Application For Admission

Registration Number: 2015/011343/07
111 Moira Avenue Crosby (011) 044-3376

Supporting Documents Required:

	Copy of Birth Certificate
	Copy of Vaccination record if applicable
	Copy of Parents / Guardian ID Documents
	Completed application Form
	Medical aid card - if available
	Copy of latest report - if available
	Proof of payment of deposit

Bank Details for the deposit

Bank: Nedbank
Account Name: Astro Kids Nursery School
Account Number: 1093416149
Branch Code: 19530500 (Fordsburg)
Account Type: Nedbank Current Account
Reference: Child's Initial, Surname and Month

Once your application form and deposit is received your child's name will be put on the appropriate class list. The deposit is non-refundable when your child leaves the school.

I wish to enrol my child in the following program:

	Open	Close	
Grade R	7:30	12:30	
Grade 0	7:30	12:30	
Grade 00	7:30	12:30	
After Care	12:30	17:00	**TBC**
Islamic Classes	12:30	14:30	

I would like my child to start from:

For Office Use Only

Name	
Date application was received	
Class allocation	
School starter pack	
Invoice Issued	

Childs Details

Childs First Name:			
Childs Surname:			
Preferred Name:			
Gender:			
Birth Date:			
Home Language:			
Second Language:			
Residence:	Both Parents:	Mother:	Father:
	Other (Specify):		
Transport From School:	Motor Vehicle	Walk	Transport
Person Dropping Child at School:	Name:		
	Relationship:		
Person Collecting Child From School:	Name:		
	Relationship:		
Has your child attended a pre-school		Yes	No
Name of School			
Does your child have siblings		Yes	No
Name and Ages			

Child's Medical Details-Consent

In a critical medical situation, please bear in mind that there may not be time to refer to the child's medical records. The school, therefore, reserves the right to utilise the most effective medical services available.

I hereby agree that a medical practitioner may provide emergency treatment as may be necessary.

Signature of parent / guardian:	

Medical Details

Family Doctor: Name:

Contact Number:

Medical Aid Fund:

Number:

Has the child received all necessary immunisations? If no please state reason.

Yes | No

Reason:

Does or has your child suffered from any of these illnesses?

Asthma	Enteric Fever	Measles	Scarlet Fever	Malaria
Chicken Pox	German Measles	Mumps	Tick Bite Fever	Polio
Diabetes	Hepatitis	Whooping Cough	Typhoid Fever	Diphtheria

Does your child suffer from allergies? Yes | No

If yes, please give details:

Does your child have any special medical needs? Yes | No

If yes, please give details:

Does or has the child suffered from any other illnesses or disabilities? Yes | No

If yes, please give details:

Is your child receiving medical treatment for any condition? Yes | No

If yes, please give details:

Is or has the child suffered from or received treatment for any psychological upset Yes | No

If yes, please give details:

Has the child had any operations? Yes | No

If yes, please give details:

Please Specify any other relevant medical details:

Parents /Guardians

Mothers Name:			
Marital Status:	Married	Single	Divorced
Legal Custody:	N/A	Sole	Shared
ID No:			
Physical Address:			
Place of Employment:			
E-Mail address:			
Work number:			
Home number:			
Cell No:			
Parental Status:	Child living with parents	Access rights to child	
	Child's guardian	Access rights in emergency only	
Fathers Name:			
Marital Status:	Married	Single	Divorced
Legal Custody:	N/A	Sole	Shared
ID No:			
Physical Address:			
Place of Employment:			
E-Mail address:			
Work number:			
Home number:			
Cell No:			
Parental Status:	Child living with parents	Access rights to child	
	Child's guardian	Access rights in emergency only	

Declaration of parents / Legal guardians

We, the undersigned, _____, hereby certify that the information given by us in this application is complete and accurate. We also agree to the conditions as set out herein.

Mother / Legal guardian signature	
Date	

Father / Legal guardian signature	
Date	

Emergency contact information

Details of additional contacts (not parents) in the case of an emergency:

Name:	
Cell No:	
Name:	
Cell No:	

Emergency contact information

Payment option:	Monthly - Paid in advance before the 2nd			
	Annual - Paid before 31 December			
Same details as:	Mother		Father	

(Complete below if neither of the above)

Name:	
Relationship to child	
ID No:	
Physical Address:	
Place of employment	
E-mail address:	
Work No:	
Home No:	
Cell No:	

Declaration by account holder

We, the undersigned, _____, hereby certify that the information given by the Account Holder in this Application for Admission is complete and accurate.
We accept joint and several liability to Astro Kids Nursery School for the due and punctual payment of the once-off refundable deposit, school fees and any other amounts which may become due and payable to the school or in respect of participation in or attendance of any extracurricular activity.
We accept the Financial Terms and Conditions of which a copy has been kept.
NB: The signatures of the account holder and that of the 2nd parent / a parent / legal guardian are required if applicable.

