

2020



KWAGGASRAND NURSERY SCHOOL/KLEUTERSKOOL

181 Rod Street
Kwaggasrand
0183

Tel: 012 386-6597

Fax: 0865105136

E-mail: Kwaggakleuters@lantic.net

FEES 2020

Yearly registration fee payable with registration form

R1,000.00

Monthly instalments x 12 (January - December)

SCHOOL HOURS: 06:15 - 17:45

| | |
|------------|-----------|
| 1 st child | R2,200.00 |
| 2 nd child | R2,100.00 |
| 3 rd child | R2,000.00 |

Fees includes:

All outings and trips
Stationary and art materials
All cleaning aids, mattresses, face cloths etc.

Fees excludes:

Food (to provided by parent)
All extra mural activities
Transport

Please take note:

Fees are payable in ADVANCE (You pay beginning of the month for the coming month)
Registration fee is not refundable
Interest of 10 % will be added to your account on late payments received
A discount of 10 % is given for school fees that are paid for the year in advance before/on the end of February

BANK DETAILS:

ABSA
Quagga Centre
Branch code - 630664
Account number - 0040162844
Cheque account
Reference - Child's name and surname
Please fax proof of payment to - 0865105136

Please submit the following with the registration form:

If relevant, copy of the child's most recent report
A copy of the child's birth certificate
A copy of both parents/guardians ID's
A copy of the immunisation card
A non-refundable registration fee is payable
Proof of address



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| | |
|---------------|-------------|
| Child's name | |
| Surname | |
| Date of birth | Male/Female |

| Father/Stepfather/Guardian | |
|----------------------------|------------|
| Name | |
| Surname | Id. Number |
| E-mail address | Cell |
| Tel (work) | Tel (home) |
| Home address | |

| Mother/Stepmother/Guardian | |
|----------------------------|------------|
| Name | |
| Surname | Id. Number |
| E-mail address | Cell |
| Tel (work) | Tel (home) |
| Home address | |

| Parent or person responsible for payment of this account: | |
|---|------------|
| Name | |
| Surname | |
| Relationship to child | |
| E-mail address | Cell |
| Tel (work) | Tel (home) |
| Home address | |

| FOR OFFICE USE | |
|--------------------|--|
| DATE OF ADMITTANCE | |
| CLASS | |
| REGISTRATION FEE | |

Parent/Guardian Details (Please complete in full)

Father/Stepfather/Guardian

| | |
|--|--|
| Title: | Marital Status: |
| Surname: | Full Names: |
| Preferred Name: | ID Number/Passport No: |
| Home Address: | Postal Address: |
| | |
| Occupation: | Company Name: |
| Company Address: | |
| Email: | Cell: |
| Work: | Home: |
| Does the child live with you: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you the legal guardian of the child? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Mother/Stepmother/Guardian

| | |
|--|--|
| Title: | Marital Status: |
| Surname: | Full Names: |
| Preferred Name: | ID Number/Passport No: |
| Home Address: | Postal Address: |
| | |
| Occupation: | Company Name: |
| Company Address: | |
| Email: | Cell: |
| Work: | Home: |
| Does the child live with you: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you the legal guardian of the child? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

I/We the Parents/Guardian of

Full name of child

hereby apply for his/her admission to Kleuterskool Kwaggasrand

I/We confirm that the information contained in this application is complete and accurate

| | |
|---|------|
| | |
| Father/Guardian Signature | Date |
| | |
| Mother/Guardian Signature | Date |
| | |
| For and on behalf of Kleuterskool Kwaggasrand | Date |

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**Tel:** 012 386-6597**Fax:** 0865105136**E-mail:** Kwaggakleuters@lantic.net**Child's details**

Child's Surname:

Child's Full Names:

Child's Preferred name:

Date of birth:

Gender:

ID Number/Passport No:

Nationality:

Religion:

Home Language:

Second Language:

Children in your family:

1 2 3 4

Position of child in family:

1 2 3 4

Child's attending date:

Is your child still on nappies?

Yes No

Who will bring your child to school?

Who will fetch your child from school?

