



## ENROLMENT FORM – CONTRACT

### The Child's information

Name						
Surname						
Date of Birth			Age			
Home Language						
Religion						
Gender						
Residential address						
Allergies						
Special notes						
Starting date						

Number of children in the family:	1	2	3	4	5	6
Age:						

### Mother / Legal Guardian's Details

Name						
Surname						
Identity Number						
Marital Status						
Residential address (if different to child's address).						
Email address						
Cell No						
Occupation						

Employer's Name		Tel no:	
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Are you the biological parent of the child?	Yes		No	
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**Father / Legal Guardian's Details**

Name			
Surname			
Identity Number			
Marital Status			

Residential address (if different to child's address).			
Email address			
Cell No			
Occupation			
Employer's Name		Tel no:	
Are you the biological parent of the child?	Yes		No

**Does one parent have legal custody of the child? If yes please write down the parent with legal Custody:**

\_\_\_\_\_

**EMERGENCY CONTACT**

Name			
Telephone no		Cell No	
Email			
Relationship			

**PERSON/S RESPONSIBLE FOR PICK-UP**

Name			
Telephone no		Cell No	
Email			
Relationship			

**HEALTH QUESTIONNAIRE**

Please check the following relevant boxes:

Description	Yes	No
Chicken pox		
Diphtheria		

Typhoid		
Measles		
Epileptic Fits		
Tuberculosis		
German measles		
Mumps		
Scarlet fever		
Whooping cough		
Convulsions		
Hepatitis B		
List other illnesses not mentioned above:		
Is your child presently on medication?		
If yes for any of the above mentioned, please supply details:		
Has your child any problems with:	<b>Yes</b>	<b>No</b>
Hearing?		
Sight?		
Speech?		
Does your child show any sign of nervousness?		
Has your child ever been referred to a(n):	<b>Yes</b>	<b>No</b>
Occupational Therapist?		
Speech Therapist?		
If yes for any of the above mentioned, please supply details:		

Family doctor's name (if applicable).		Contact no:	
Medical Aid name:		Medical aid no:	
Do we have your permission to call any local doctor or emergency service to attend to any emergency regarding your child:	Yes	No	

<b>PERSON/S RESPONSIBLE FOR PAYMENT</b>	
Name	
Surname	
Identity Number	

## Fees 2022

Registration fee R500	3 Months – 18 Months	18 Months – 6 Years
Half day	R2400	R2200
Full day	R2800	R2600

Declaration by parent(S) / Guardian:

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I,

\_\_\_\_\_, declare that the information herein as supplied by me/us is correct and to the best of my /our knowledge.

- Agree to abide by Little Elite Kids rules as in Annexure A of this document.
- Agree to pay a non-refundable enrolment fee of R500.00 on acceptance of this enrolment at Little Elite Kids
- Agree to pay the monthly fees in full even if my/our child is away on holiday or absent or for any other reason.
- Am aware that the school will be closed every year from a date in December to a date in January of the following year (exact dates to be announced not later than 1 November of each year).
- Agree to pay the monthly fees in full for the months of December and January in order to retain enrolment.
- Agree to pay legal and collection fees incurred on overdue accounts.
- Agree that any information in this application may be used and disclosed to third parties if required for the well-being of my/our child by the Department of Health.
- Understand that I/we may inspect any information to any emergency regarding my/our child and I/we undertake to meet all expenses incurred.
- Are aware that my enrolment can be cancelled by Little Elite Kids with 7 days' notice and that no reason for such action need to be supplied by Little Elite Kids.
- We am/are aware that parents are jointly and severally liable for the payment of the monthly fees as agreed herein.
- Practical activities will be charged for separately.
- Accept that the monthly fee \_\_\_\_\_ is payable in advance before the 1th day of each month.
- Agree to give one calendars months' notice in writing if the service as indicated is no longer required (Notice to be given on the first day of the month for that Month). Or pay one month's fee in lieu of notice.

This implies that:

- Notice to terminate the service must reach the office by no later than the first working day of the last month that the child will attend Little Elite Kids.
- Notice to terminate must be in writing and that verbal notice will not be acceptable in terms of my agreement signed with the preschool.
- I/we agree to pay the monthly fees in full even if my/our child is away on holiday or absent for any other reason.
- Consent & Indemnity: do hereby give my/our consent that my/our child as mentioned above may take part in all class room and playground activities.

- Little Elite Kids does not accept responsibility for any medical expenses.
- I/we accept that all precautions will be taken for the safety and wellbeing of my/our child.

Signed at \_\_\_\_\_ on the \_\_\_\_\_, of \_\_\_\_\_ 20\_\_\_\_

**Signature of Parents**

Mother full name: \_\_\_\_\_ Signature \_\_\_\_\_

Father full name: \_\_\_\_\_ Signature \_\_\_\_\_

Annexure A

**Rules and conditions of enrolment regarding Little Elite Kids Preschool.**

*This forms part of the enrolment contract.*

- School Hours: Monday-Friday: 06h00-18h00
- Parents collecting their children after the time agreed per enrolment must get a message to Little Elite Kids informing us as to why you are late.
- The centre will then arrange the child supervised by a Teacher/Assistant at an additional minimum fee of R50.00 for the first hour or part thereof and R100.00 per hour or part thereof for any additional time.
- Parents with any query or request regarding their children enrolled at Little Elite Kids must contact the owner without delay.
- Breakfast is served between 08h00 and 08h30. ~~S~~nack time will commence at 10h00 Lunch is served between 11h45 and 12h45.
- Late snack time will commence at 15h00
- All fees are payable no later than the 4th working day of each month
- It is agreed between Little Elite Kids and yourself that a penalty of 10% of the monthly fee will become payable and be charged to your account for every month that the monthly fee is not received in full by the 4th working day.
- When applicable parents must fill out the medication chart stipulating dosages and the time when medication is to be administered, Medication containers are to be clearly labelled indicating the content and the name of your child. No medicine will be administered unless the medicine chart has been completed by the parent.
- All possible precautions will be taken to prevent any loss or damage to clothing. However, Little Elite Kids does not accept responsibility if loss or damage to clothing does occur.
- Clothing must be marked clearly.
- Fees are based monthly from January to December.

Signed at \_\_\_\_\_ on the \_\_\_\_\_, of \_\_\_\_\_ 20\_\_\_\_

**Signature of Parents**

Mother full name: \_\_\_\_\_ Signature \_\_\_\_\_

Father full name: \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE SUPPLY**

Child birth certificate

Updated clinic card

Mother / guardian: ID document/passport

Father / guardian: ID document/passport

Medical aid card

Completed enrolment forms