Admin - 035 7892389 - Christel Robbertze
Crèche Facilitators/MOBILE:0786160763
LITTLE RASCALS

HEAD OFFICE

25 VIAVERBENA
VELDENVLEI
Richards Bay

ENROLMENT FORM - CONTRACT

The Child's information

Surname: _____ Name: _____
Date of Birth: _____ Home Language: _____
Gender: Male ☐ Female ☐ Age: _____
Telephone (H): _____
Residential address: _____
_____

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

Mother / Legal Guardian's Details

Surname: _____ Name: _____
Identity Number: _____ Marital Status: _____
Residential address: _____
_____
Telephone no (H): _____ Telephone no (W): _____
Cell No: _____ Email address: _____
Religion: _____ Occupation: _____
Employer's Name: _____ Employer's Tel no: _____

Are you the biological parent of the child? Yes ☐ No ☐

Father / Legal Guardian's Details

Surname: _____ Name: _____
Identity Number: _____ Marital Status: _____
Residential address: _____
_____
Telephone no (H): _____ Telephone no (W): _____
Cell No: _____ Email address: _____
Religion: _____ Occupation: _____
Employer's Name: _____ Employer's Tel no: _____

Are you the biological parent of the child? Yes ☐ No ☐

Name of Parent with Legal Custody: _____

Both parents and witness must initial on this page

People to contact in case of an emergency

Mother: Yes ☐ No ☐ Father: Yes ☐ No ☐

Other:

Name: _____ Telephone no (H): _____

Telephone no (W): _____ Cell No: _____

Relationship: _____

Health Questionnaire

Copy of child's original clinic card will be required

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:

_____

	Yes	**No**
Is your child presently on medication?		
Does your child have any allergies?		

If yes for any of the above mentioned, please supply details:

Has your child any problems with:	**Yes**	**No**
Hearing?		
Sight?		
Speech?		
Does your child show any sign of nervousness?		
Has your child ever been referred to a(n):	**Yes**	**No**
Occupational Therapist?		
Speech Therapist?		

If yes for any of the above mentioned, please supply details:

_____

_____

Family Doctor's name: _____ Telephone no: _____

Medical Aid name: _____ Medical aid no: _____

Do we have your permission to call any local doctor to attend to any emergency regarding your child: Yes ☐ No ☐

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

Please supply us with a copy of both parents ID documents as well as a copy of the medical aid card/number and name.

Both parents and witness must initial on this page

Declaration (1) by parent(S) / Guardian:

I, _____ and

_____

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

- Agree to abide by the day-care's rules as in Annexure A of this document.

- Agree to give one calendar months' notice in writing if service as indicated is no longer required or pay one month's fee in lieu of notice (Notice to be given on the first day of the month for that Month).
- Agree to pay a non-refundable enrolment fee of R250.00 on acceptance of this enrolment if not enrolled the previous year at this day-care centre.
- 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 day-care centre 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.
- Consent to my/our child's photo and name appearing in media and publicity.
- 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 the Daycare Centre with 7 days notice and that no reason for such action need to be supplied by the Daycare Centre.
- **NB- 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.

Signed in _____ On this day of _____ 20 _____

Signature of Parents

Mother: _____ ID No: _____

Father: _____ ID No: _____

Witnessed by: _____ ID No: _____

Both parents and witness must initial on this page

Declaration (2) by Parent(S) / Guardian:

I, _____ and

_____

as legal parent(S) /guardian(S)

- Accept that the monthly fee is R_____
- Is payable in advance before the 4th day of each month.
- Agree to give one calendars months notice in writing if the service as indicated is no longer required
- Or pay one months 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 the Daycare Centre.
- Notice to terminate must be in writing and that verbal notice will not be acceptable in terms of my agreement signed with the Daycare Centre.
- 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.

Signed in _____ On this day of _____ 20 _____

Signature of Parents

Mother: _____ ID No: _____

Father: _____ ID No: _____

Witnessed by: _____ ID No: _____

Both parents and witness must initial on this page

Consent & Indemnity

I, _____ and

_____

the parent(s) / guardian of: _____

- do hereby give my/our consent that my/our child as mentioned above may take part in all class room and playground activities.
- 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: _____

Witnessed by: _____ ID No: _____

Both parents and witness must initial on this page

Annexure A

Rules and conditions of enrolment regarding Little Rascal's Day-care Centre.
This forms part of the enrolment contract.

- School Hours: Monday-Friday: 06h00-18h00
- Parents collecting their children after the time agreed according to enrolment must get a message to the Day-care centre informing us as to why you are late.
- The centre will then arrange the child supervised by a baby sitter 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 Rascals Day-care Centre must contact the owner without delay.
- Breakfast is served between 08h00 and 08h30.
- Snack time will commence at 10h00
- Lunch is served between 11h45 and 12h45.
- 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 Rascals Day-care centre 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, the Day-care Centre does not accept responsibility if loss or damage to clothing does occur.
- Clothing must be marked clearly.
- Fees are based on a four week monthly rate which equals 48 weeks per year. There are however 52 weeks per year and the fees for the months December and January are thus payable in full.
- Little Rascals Day-care Centre 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: R100.00 per day (If vacancies are available)

- **All children** (0-36 months)must bring to the day-care the following:
  - ✓ Purity for the day (If needed)
  - ✓ At least 5 nappies for the day
  - ✓ Clean bibs for the day
  - ✓ Milk in own bottles prepared for the day
  - ✓ Lunch to be supplied (The school will supply breakfast and Juice)
  - ✓ Extra set of clothing
  - ✓ sunscreen / hat
  - ✓ wipes

 Both parents and witness must initial on this page

Declaration to be completed by Parent(s) /Guardian whose child is at present enrolled at Little Rascals Day-care Centre.

I, _____ and

_____

the parent(s) / guardian of: _____

- Apply for a place to be reserved for the above mentioned child at Little Rascals Day-care Centre for the year _____.
- Accept that the monthly fee of R_____ is payable by not later than the 4th day of each month.
- Agree to give on calendar months' notice in writing if the service as indicated is no longer required or pay one month's fees 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 the Day-care Centre.
- Notice to terminate must be in writing and that verbal notice will not be acceptable in terms of my agreement signed with the Day-care Centre.

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.

Signed in _____ On this day of _____ 20 _____

Signature of Parents

Mother: _____ ID No: _____

Father: _____ ID No: _____

Witnessed by: _____ ID No: _____

 Both parents and witness must initial on this page