ENROLMENT AGREEMENT AND APPLICATION 2023
(This application is only for Grade 1 at 4 Pasteur Road, Empangeni)

LRPS Group and Parents/Guardians: (FULL NAMES AND SURNAMES OF PARENT(S)/GUARDIAN(S))

________________________________________________________________________

Application for: (FULL NAMES AND SURNAMES OF CHILD/CHILDREN)

________________________________________________________________________

________________________________________________________________________

NO INCOMPLETE APPLICATIONS FORMS WILL BE ACCEPTED

OFFICE USE: (Administrator or Principal to complete this section before submitting to Head Office for Approval)
Childs Full Name and Surname: ____________________________________________________________
Starting Date: __________ Age on Starting Date: ______ Grade/Class: ________________________
Agreed Option Amount: ___________________________ Agreed Option Time: ______________________
Registration Fee Payment: Receipt No. __________ (Attach proof of payment, including EFT or Bank Deposit)
Starting Month Fee Payment: Receipt No. __________ (Attach proof of payment, including EFT or Bank Deposit)
Comment: ____________________________________________________________

I have informed the parents/guardians of all important points and have checked the application and documents.
Administrator or Principal: Name: __________________________ Signature: _______________ Date: __________

Initial
APPLICATION REQUIREMENTS

- Please complete ALL sections.
- Application will not be accepted if it is not complete.
- Only once your application is approved may you send your child/ren to school.
- Documents required for the processing of this application:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>YES</th>
</tr>
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<tbody>
<tr>
<td>Copy of child’s Unabridged birth certificate / passport</td>
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<tr>
<td>Certified copy of both parents / guardian’s ID</td>
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<tr>
<td>In case of Guardianship – Proof of Guardianship</td>
<td></td>
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<tr>
<td>Copy of 3 months bank statements of both parents/ guardians/person responsible</td>
<td></td>
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<tr>
<td>Copy of latest payslip/proof of income of both parents / guardians/ person responsible</td>
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<tr>
<td>Report of Previous year (for Grade 1 Application)</td>
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<tr>
<td>Transfer/Confirmation Letter from current school (Grade 1 Application)</td>
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<tr>
<td>Fee Clearance Certificate from current school</td>
<td></td>
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<tr>
<td>Copy of Learners clinic card (Road to Health)</td>
<td></td>
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<tr>
<td>Copy of Medical Aid Card (if applicable)</td>
<td></td>
</tr>
<tr>
<td>2 x ID photos of Child taken in year of application</td>
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<tr>
<td>Parents Proof of Residence</td>
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AFFORDABILITY ASSESSMENT

Please be advised that this application is subject to an affordability assessment. By completing same you give Little Rascals Pre School and/or its agent/attorney permission to make enquiries to any and all major credit bureaus, including attending to do any credit searches and identification verification searches or enquiries to obtaining any and all information pertaining to your credit rating and payment history.

REGISTRATION FEE:

A non-refundable R1 000.00 registration fee is payable when submitting your application form. This application will not be processed unless this fee and all the relevant documentation has been received.

Class Structure

Grade 1 – 6 turning 7 years
PART A – INFORMATION FORM

PLEASE TAKE NOTE THAT NO INCOMPLETE FORMS WILL BE ACCEPTED

Parent(s)/Guardian(s) are hereby informed that a new Information Form will need to be completed and signed at the beginning of each year and when any information pertaining to the said parent(s)/guardian(s) change during the course of any year.

LEARNER DETAILS

Surname: ____________________________________________________________

First Names: __________________________________________________________

Known as: ____________________________________________________________ Gender: __________________________

Date of birth: _________________________________________________________ Home language: __________________________

Place of birth: _________________________________________________________ Religion: __________________________

Nationality: ____________________________________________________________ SA Citizen: Yes|____  No|____

Current learning facility: ________________________________________________

Reason for leaving: ____________________________________________________

Please state the date you would like the Learner to start attending: _________________

PARENTS DETAILS

FATHER/GUARDIAN (Person responsible for School Fees Account: YES ____  NO  _____ )

Surname: ____________________________________________________________ First name: __________________________________

