Parent/s

Please insure that you complete all the necessary documentation attached and return to school as soon as possible in order to ensure a placement for your child/children. Please could you attach copies of the listed documents when submitting your enrolment form.

- A completed enrolment form
- A completed acknowledgement form.
- A completed agreement form
- A completed indemnity form
- A completed permission to administer treatment form
- Copy of ID and proof of address of the person responsible for payment of fees
- Copy of vaccination and inoculation form
- Copy of any important medical records or health issues from a doctor
- Copy of your child's birth certificate
- 4 ID sized photographs of the pupil
- A proof of payment of the enrolment fee of R4 000.00

I look forward to a happy and long lasting relationship with you and your child.

Yours sincerely,

Mashoto Mgiba
Principal Directress

ENROLEMENT FORM

General information

| | |
|--------------------|--------|
| Full name of child | |
| Date of birth | |
| Current School | |
| Home Language | |
| Enrolment year | Gender |
| Position in family | |

Mother's Details

Father's Details

| | | |
|------------------|--|--|
| Name | | |
| Surname | | |
| ID number | | |
| Physical Address | | |
| Postal Address | | |
| Tel work | | |
| Tel home | | |
| Mobile no | | |
| Email address | | |
| Occupation | | |
| Employer | | |
| Marital Status | | |
| Religion | | |

Medical details

| | |
|-----------------|--|
| Name of doctor | |
| Contact details | |
| Allergies | |
| Medical aid | |
| Main member | |
| Medical aid no | |

Please initial to
confirm having
read
information
contined on this
page.

In case of an emergency, please contact (anyone other than parents)

| | |
|----------------|--|
| Name | |
| Contact number | |
| Relationship | |

Additional information

| | |
|--|--|
| Special requests or information | |
| Briefly describe your child and his/her personality. | |
| Does your child have any phobias? | |
| Has your child experienced any traumas? | |
| Do both parents live in the same house? | |
| Any chronic medication? | |
| Briefly describe why you want your child to attend HeadStart Montessori. | |
| Any other important information | |

Please initial to confirm having read information contined on this page.

PARENT/GARDIAN AGREEMENT FORM

I/We, _____ the
parents/guardian of
_____ enrolled in
HeadStart Montessori Pre-School, hereby agree to the following:

Financial Obligation

HeadStart Montessori Pre-School applications are subject to a **R 4 000.00** enrolment fee.

I/We understand that fees are payable for 12 months of the year.

- I/We am/are aware that fees are payable in advance – on the first day of the month.
- I/we am/are aware that if fees are not paid by the 10th of the month I/we will be contacted telephonically and in writing, requesting immediate payment and that if fees are not paid by the 10th of the month I/we will receive a R 500.00 penalty that I/We will be invoiced for along with the following months fee.
- I/We understand that monies due have to reflect in HeadStart's FNB Bank account by no later than the 3rd of every month.
- I/We understand that if I/we default on payment of school fees – my/our child/children will be suspended from school until all fees have been paid up to date – plus an additional months fee are to be paid in advance.
- I/We understand that if my/our child/children have been suspended from school due to non-payment of school fees twice during 1 academic year – I will be required to pay a re-enrolment fee of R4 000.00 in addition to the outstanding school fees and one month's fee in advance.

Please initial to confirm having read information contined on this page.

- I/We understand that if my/our child/children has/have been suspended from school due to non-payment of school fees 3 times during 1 academic year – I/we will be invited to leave the school, the deposit paid will be withheld to cover all outstanding monies and the school has the right to hand me over to their legal team to recover any outstanding monies.
- I/We am/are aware that if I/we am/are found guilty of late payment, 3 times during 1 academic year – I/we will immediately forfeit my/our deposit.
- I/We am/are aware of the notice period of a full term (4 months), should I/we wish to withdraw my/our child/children and that failure to adhere to the correct notice period will result in payment of a full terms school fees.
- I/We agree to pay the school fees in full by the 3rd of each month.
- I/We understand that school fees are due irrespective of my child's absenteeism due to illness, vacation or any other reason whatsoever, such as personal decision to take my child out of HeadStart Montessori with immediate effect.
- I/We understand that school fees are *not* discounted if the child is collected earlier than the 'end-of-school' day.

As with all schools, fees are calculated on an annual basis (that is, fees are payable over 12 months).

HeadStart Montessori Pre-School make provision for a monthly payment plan, to accommodate differently profiled parents.

Please note that electronic payments are only captured once reflected in our banking account.

Please initial to confirm having read information contined on this page.