Account holder signature:	
Date:	

Financial Terms and Conditions

1. ACCEPTANCE OF LIABILITY 1.1 The person responsible for the account (hereafter the Account Holder) as set out in the standard Application for Admission (hereafter the Application) herewith assumes liability for the account, alternatively binds him-/herself as co-debtor and surety for payment of all fees to the School 1.2 The legal guardian, as described in the Application, binds him-/herself as surety and co-debtor for the payment of all fees by the Account Holder or any other payments that may arise from this Agreement.

2. TERMS OF PAYMENT - 2.1 It is recorded that fees are determined at the beginning of the year and that the Account Holder is informed of the result in writing. 2.2 The Account Holder shall immediately inform the School if he / she has not received an invoice at the start of the academic year. 2.3 Fees for 11 (eleven) months are payable monthly in advance by means of an eft on or before the 2nd (second) day of each calendar month or annually in advance by 31 December, depending on the fee payment option exercised by the Account Holder in the Application. 2.4 The School reserves the right to charge interest of 15% (fifteen per cent) on all accounts that are in arrears by 30 (thirty) days or longer. 2.5 Payment of monthly fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fee structure of the School. 2.6 In the event where an existing account is / has not been managed in the proper manner, no further Applications will be considered.

3. BREACH OF CONTRACT - In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of this Agreement, the School may in its sole discretion: 3.1 Refuse the child entry to the School's premises until the breach has been remedied; or 3.2 Claim damages from the Account Holder and / or the surety and legal guardian; or 3.3 Take whatever legal steps that may be necessary.

4. GENERAL - This Agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange or other document issued or executed pursuant to or in terms of the Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or of any Agreement, bill or exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given.

5. JURISDICTION - This Agreement is subject to South African law.

6. CREDIT INFORMATION - The Account Holder, surety or legal guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the National Credit Act.

7. DOMICILIUM - The parties choose as their domicilia citandi et executandi the addresses set out in the Application.

8. LEGAL FEES - In the event where the School takes legal action against the Account Holder, he / she will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

9. CANCELLATION - 9.1 The Account Holder undertakes to give one school term (or four months) written notice of termination of the enrolment of a child, failing which the liability be incurred for the full amount of the remainder of the four month period. 9.2 The School shall be entitled to terminate the enrolment of any child summarily, and with immediate effect, under the following circumstances: if the child is guilty of an offence which, in the sole opinion of the School, renders his / her continued enrolment at the School impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the School, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such child.

Account Holder Signature:	
Date:	

General Indemnity

1. The School and the Astro Kids Directors undertake to implement reasonable and generally acceptable measures with regard to the safety and well-being of all children, educators and visitors to the School.

2. Due to the nature of the matter, the School and the Astro Kids Directors do not accept any responsibility for accidents that may take place in the class or on the school terrain.

3. Each parent is therefore requested to complete this form as proof that you accept the position of the School and the Astro Kids Directors as set out above as well as the risks involved therewith. and the Astro Kids Directors as set out above as well as the risks involved therewith.

4. I, _____, being the parent / legal guardian of _____ who is enrolled as such and accepted by the School, subject to the terms set out herein, indemnify the School and the Astro Kids Directors for the time being for any losses or damages in general, however they may occur, that I as parent / legal guardian of the above child may suffer as a result of any occurrence whereby the child may be involved, whether as the causing or suffering party, whilst participating in any school activity, except if such loss or damage arises as a consequence of the gross negligence or wilful misconduct of the School or the Astro Kids Directors or any person acting for or controlled by the School or the Astro Kids Directors.

5. In particular, I authorise that the aforesaid child may be involved in all excursions undertaken by his / her group or class during school days as part of his / her learning experience and, where applicable, I agree that he / she may utilise the transport arranged by the School for such excursions. I also indemnify the School and the Astro Kids Directors for any damages or losses that I as parent / legal guardian of the above child may suffer under such circumstances and voluntarily accepts the risks associated therewith, except if such loss or damage arises as a consequence of the gross negligence or wilful misconduct of the School or the Astro Kids Directors or any person acting for or controlled by the School or the Astro Kids Directors.

Signature of Parent / Legal Guardian:	
Date:	
Place:	
Witness: