2027

KWAGGASRAND NURSERY SCHOOL/KLEUTERSKOOL
181 Rod Street
Kwaggasrand
0183

Tel: 012 386-6597

E-mail: **Office**: Kwaggakleuters@lantic.net
Principal: ingrid.strydom@pilog.co.za

FEES 2027	
Yearly registration fee payable with registration form	**R1 200.00**
Monthly Fee/Instalments x 12 (January - December)	**R3,300.00**

SCHOOL HOURS: 06:15 - 17:45

Fees includes:	Fees excludes:
Daily Aftercare as well as Holiday care	Food (to provided by parent - see School Policy)
Puppet shows, educational activities, etc.	All extra mural activities
Stationary and art materials	Transport
All cleaning aids, matrasses, face cloths etc.	

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 **ONE MONTH'S FEE** (December) is given for school fees that are paid for the year in advance	
before/on the end of February	

ALL FEES ARE PAYABLE INTO THE SCHOOL BANK ACCOUNT - NO CASH ACCEPTED

BANK DETAILS:	**Please submit the following with the registration form:**
ABSA	If relevant, copy of the child's most recent report
Quagga Centre	Financial statement from previous school
Account name: Kleuterskool Kwaggasrand	A copy of the child's birth certificate
Branch code: 630664	A copy of both parents/guardians ID's
Account number: 0040162844	A copy of the immunisation card
Cheque account	A non-refundable registration fee is payable
Reference: Child's name and surname	Proof of address
Please email or fax the proof of payment	

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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	

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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 ☐
Previous school attended:	
What date would you like your child to start at our school?	
Is your child still on nappies?	Yes ☐ No ☐

Who will bring your child to school?	
Who will fetch your child from school?	

Class WhatsApp Group	
Please provide the numbers that can be used for your child's Class WhatsApp Group:	
Parent 1:	Parent 2:

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:	

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 ☐ No ☐
Are you the legal guardian of the child?	Yes ☐ No ☐

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 ☐ No ☐
Are you the legal guardian of the child?	Yes ☐ No ☐

I/We the Parents/Guardian of

Full name of child:

hereby apply for his/her admission to Kleuterskool Kwaggasrand

I/We confirm that I/We have read the School Policy and rules and will abide and adhere to it,

as well as that all information contained in this application is complete and accurate

Father/Guardian Signature	Date
Mother/Guardian Signature	Date

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

Finances 2027

School fees are payable from **JANUARY up to 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.

FAILURE TO GIVE NOTICE:
If you fail to give **ONE CALENDER MONTH'S WRITTEN NOTICE** and take your child out of school without doing so, you will be billed for the remaining months of the year and your account will be handed over to Malan, Pauley and Partners for collection on our behalf.
NO NOTICE will we accepted fom October - December (in the last 3 months of the year)
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 untill the 7th the of the month to pay. Parents getting paid on the 15 the 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.
We reserve the right to refuse admission if any part of the fee remains outstanding.
Absenteeism for any reason whatsoever does not entiltle any parent to a refund.
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.

LATE PICK UP after 17h45 : R200.00 for every 15 minutes and part thereof

PAYMENT PROCEDURE: We have a strict NO CASH POLICY
All fees payable into bank account

Signed at _____ on this _____ day of _____ 20_____

SIGNATURE: Person responsible for account

Privacy - Protection of Personal Information Act (POPIA) and Promotion of Access to Information (PAIA):

1 The Parent agrees to his/her own Personal Information such as phone numbers and email addresses be entered into the ECD center's registry for the purpose of the direct marketing of ECD center functions, fund raising events and donations and that such details be used by the ECD center for that purpose at a time that is convenient to the ECD center. It is further agreed that the ECD center shall NOT be entitled to make these details available to third parties without the Parent's express permission.

2 By entering into this contract, and unless you at any time instruct us expressly and in writing to the contrary, your consent is given for the ECD center to:

2.1 Collect, store and process credit information about you and any Third Party or divorced or separated . Parent responsible for payment of any or all amounts comprised in the Fees.