Do you wish to pay your fees:

- Monthly on or before the 3rd of each month or
- Termly on or before the 1st of January; May; September.
- Annually

Payments

Preferred method of payment:

- I will institute a debit order with HeadStart Montessori.**
- I wish to pay my fees electronically**

Should you wish to make use of Internet Banking, the banking details are as follows:

Banking Details

HS Montessori Pre-Primary Cc

Financial Institution: First National Bank (FNB)
Branch Code: 251 655
Account Number: 625 3771 5461
Your Reference: Child's name and surname

Please note that payments made from other Financial Institutions take between 4 -5 days to reflect in our bank account. Please ensure that your payments are made timeously so as to ensure that the payment is reflected on our bank statement on or before the 3rd of each month.

Furthermore, I/We acknowledge that I/We have read and have a copy of the 2017 Parent Handbook and agree to adhere to the regulations, policies and procedures of HeadStart Montessori School.

Name of parent/Guardian
Guardian

Signature of Parent/Legal

Date:_____

Please initial to confirm having read information contined on this page.

CONSENT AND INDEMNITY

I/We, _____ of
(Address) _____
being the parent(s)/legal guardian of _____
hereby agree that:

- I give consent that my child may take part in all activities at the school, and understand and accept that all activities are undertaken at my own risk.
- I understand that while every reasonable caution will be taken, I hold harmless and absolve HeadStart Montessori Pre-School against and from any claims whatsoever, which may arise from loss, damage or injury to person or property during any school activities, sports days or school outings.
- I delegate the necessary authority to the principal of HeadStart Montessori Pre-School, or her nominated representative, to act in *loco parentis* in the event of my child being injured in an accident or emergency, with the aim of ensuring my child's best care.
- I accept any decision by the principal as if it were my own; I agree I will be responsible for any medical costs that may arise from the treatment of my child after an accident or emergency; and I indemnify the school owner and staff from any claims arising out of these actions.
- I undertake to ensure that my emergency contact details are updates at any time that they may change, to ensure HeadStart Montessori Pre-School representatives can contact me when necessary.
- I undertake to abide by the terms and conditions of HeadStart Montessori Pre-School, as published and updated from time to time.

Please initial to
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read
information
contined on this
page.

- I will ensure that my child is kept at home or another suitable environment when he or she is unwell, as required by health regulations.
- I undertake to inform HeadStart Montessori Pre-School personnel if my child contracts a contagious disease/illness.
- I undertake to give a term's written notice of my intention to take my child out the school.
- I agree that this indemnity and consent shall be applicable from the date of signature below and shall remain in force and effect for the entire duration of my child's enrolment at HeadStart Montessori Pre-School

Signed at _____ on this the _____ day of _____ 20__.

Name of Parent/Legal Guardian
Guardian signature

Parent/Legal

Witness: _____

Please initial to confirm having read information contined on this page.

AUTHORISATION OF COLLECTION

I/We, _____ hereby authorise the school to allow our child _____

to leave the school premises with anyone of the individuals listed below, or as may otherwise be instructed by ourselves if such individual differs from the list below:

Please note that HeadStart Montessori Pre-School will under no circumstances release your child to anyone other than yourself or your spouse, unless such person has been nominated to do so in the enrolment form (below) or not otherwise known to the staff without specific authorization from the parent or guardian.

Please call to inform the school if any other person will be collecting your child with the identity number and mobile number of the person collecting your child/children. Additions or changes to the list of persons appearing below must be made at the office.

| | | | |
|-----------|--|--------------|--|
| Name | | Relationship | |
| ID number | | Mobile no | |
| Name | | Relationship | |
| ID number | | Mobile no | |
| Name | | Relationship | |
| ID number | | Mobile no | |

Signature: _____

Please initial to confirm having read information contined on this page.

PERMISSION TO ADMINISTER TREATMENT

I/We _____, the parent(s)/ legal guardian of _____ hereby confirm the following treatment permissions:

In the of my child being stung, or grazing, scratching, cutting or injuring him/herself in a similar manner, I hereby (Please tick appropriate),

Give permission

Do not give permission

for the staff of HeadStart Montessori Pre-Primary, to administer an antiseptic ointment/cream, such as Germolene to the wound or anti-histamine syrup and cream, if it is deemed necessary by the staff.

In the event of my child unexpectedly being in pain or having a fever, on any particular day, I hereby (Please tick appropriate)

Give permission

Do not give permission

for the staff of HeadStart Montessori Pre-Primary, to administer 1 x 5ml dosage of Panado if it is deemed necessary by the staff.

I release, discharge and indemnify HeadStart Montessori Pre-School, its proprietors/facilitators and any of its duty authorised representatives, employees or quests from any/all claims that I or the child may have for any side effects, allergic reactions or incorrect treatments whatsoever from the above medicines and ointments.

Signature of Parent/Legal Guardian

Date

Please initial to confirm having read information contined on this page.