



Veldenvlei 25 Via Verbena
035 789 2389
Meerensee 14 Grunter Gulley
035 753 1400
Empangeni 12 Higgs Road
061 620 9066

Life Affords No Greater
Responsibility, No Greater
Privilege Than The Raising Of
The Next Generation

Keeping 2 eyes on your Kids
www.little-rascals.co.za



Little Rascals 1
25 Via Verbena
Veldenvlei
035-7892389
vvlei@little-rascals.co.za

Little Rascals 2
14 Grunter Gully
Meerensee
035-7531400
msee@little-rascals.co.za

Little Rascals 3
12 Higgs Road
Empangeni
035-7721003
emp@little-rascals.co.za

ADMIN AND PRE- SCHOOL FACILITATORS
CHRISTEL ROBBERTZE (Principal Veldenvlei and General Manager)
MARINDA HORN (Principal) Empangeni
NADIA MAREE (Principal) Meerensee

APPLICATION FOR ADMISSION

Little Rascals Pre-school (Pty) Ltd 2013/115014/07

Name of learner
(First name and Surname)

Date of Birth:
DD/MM/YY

Applying for: YEAR | | Term | | Grade/Class |

Gender: | Boy | | Girl |

Application Information and Requirements

- Please complete ALL sections. Please supply a physical address as well as a postal address if applicable.
- The application must accompanied by the following documents.
 - Copy of child birth certificate/Passport
 - Proof of residence
 - Medical details where relevant
 - Copy of both parents identity documents
 - Letter of report of the child's healthy state (obtain by the clinic)
 - Please complete our fee certificate and return it back to us.

REGISTRATION FEE: A R1000 registration fee for new and old parents is payable when submitting your application. Please note that application will not be processed unless this fee and all the relevant Documentation have been received.

Your R1000 enrolment will serve as a notice month or alternatively for your school fees in December month. You will not be charged school fees in December and the R1000 will be used for this. Should you cancel your agreement within the first month and pay your school fees for that month as required then a R 250 handling fee will be charged .

NO INCOMPLETE FORMS WILL BE ACCEPTED

FOR OFFICE USE ONLY

RECEIVED ON: _____

DOCUMENTS RECEIVED: YES|_____| NO |_____|

CHILD BIRTH CERTIFICATE: YES|_____| NO |_____|

PROOF OF RESIDENCE: YES|_____| NO |_____|

DEPOSIT RECIEVED: YES|_____| NO |_____|

ACCEPTED | YES|_____| NO |_____| CLASS:_____

OTHER PERSONAL DETAILS OF LEARNER

Surname: _____

First Names: _____

Known As: _____

Nationality: _____

Place of birth: _____ |Home language: _____

Place in family: _____ |Religion: _____

SA Citizen: |Yes|_____| |No|_____

Current Learning Facility: _____

Reference Person: _____

Contact Number _____ |Work Number _____

PARENTS/GUARDIANDETAILS

	FATHER	MOTHER
Surname:		
First names:		
ID Numbers:		
Occupation:		
Name of employers:		
Home telephone no:		
Work telephone no:		
Cell phone no:		
Email address:		
Alternative name contact no:		
Residential address:		
Postal address:	Code:	Code:

WITH WHOM DOES THE LEARNER RESIDE?			
Both parents	Mother	Father	Guardian Other _____
Grandparents			
CORRESPONDENCE			
Please indicate who is to receive the report		Father	Mother
Please indicate who is to receive the school account		Father	Mother
Please indicate who will receive email communication		Father	Mother
Guardian			

MEDICAL INFORMATION- Please indicate				
Birth Weight:				
Family medical history (allergies congenital abnormalities)				
Medical aid:			Membership no:	
Any problems during pregnancy/confinement: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Any post natal problems with child (jaundice/lights,ect): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Milestones- Give age when child started	Teething:	Crawling:	Talking	Walking:
Illnesses your child has had	Measles	German measles	Whooping cough	Mumps
Illnesses current or pass	Chicken pox	Epilepsy	Other	
Illnesses against which immunized	Tuberculosis	Whooping cough	Polio	Measles(MMR)
	Tetanus	German measles	Mumps	Diphtheria
Operations your child has had:				
Any serious accident:				
Any problems connected with	Hearing:	Sight:	Teeth:	Speech:
	Urination:	Other:		
Is the child on special medication: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Any Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Any food or drink the child must avoid? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of family Doctor	Name: Address: Tel no:			
Feeding: Bottle/Brest				
Is the child general healthy?				
Does the child have a healthy appetite? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the child's sleeping pattern?			Bed Time:	
Is the child generally independent?				
Is the child completely potty trained?				
Is there any habit which concerns you?				
Is your child presently on medication? <input type="checkbox"/> Yes <input type="checkbox"/> No				
When last was your child examined by the Doctor: 1 Week ago <input type="checkbox"/> 1 month ago <input type="checkbox"/>				

TERM AND CONDITIONS OF ENROLEMENT

I (full name) _____ the parent/legal guardian of (Childs full name) _____

I/We apply for enrolment of our/my child at LRPS. We understand that the enrolment is subject to the rules and regulations attached to this document as well as the terms and conditions as set out below.

1. REGISTRATION FEE

This enrolment is conditional upon payment of the registration fee as referred to in the schools letter of acceptance.

2. ATTENDANCE

The school is open from 6:00 am to 6 pm Monday to Friday excluding public holidays and we are closed in December for a period of 3 weeks. Our closing date will be notified closer to the December period.