2.2 Collect, store and process names, contact details and information relating to yourself and your Child, and to such information being made available to other parents / guardians, staff or responsible persons engaged or authorised by name of ECD Center for ECD center-related purposes to the extent required for the purpose of managing relationships between the ourselves, parents/guardians, and current children as well as providing references and communicating with the body of former learners.

2.3 Include photographs, with or without name, of your Child in the ECD center's publications,WhatsApp class group, School Facebook or in press releases to celebrate our or your Child's activities, achievements or successes.

2.4 Supply information and a references in respect of your Child to any educational institution which you propose your Child may attend. We will take care to ensure that all information that is supplied relating to your Child is accurate and any opinion given on his/her ability, aptitude and character is fair. However, we cannot be liable for any loss you or your Child is alleged to have suffered resulting from opinions reasonably given, or correct statements of fact contained, in any reference or report given by us.

2.5 Inform any other school or educational institution to which you propose to send your Child of any outstanding fees.

3. Kleuterskool Kwaggasrand may not distribute or otherwise publish any of your personal information in its possession, unless you give your consent to us, in writing, that we may do so. Should this be the case, we will only distribute or otherwise publish the information specified in your consent to the people specified, and for the purpose stated in your written consent.

4. The parent/guardian has a right to apply for access to his/her own information and the information of their child/children, in writing and following the correct process as outlined in Keuterskool Kwaggasrand's Privacy Policy.

5. The parent/guardian has a right to for the deletion, erasure and destruction of their own information and the information of their child/children, in writing and following the correct process as outlined in Kleuterskool Kwaggasrand's Privacy Policy.

10. Lists of personal contact details of class parents will not be shared unless prior permission has been received from every Data Subject on the lists.

11. In all instances, when an incident occurs (for example, biting, pushing, hitting, etc) the name of the victim will not be shared with the perpetrators parents/guardians, nor will the name of the perpetrator be shared with the parents/guardians of the victim, unless required to do so through legal proceedings.

9. Information may be disclosed when:

9.1 We have a duty or a right to disclose it in terms of law or sector codes.

9.2 Where we believe it is necessary to protect our rights.

10 Permissions, Authorisations and Declarations:

For the purpose of this clause "my" means my own Personal Information and the Personal Information and Special Personal Information of my child/children.

10.1 **Protection of Personal Information Act and Promotion of Access to Information Act:**

10.1.1 I/We hereby authorise Kleuterskool Kwaggasrand ,and authorised Management personnel to use, review and legally process any personal information provided to the organisation in the course of this Admissions Contract as well as any information that I have provided in support of the application.

10.1.2 I understand my right to privacy and acknowledge that Kleuterskool Kwaggasrand can demonstrate implemented procedures to protect my privacy in accordance with POPIA.

10.1.3 I hereby give my consent to the School to collect process and distribute relevant personal information where the company is legally required to do so.

10.2 I hereby acknowledge that I understand that third party providers such as Pension Funds, Medical Aid, etc . have access to my personal information and I hereby consent to Kleuterskool Kwaggasrand sharing my personal information strictly for the administration of these funds.

10.3 I hereby declare that I am giving permission for Kleuterskool Kwaggasrand to process my Personal Information Special Personal Information as shown on the table below.

Category: Consumers and Potential , i.e. Parents and Guardians of Children	
Personal Information	**Special Personal Information**
• Billing information • Email address • Emergency contact (if parent not available) • Full Names • Home and postal address • Marital status. If divorced, the custody and visiting arrangements • Telephone numbers	• Credit score and references • ID number • Medical aid number and main member details • Occupation and place of employment • Passport number if no SA ID • Payment arrangements • Race or ethnic origin
Category: Children	
Personal Information	**Special Personal Information**
• Admission and Discharge Dates • Age • Allergies • Attendance Register • Full Name • Date of Birth • Medications (currently being administered)	• Adoption history (if any) • Birth history • Child's medical history • Form 22 – Reporting Suspicions of Child Abuse • ID number • Immunisation Records • When the child's met/is meeting his/her milestones • Assessment Reports

10.4 I acknowledge that if Kleuterskool Kwaggasrand needs to process any information not listed in the table above, they will request my permission and give valid reasons for processing the additional information.

Father/Guardian Signature	Mother/Guardian Signature
Date:	Date: