Enrolment Form

Details of your child to be completed by parent or guardian

Child's details	
Name:	Preferred name:
Surname:	Previous school:
Home language:	Teaching language:

Gender			
M	☐	F	☐

Child's date of birth:		Age:
Date	Month	Year

Child's ID number / passport												

*A copy of the birth certificate is required.

Primary Caregiver Details
First name
Surname
Marital status
ID number (A copy of both parents' ID's is required)
Cellphone number
Whatsapp number (if different to cellphone number)
Email address
Home address

Secondary Caregiver Details
First name
Surname
Marital Status
ID Number
Cellphone number
Whatsapp number (if different to cellphone number)
Email address
Home address

Additional caregiver (This person may collect this child from school)	**First name and surname**	**Phone number**

Medical Information

1. **Provide a copy of clinic immunisation card** ☐
2. **Ensure that your child is up to date on all immunisation** ☐

Doctors name		**Doctors contact number**

Please list any known allergies	

Has your child had any serious operations or illnesses? Please provide details	

Has your child got any physical disabilities or special needs? Please provide details	

Is there anything else that we should know about your child medically?	
I have filled out the medical history form.	**Yes / No**

Is your child allowed to participate in bible activities and religious holidays?	**Yes / No**

Centre Agreement

This agreement is made by and between	**The Treehouse Kids Nursery School**
And the Parent / Caregiver of	(Name of child)
The following has been agreed upon between the two parties beginning	(Date)

	Please tick
I/We confirm that all the above is correct at the time of completing the form	
I/we agree that, if any of the information (cell numbers, contact detail, medical information) changes we will inform **The Treehouse Kids Nursery School** immediately.	
I/we agree to the monthly school fee rate of: (Please select package) a) 07:00 – 12:30 Half day (Includes school holidays & Breakfast): **R3200** b) 07:00 – 17:30 Full day (Includes school holidays, Breakfast, Lunch & Afternoon snack): **R3750**	a) ☐ b) ☐
School fees are payable in advance over 12 months, including January and December, on or before the 1st of every month. One calendar month's written notice is required for termination or a month's fees are paid in lieu of notice. No notice may be given in November, you are liable for Decembers fees.	
The parent/guardian shall be responsible for all legal costs incurred should legal proceedings be instituted for the recovery of any amount owed to us. This shall include attorney/counsel fees, collection commission and tracing agent fees where applicable.	
I/we agree that the fee will be paid by the 1st day of each month.	

There is a R750 non-refundable registration fee upon enrolment. This is a yearly fee that must be paid by 1 November for the following year. This includes stationary supplies, arts and craft supplies, a toy fund as well as general maintenance of the school.	
School opening hours: 07:00 till 12:30 (Half day) & 07:00 till 17:30 (Full day)	
Any added time before or after those times will be charged early arrival/late pick up fee of R100.00 per hour or part thereof.	

Name and address of the person responsible for payment of fees:

Name: ……..

Address: ……..

Contact number: ……..…… Signature: ……..

Banking details:

ABSA bank

The Treehouse Kids Nursery (PTY) LTD

Account number: 4107616099

Branch: Santyger

Branch code: 542510

Indemnity

I, _____ the parent / legal caregiver of _____ (Child's name and surname) hereby give permission for him/her to to participate in all the activities of **The Treehouse Kids Nursery School.**
Including sports, games plus any other activities in connection with the school day.

I accept that all reasonable precautions will be taken to ensure the safety of my child and that I shall be held responsible for the payment of medical and / or hospital cost should my child be injured at school.

I therefore agree to indemnify and absolve the Principal, helpers, students and staff of **The Treehouse Kids Nursery School** against and from any / or all claims whatsoever that may arise in connection with any loss or damage to the property of my child or injury to my child.

I agree to hand over responsibility to the principal of the centre or teacher should medical treatment / surgery be necessary for my child. As far as I know, he/she is in good health.

Protection of Personal Information

Your privacy is very important to us, and all Personal Information collected will be handled in a lawful, justifiable and reasonable manner. We will be as open and transparent as possible with you as to how your Personal Information is handled.

For the purposes of this enrolment form, Personal Information is any form of information that is identifiable with you or _____ (Child's name and surname), may include but is not limited to name, mailing address, phone number, email address, nationality, and medical history

We generally process your Personal Information for the following purposes

- the operation of an early learning centre;
- to provide and maintain a mobile application suite for communication and resource-sharing;
- to provide interactive features for your use;
- to provide support;
- to gather analysis or valuable information so that we can improve our operations;
- to monitor the usage of the mobile application suite;
- to detect, prevent and address technical issues;
- in any other way described when you provide the information;

- to respond to an e-mail that you have sent to us by return e-mail or by phone;
- to contact you from time to time, where you have consented to being contacted for marketing purposes or to be put on our mailing list;
- for such other purposes to which you may consent from time to time; and for such other uses which we are authorised by law to carry out.

By signing this acknowledgment and consent form

- you confirm that you have read and understood the privacy policy and this form.
- you acknowledge, accept and agree that you have given us your consent to the collection, use, disclosure and related processing of your Personal Information as outlined above.
- you understand that your consent is voluntary and that you are free to withdraw your consent on written notice to us.

Signed at (place)	
On the day of (date)	
Parent / Caregiver Name	
Parent / Caregiver ID number	
Parent / Caregiver signature	
Witness name	
Witness signature	

Permissions	**Yes/No**
I would like to be added to the class Whatsapp group.	
Photos of my child may be sent in the class Whatsapp group.	
Photos of my child may be used on the schools Facebook/Instagram page or website for marketing purposes.	
My contact number may be given to parents if requested for communication; eg: party invitations.	

Documents required (Tick)			
Copy of Parent/Guardian ID (both parents)		Birth certificate of child	
Clinic card of child		SASSA card (if applicable)	