Emergency:

In case of emergency please list two alternative names and numbers. NB not parent's numbers

Name and Surname:

Relationship to child:

Tel number:

Name and Surname:

Relationship to child:

Tel number:

Medical Information

Medical Aid

| | |
|------------------|---------------|
| Scheme | Option |
| Principal Member | Membership No |

Family Practitioner

| | |
|------|--------|
| Name | Tel No |
|------|--------|

Medical information of the child:

| | |
|--|--|
| Allergies | |
| | |
| Any other medical condition? (Epilepsy, asthma ..) | |
| | |

Insurance

I/We, as parent/legal guardian accept the responsibility to take adequate insurance to cover any loss, damage or injury to the child or his/her belongings as Kleuterskool Kwaggasrand shall not be liable for any injury, loss or damage.

Consent

In a critical situation please bear in mind that there may not be time to refer to your child's records. Kleuterskool Kwaggasrand therefore reserves the right to utilise the quickest medical service available. By signing below you agree that the appointed medical practitioner may carry out emergency treatment as may be necessary.

I/We have read, understood and agree to the condition contained in Kleuterskool Kwaggasrand mission statement, and requirements of admittance.

I/We agree to give one calendar month's notice in writing should we wish to withdraw the child from school. Failure to give proper notice will result in me/us being liable for the fees in lieu of such notice. It is the parent's responsibility to prove that timeous notice has been provided.

I/We confirm that the information contained in this application is complete and accurate

| | |
|---------------------------|------|
| | |
| Father/Guardian Signature | Date |

| | |
|---------------------------|------|
| | |
| Mother/Guardian Signature | Date |

Indemnity Declaration

We, the Parent(s)/Legal guardian(s) of

Full name of child

hereby confirm the admission of the child named above to:

Kleuterskool Kwaggasrand

I/We give permission for him/her to participate in the curricular and co-curricular activities of the school and to go on excursions that are necessary in the course of such activities.

I give permission and acknowledge that footage/pictures of my child may be used for the purpose of any publications of/for the school in whatsoever form and way.

I/We accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should any injury or loss be sustained by my child. I specifically indemnify and hold Kleuterskool Kwaggasrand and its staff harmless against any claims of whatever nature arising out of any injury, damage or loss sustained in pursuance of the aforesaid participation.

I/We indemnify Kleuterskool Kwaggasrand and its employees against all liability for any injury or loss sustained by my child on account of any act or omission by my child and I/we accept full liability and responsibility for any such act or omission.

I/We cede our power as parent/guardian to the Principal of Kleuterskool Kwaggasrand or her representatives should medical treatment or surgery to my child be deemed necessary. As far as I know, my child is physically capable of participating in all school activities and he/she is in good health.

However, the persons responsible should please note the following (please state medical aspects that the staff should be aware of, e.g.. allergies, tendency towards abnormal bleeding, epilepsy, etc.)

| |
|--|
| |
| |
| |

I/We agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be effect for the duration of the child's enrolment at Kleuterskool Kwaggasrand

Signed at _____ on this _____ day of _____ 20_____

| | |
|---------------------------|---------------------------|
| | |
| Father/Guardian Signature | Mother/Guardian Signature |

Finances 2020

School fees are payable from **JANUARY right up as well as DECEMBER (12 months)**

A registration fee is payable upon registering a child at Kleuterskool Kwaggasrand. It is not a deposit and is not refundable.

NO refunds are given for illness or vacations. The full payment is payable even if January and December have less school days than other months. **NO** discount will be granted in the case of children who arrive later than the opening day in January.

PAYMENTS:

You pay in **ADVANCE:** Beginning of the month for that specific month

Parents getting paid (salary) at the end of the month have time till the 7th of that month to pay. Parents getting paid on the 15th of the month have time till the 22th of that month.

| Parent or person responsible for payment of this account: | |
|--|--|
| Name | |
| Surname | |
| Relationship to child | |
| Tel (work) | |
| Cell | |
| E-mail address | |

Indicate your monthly payment date _____ to the amount of R _____

All payment should be made within 7 days of abovementioned date.

No learner will be accepted at the school if the outstanding amount is not paid in full.

ARREARS OR PARTIAL PAYMENTS WILL NOT BE ALLOWED.

Learner will be removed from the register after 7 days if no payments have been received.

10% late payment charge for every month outstanding.

Penalty fee for late pick up - (R200.00 for every 15 minutes):

PAYMENT PROCEDURE:

All fees payable into bank account:

| |
|---|
| ABSA |
| Quagga Centre |
| Branch code - 630664 |
| Account number - 0040162844 |
| Cheque account |
| Reference - Child's name and surname |
| Please fax proof of payment to - 0865105136 |