ID Numbers: __________________________________________________________ Occupation: __________________________

Name of employer: ______________________________________________________________________________________

Cell Phone No.: ____________________________ Work No. __________________________

Email address: ______________________________________________________________________________________

Physical address: ______________________________________________________________________________________

Vehicle (Make & Model): ____________________________ Registration No.: __________________________

MOTHER/GUARDIAN (Person responsible for School Fees Account: YES ____  NO  _____ )

Surname: ____________________________________________________________ First name: __________________________

ID Numbers: __________________________________________________________ Occupation: __________________________

Name of employer: ______________________________________________________________________________________

Cell Phone No.: ____________________________ Work No. __________________________

Email address: ______________________________________________________________________________________

Physical address: ______________________________________________________________________________________

Vehicle (Make & Model): ____________________________ Registration No.: __________________________

Initial

Page 3 of 10
**ALTERNATIVE CONTACT**

Surname: ___________________________________ First name: ____________________________________

Contact No.: ___________________________ Relation to child: ___________________________________

Who does your child reside with? ______________________________________________________________

Name: ___________________________________ Contact: ___________________________________ Relation: ___________________________________

**MEDICAL INFORMATION**

Medical Aid: ___________________________ Membership No. ___________________________.

Main Member: ___________________________ ID No. ___________________________.

Family Doctor Name: ___________________________ Contact No. ___________________________.

Doctor Address: ___________________________.

Does your child have any allergies? If yes, please explain _______________________________________

Are there any food or beverages your child should avoid? If yes, please explain _______________________

Child weight as birth: _______ Feeding(breast/bottle) ___________________________.

Any problems during pregnancy/birth? ___________________________.

Any post-natal problems with child (jaundice etc)? ____________________________________________

Has your child had any operations? If yes, please explain _________________________________________

Has your child been in any serious accident or encountered any traumatic situation? If yes, please explain __________________________________________

Is your child on any chronic medication? If yes, please explain __________________________________

Is your child generally healthy? ______________ Does your child have a healthy appetite? _____________

Is your child completely potty trained? _______________________________________________________

Does your child have any habits that concern you? ______________________________________________

**Milestones**

What age did your child start the following:

Teething ___________ Crawling ___________ Talking ___________ Walking ___________

Illness your child has had please tick

Measles [ ] German measles [ ] Whooping cough [ ] Mumps [ ] Chicken Pox [ ] Other [ ]

Any current illness? If yes, please explain _____________________________________________

Any problems with the following:

Hearing [ ] Sight [ ] Teeth [ ] Speech [ ] Urination [ ] Other: ____________________________________

______________________________________________________________________________________
I/We hereby confirm that the information supplied by me/us is correct and that I/we will inform Little Rascals Pre School immediately in writing should any of the said information change.

Signed at ______________________ on ______________________ 20________

__________________________  _________________
FATHER/LEGAL GUARDIAN  MOTHER/LEGAL GUARDIAN

PART B – FINANCIAL AGREEMENT

Parent(s)/Guardian(s) are hereby informed that a Financial Agreement will need to be completed and signed upon enrolment and for every following year for as long as the child(ren) remain enrolled at Little Rascals Pre School.

1. REGISTRATION FEE
   This enrolment is subject to the payment of a non-refundable registration fee in the amount of R1 000.00 payable to the banking account of Little Rascals Pre School as set out in clause 3 hereunder.

2. ENROLMENT OPTIONS
   Please indicate the option of your choice by ticking the box next to the option.

   Little Rascals 7 - Empangeni
   7h30 – 13h00  R2 100 p/m
   13H00 – 18H00  R 500 p/m    Aftercare: Yes/No ______

3. BANKING DETAILS

   Upon enrolment approval, you will be given an account reference number. Please use the account reference number when making EFT payments or Bank Deposits. If you have not yet received the number, please use your child’s name and surname as it is on the contract, as the reference.

   Acc Holder:    Little Rascals Zululand (PTY) LTD
   Bank:          Standard Bank
   Branch Code:   051001
   Acc No.:       043 033 024

   Email acc@little-rascals.co.za or call 035 789 2770 for any account related questions or queries.
4. All fees are payable on or before the 1st day of the month in advance of the month attending and will be so charged until such time as written notice of cancellation is received by Little Rascals Pre School.