Parents should notify the school by 8:00 am if their child is unable to attend for any reason or is going to arrive after 8:00 am. Parents have to notify the school if the child is going away for more than a week at least 1 week in advance.

3. COLLECTION

Children will not be allowed to be collected by anyone else without notifying the school in advance. The person collecting the child must be on Little Rascals collecting list. Only if an approved collection form is signed by the parent responsible will the child be allowed to leave the premises.

Late collection fee is R30 per 5 minutes or R50 per 15 min and R100 per half an hour. Please indicate below who will be allowed to collect your child from our school.

Name of person: _____ Contact no. _____

Id No: _____

Parents sign _____.

(Please make sure you sign the form supplied by the school)

4. HEALTH

Should your child or member of your family contract a notifiable disease or infectious ailment you must inform us. We are then able to inform other parents promptly. Please do not bring your child to school when they are ill. The school reserves the right to refuse entry to any child who the school principal considers to be unwell or suffering from any contagious or infectious illness. If your child becomes ill during school we will contact you. If we are unable to contact you we will contact the alternative person on the enrolment form. The school staff may act in loco parents for the child in case of illness, accident or emergency. Staff will take such actions as the principal sees fit including hospitalization whether or not the parents or next of kin have been informed. Every possible effort will be made to contact the parents or authorized people in an emergency. In a case of emergency you as the parents will be responsible to meet all expenses incurred.

We do have our own medically trained staff as well as a dedicated ambulance service in the event of an emergency.

Do we have your permission to call your doctor to attend to any emergency regarding your Child Yes No.

Do you agree to meet all expenses incurred? Yes No.

5. NOTICE OF LEAVING

One full month's written notice is required if leaving the school.

School fees are payable even if your child is sick or you have gone on holiday or any other reason.

I agree to pay legal and collection fees incurred on overdue accounts.

I agree that any information in this application may be used and disclosed to third parties if required for the wellbeing of my/our child by the department of health. I understand that LRPS may handover any information to any emergency officer regarding my/our child and I/we undertake to meet all expenses incurred.

Parents may be given notice at the discretion of management, should the child interfere with the wellbeing of other students. This may include consistent anti-social behaviour, aggressive behaviour. Notice may also be given to parents for overdue fees or any other reason as decided by the management.

We will provide breakfast and lunch with some juice.

(Please view our menu brochure for more info)

Please supply a healthy snack time meal with juice.

CONSENT & INDEMNITY

I _____ and _____ -

parent(s)/guardian of _____

- hereby give my/our child as mentioned above permission to take part in all class room and playground activities. We grant permission for my/our child to take part in any school outings. I/We hand over my/our authority as parents/guardians to the principal or representative if medical assistance is required during school outings or during the transportation to outings. I hereby do not hold the principal or staff of Little Rascals Group responsible for any injuries or losses that may be caused.

- I/we accept that all precautions will be taken for the safety and well being of my/our child.

Signed in _____ On this day of _____ 20_____

Signature of parents

Mother: _____ ID NO: _____

Father: _____ ID NO: _____

Guardian: _____ ID NO: _____

Witnessed by: _____ ID NO: _____

Annexure A

Rules and conditions of enrolment regarding Little Rascals Pre-Schools Group.

- School Hours: Monday – Friday: 06h00-18h00
- Parents collecting their children after the agreed time according to enrolment contract must inform the school when you are late so we may plan accordingly.
- Parents with a query or request regarding their children enrolled at Little Rascals Pre-School can contact the Principal or Owner without delay for a swift conclusion into the matter.
- Breakfast is served between 08h00 and 08h30.
- Snack time will commence at 10h00.
- Lunch is served between 11h45 and 12h45.
- Full day children snack will commence at 15h00.
- All fees are payable no later than the 4th working day of each month and in advance of the service month. Please use your child's name as a reference when making payments. All account queries may be addressed to acc@little-rascals.co.za
- It is agreed between Little Rascals Pre-School 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 of the current month.
- You will only be billed for an 11 month year and your R1000 enrolment fee will be utilized for the December month school fees. You need not pay school fees in December.
- Should medicine need to be administered to your children please complete the medication chart stipulating dosages quantities 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 medication chart is completed by the parent.
- All possible precautions will be taken to prevent any loss or damage to clothing. However, the Pre-School does not accept responsibility if loss or damage to clothing does occur beyond our control. Clothing must be marked clearly.
- Little Rascals Pre-School reserves the right to cancel this agreement by giving the parent(s) seven days notice of such intention without having to supply reasons for such actions.
- Daily rates for any part of the day: R120.00 per day (if vacancies are available)

Declaration to be completed by parent(s) / Guardian of the child that is enrolled at any of the Little Rascals Pre-School Branches.

I, _____ and

The parent(s) / guardian of _____

- I Accept the monthly fee of R_____ is payable by not later than the 4th day of each month.
- I Agree to give one calendar months notice in writing if the services as indicated is no longer required or pay one months fees in lieu of notice.
- 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 the Pre-School.
- Notice to terminate must be in writing and no verbal notice will not be acceptable in terms of my agreement signed with the LRPS.

Signed in _____ On this day of _____ 20_____.
Signature of parents.

Mother: _____ ID No: _____

Father: _____ ID No: _____

Guardian: _____ ID No: _____

Witnessed by: _____ ID No: _____