5. Monthly school fees are payable even if your child is absent for any reason.

6. Accounts that have not been paid by the 7th day of each month will be issued with a suspension letter and thereafter if we still have not received the due amount, the account will be handed over to the Attorneys of Little Rascals Pre School for collection as more specifically set out in clause 11 of Part C - Terms and Conditions of Enrolment.

7. Payments of amounts due and payable are to be made into the bank account of Little Rascals Pre School as set out in clause 3 above.

8. Fees are billed for an 11 month year and the R1 000.00 registration fee, paid upon enrolment, is utilized in respect of the fee for December.

9. All account queries must be referred to acc@little-rascals.co.za, alternatively by calling 035 789 2770 from Monday-Thursday between the times of 8am – 3pm

10. Declaration to be completed by Parents/Guardian of the child that is enrolled at any of the Little Rascals Pre-School Branches:
I, ____________________________________________ and ____________________________________________ the parents/guardians of ____________________________________________, hereby,

10.1. Accept that the monthly fee of R__________________, as selected in clause 2 of this Financial Agreement, is payable not later than the 1st day of each month; and

10.2. Acknowledge and agree that in the event of 2 or more persons signing as party to this agreement, that all such signing parties will be held jointly and severally liable in respect of payment of any amount due and payable to Little Rascals Pre School, the one paying the other to be absolved; and

10.3. Acknowledge that accounts which have not been paid by the 7th day of each month will be handed over to the Attorneys for collection.

Signed at ____________________________ on ____________________________ 20__________.

FATHER/LEGAL GUARDIAN ____________________________ MOTHER/LEGAL GUARDIAN ____________________________ WITNESS ____________________________

ID NUMBER ____________________________ ID NUMBER ____________________________ ID NUMBER ____________________________
PART C – TERMS AND CONDITIONS OF ENROLMENT

1. TERMS AND CONDITIONS OF ENROLMENT

I (full name) ________________________________ and
the parent(s)/legal guardian(s) of (Childs full name) ________________________________ hereby apply for the enrolment of my child at LRPS. We understand that the enrolment is subject to the terms and conditions contained herein.

2. SCHOOL HOURS AND ATTENDANCE

2.1. The schools are open from 08h00 to 18h00 or 08h30 to 17h00 from Monday to Friday excluding Public Holidays and we are closed for a period of 3 weeks in December (dates will be communicated closer to the time).

2.2. Parents are to please notify the school by 07h00 if their child is unable to attend for any reason or is going to arrive after 07h30.

2.3. Parents must notify the school if the child is going away for more than a week at least 1 (one) week in advance.

3. SCHOOL UNIFORM

3.1. School Uniform is available on order and parents/guardians will be advised when orders are placed and when orders are ready for collection.

3.2. School uniform is compulsory as this not only associates your child with our school but also assists in identifying your children on school outings.

3.3. The money paid to the school for the uniform order is non-refundable, for any reason or unforeseen circumstance.

4. MEALS

4.1. Breakfast and a small Lunch will be provided.

4.2. Please ensure that you provide a healthy snack and cold drink for your child.

4.3. Aftercare children will receive a sandwich and juice mid-afternoon (14h30).

5. COLLECTION

5.1. Children may not be collected by anyone else without prior notification. We offer an Access Control Procedure.

5.2. The person collecting the child MUST be on the Little Rascals Authorised Collection List and only once the Approved Collection/Taxi Procedure Form (Part D of this Agreement) has been signed by the parent(s)/guardian(s) responsible, will the child be allowed to leave the premises.

5.3. Parent(s)/Guardian(s) collecting their children after the agreed time according to the enrolment contract must inform the School when they are late, so the School may plan accordingly.

5.4. A Late Collection Fee will be charged as follows if you or your authorised adult is late in collecting your child:

   5.4.1. R50 per 15 minutes late
   5.4.2. R100 per 30 minutes late

5.5. You will be encouraged to sign up for Aftercare if you are frequently late to collect your child.

6. HEALTH

6.1. Should your child or a member of your family contract a notifiable disease or infectious ailment you must inform the school at the soonest possible moment to enable Little Rascals Pre School to inform the other parents/guardians accordingly and thus prevent an outbreak in the school.

6.2. 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 until such a time as you are able to provide the school with a medical certificate from a qualified medical practitioner confirming that the child is no longer unwell or suffering from any such contagious or infectious illness.

6.3. Please DO NOT bring your child to school when they are ill.

6.4. Should medicine need to be administered to your children, please complete the Medication Consent Form 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 form is completed by the parent(s)/guardian(s).

6.5. If your child becomes ill during school, we will contact you alternatively, in the event that 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.

6.6. Staff will take such actions as the principal sees fit including hospitalization, whether the parents or next of kin have been informed or not.

6.7. Every possible effort will be made to contact the parents or authorized people in an emergency.

6.8. In a case of emergency, you, as the parents, will be responsible to meet all expenses incurred.

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

6.10. Do we have your permission to call your doctor to attend to any emergency regarding your child? Yes ☐ No ☐

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

7. CODE OF CONDUCT

7.1. The parent(s)/guardian(s) agree to adhere to the school rules and disciplinary code and to ensure that their child(ren) do so as well.

Initial
8. NOTICES
8.1. The Parent(s)/Guardian(s) acknowledge that any and all notices as referred to in this Enrolment Agreement are to be submitted in writing to Little Rascals Pre School including but not limited to notice of cancellation of agreement.

9. CANCELLATION OF AGREEMENT
9.1. The Parent(s)/Guardian(s) may cancel the agreement on providing Little Rascals Pre School with one calendar month’s written notice or payment of one month’s fees in lieu of notice.

9.2. The School may cancel the agreement by giving the parent(s)/guardian(s) 7 days’ notice at the discretion of management, should the child interfere with the wellbeing of other students, including, but not limited to consistent anti-social or aggressive behaviour.

9.3. Notwithstanding clause 5.2 above Little Rascals Pre School reserves the right to cancel this agreement by giving the parent(s)/guardian(s) 7 days’ notice of such intention without having to supply reasons for its decision to do so.

9.4. If the payment of fees is not being paid monthly, we reserve the right to suspend services until such time as all overdue fees are brought up to date.

9.5. If for any reason the account becomes in a credit, we are not held liable to process any refund of the credit amount, this may be carried over to the following year or placed as a donation towards the school and acknowledgment thereof will be made public.

10. BREACH
10.1. Failure to pay any or all fees when they become due and payable constitutes a breach of this agreement and WILL result in your child being refused entry back into the school until such a time as all fees are paid up to date.

10.2. All accounts not paid by the 7th day of each month will be handed over to the Attorneys of Little Rascals Pre School in which event the parent(s)/guardian(s) hereby agree:

10.2.1. that they elect their physical addresses as set out in Part A – Information Form as their domicilium address for the purposes of delivery for all written correspondence, legal notices and/or Court documents;

10.2.2. that they will be liable for the payment of all legal costs on the attorney and client scale including, but not necessarily limited to, all legal fees, disbursements, collection commission at the rate of 10% and interest; and

10.2.3. to action being instituted in the Magistrate’s Court even in the case where the claim amount may otherwise exceed the monetary jurisdiction of the said Court.

11. INDEMNITY
11.1. All possible precautions will be taken to prevent any loss or damage to clothing or items, however, Little Rascals Pre School does not accept responsibility if loss or damage to clothing or items does occur beyond our control and parent(s)/guardian(s) are hereby advised that All items sent to school MUST be marked clearly.

11.2. The parent(s)/guardian(s) hereby acknowledge and confirm that they have inspected the premises of Little Rascals Pre School and that they are satisfied that the premises, including all equipment and amenities are safe and suitable for the purposes for which they are to be used and that they have made the necessary enquiries to satisfy themselves that all staff are professionally trained and competent of performing the duties delegated to them by Little Rascals Pre School.

11.3. Little Rascals Pre School hereby indemnifies itself, its management, employees, contractors and/or visitors from any claims arising out of any loss, injury or damages suffered by any child, parent(s)/guardian(s), and/or the family, friends, acquaintances, employees and/or contractors of such child or parent(s)/guardian(s) irrespective of the circumstances in which such loss, injury or damages may have occurred.

12. WHOLE AGREEMENT
12.1. The parent(s)/guardian(s) acknowledge that, subject to clause 13.2 and 13.3 below, this document contains the entire agreement between Little Rascals Pre School and themselves and that no variation or amendment thereof shall be valid and enforceable unless reduced to writing and signed by both parties.

12.2. Notwithstanding clause 13.1 above, the parent(s)/guardian(s) acknowledge that a new Financial Agreement (Part B hereof) will need to be completed for each new year that the child(ren) remain enrolled with Little Rascals Pre School and as such the latest signed Financial Agreement will be deemed to be the binding and enforceable Financial Agreement for the relevant year.

12.3. Notwithstanding clause 13.1 above, the parent(s)/guardian(s) acknowledge that a new Information Form (Part A hereof) will need to be completed for each new year or, alternatively, when any information on the said form is to be changed for as long as the child(ren) remains enrolled with Little Rascals Pre School and as such the latest signed Information Form will be deemed to be the binding and enforceable Information Form.

13. DECLARATION
I/we hereby declare that we have read the entire agreement and understood the contents thereof.

Signed at __________________________ on __________________________ 20___

SIGNATURES

FATHER/LEGAL GUARDIAN __________________________ MOTHER/LEGAL GUARDIAN __________________________
PART D: COLLECTION/TAXI PROCEDURE FORM

In the interests of the safety of the Children attending Little Rascals Pre-School, please supply us with the following information:

Childs Name: ____________________________________________
Class: __________________________________________________
Teachers Name: __________________________________________
Person responsible for collecting my child: _______________________
Time of collection: __________________________________________

Parent ☐ Taxi ☐ Family Member ☐

THE FOLLOWING INFORMATION IS REQUIRED FROM THE PERSON COLLECTING YOUR CHILD:

Name: ____________________________________________________
Contact Number: __________________________________________
ID Number: ________________________________________________
Vehicle Registration: _________________________________________

Documents required from the driver:

<table>
<thead>
<tr>
<th>ID Document</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drivers Licence</td>
<td>Yes</td>
<td>No</td>
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</table>

No child will be allowed to leave our premises with anyone other than the parent should these documents not be in place.

Please note that children being dropped off must be accompanied to the door by a responsible adult. When collecting your children in the afternoon, there is a register that must be signed by the driver before we will allow your child to leave our premises.

No children will be allowed to leave our premises with an alternate person unless the parent has contacted us and advised of the alternate arrangements and supplied us with the alternate person’s full name and ID Number.

I, ___________________________ parent/guardian of _______________________________ do not hold the Principal or staff of Little Rascals Pre-School responsible for any injuries or losses once my child has left the premises with the Authorized Driver. I/we accept that all precautions will be taken for the safety and well-being of my/our child.

Signed at ______________________ on this day ______________________, 20____.

FATHER/LEGAL GUARDIAN ___________________________ MOTHER/LEGAL GUARDIAN ___________________________

ID NUMBER ___________________________ ID NUMBER ___________________________
FEE CLEARANCE CERTIFICATE
(To be completed by the pupil’s current School)

Parent Information

Name and Surname of parent/guardian responsible for school fees:
_______________________________________________________________________________________
Identity number of parent/guardian responsible for school fees: _________________________________
Contact number of parent/guardian responsible for school fees: _________________________________

Student information

Learner Full name and Surname: ____________________________________________________________

School Information

Name of current/previous School: _____________________________________________________

Fees Information

Annual fees 20___: _________________________
Fees paid to date: __________________________
Fees outstanding: __________________________

Comments:
____________________________________________________________________________________

Please attach the latest school fees account statement to this form when submitting.

This serves to certify that the above-mentioned parent/guardian has paid school fees as indicated above.

__________________________________          _______________________          _______________________
Finance Department/Principal           Signature                                           Contact

_______________
Date

School Stamp: