LRPS Therapy Centre

ENROLMENT AGREEMENT AND APPLICATION 2026

Application for: (FULL NAMES AND SURNAME OF CHILD)

_____

BY SUBMITTING THIS APPLICATION, YOUR APPLICATION APPROVAL IS NOT GUARANTEED. YOU WILL BE CONTACTED VIA EMAIL WITH YOUR APPLICATION STATUS

REGISTRATION FEE:
A non-refundable R1 000.00 registration fee is payable upon application approval.

INCOMPLETE APPLICATION FORMS WILL NOT BE ACCEPTED

OFFICE USE: (Administrator or Principal to complete this section before submitting to Head Office)

Childs Full Name and Surname: _____

Class: _____ Teacher: _____ REF No. _____

Starting date: _____

Registration Fee Payment: Payment CASH Rec No. _____, EFT/CASH DEP _____(Attach proof of payment)

Comment: _____

I have informed the parents/guardians of all important points and have checked the application and documents.

Name: _____ Signature: _____ Date: _____

LRPS Therapy Centre

ENROLMENT AGREEMENT AND APPLICATION 2026

Application for: (FULL NAMES AND SURNAME OF CHILD)

_____

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.
- A non-refundable R1 000.00 registration fee is payable upon application approval.

Documents required for the processing of this application:

	YES
Copy of child's Unabridged birth certificate/passport	
Certified copy of both parents/guardians' ID	
In case of Guardianship – Proof of Guardianship	
Copy of 3 months' bank statements of both parents/ guardians/person responsible	
Copy of latest payslip/proof of income of both parents/guardians/person responsible	
Report of the previous year	
Transfer Letter from current school (Grade 1 Application)	
Fee Clearance Certificate from the current school	
Copy of Learners' clinic card (Road to Health)	
Copy of Medical Aid Card (if applicable)	
2 x ID photos of the child taken in the year of application	
Parents Proof of Residence	

ENROLMENT FORM

Purposed starting date: _____

PART A – INFORMATION FORM

PLEASE TAKE NOTE THAT NO INCOMPLETE FORMS WILL BE ACCEPTED.

Initial

LEARNER DETAILS

Surname: _____

First Names: _____

Known as: _____ Gender: _____

Date of birth: _____ Home language: _____

Place of birth: _____ Religion: _____

PARENTS DETAILS

FATHER/GUARDIAN **(Person paying School Fees Account: YES ____)**

Surname: _____ First name: _____

ID Numbers: _____ Occupation: _____

Name of employer: _____

Cell Phone No.: _____ Work No. _____

Email address: _____

Physical address: _____

MOTHER/GUARDIAN **(Person paying School Fees Account: YES ____)**

Surname: _____ First name: _____

ID Numbers: _____ Occupation: _____

Name of employer: _____

Cell Phone No.: _____ Work No. _____

Email address: _____

Physical address: _____

Person responsible for paying the school account:

Full Name: _____

I.D. Number: _____ *(please attach a certified copy)*

Cell: _____ Tel (w): _____

Email: _____

Ages 2 to Grade R – R5000 per month (January to December)

Grade 1 to 3 – R6000 per month (January to December)

PLEASE NOTE: Fees are due strictly by the last working day of the month, for the following month in advance.

Financial Agreement

By signing this enrolment application, the parent/guardian agrees to the following financial terms of **LRPS Therapy Centre**:

1. School fees are **payable monthly in advance** and must be settled on or before the **first day of each month**.
2. The monthly fee is payable **January to December**, including school holidays.
3. A **non-refundable registration fee of R1 000** is payable upon acceptance of placement.
4. An **annual resource fee of R2 500** is payable and is **non-refundable**.
5. Fees remain payable during periods of absence due to illness, holidays, or any other reason.
6. Late collections will be **billed accordingly**.
7. Accounts not paid by the due date may result in **suspension of attendance** until the account is brought up to date.
8. One full **calendar month's written notice** is required for withdrawal. Failure to provide notice will result in fees being charged in lieu of notice.
9. All fees are subject to **annual review**, and parents will be notified in writing of any changes.

By signing below, the parent/guardian/account payer confirms that they have read, understood, and agree to the above financial terms.

Parent / Guardian / Account Payer Details

Full Name: _____

ID Number: _____

Contact Number: _____ **Email Address:** _____

I, the undersigned, accept and agree to the financial terms of enrolment at **LRPS Therapy Centre**.

Signature: _____

Date: _____

Banking Details

Account Holder: Little Rascals Zululand (Pty) Ltd
Bank: First National Bank
Account Number: 631 354 819 33
Reference: *Child's Name and Surname*

ALTERNATIVE CONTACT

Surname: _____ First name: _____

Contact No.: _____ Relation to child: _____

Who does your child reside with? _____
Name: _____ Contact: _____ Relation: _____
Parents marital status: _____
Are both parents fully involved in the childs upbringing: Yes/No: _____
_____

MEDICAL INFORMATION

Doctor: _____ Tel. _____

Doctor: _____ Tel. _____

Medical Aid: _____ Number: _____

Scheme option: _____

Hospital: _____

Health Section: (Please answer as accurately as possible so that the school and teachers are aware of any known or suspected conditions)

- Is your child up to date with all his/her immunisations?
  *(*please supply a copy of his immunisation record to the office as well as a new copy with every subsequent immunisation he/she receives.)*

- Has your child been diagnosed with any specific medical condition or disability including ASD (Please include level)?

- Was your child born prematurely? Yes/no and how many weeks (Please note any trauma that occurred during pregnancy, delivery or birth that could have had an effect on your child).

- When did you noticed that your child's milestones were not age appropriate as outlined by paediatricians:

- Does your child have difficulty with feeding/ dressing/ participation/ independence:

- Is your child potty trained/ do you have trouble with potty training:

_____

_____

_____

_____

_____

- If your child has had any of the following tests done please note the date and include names of doctors (ears, eyes, blood tests).
  Ears:_____
  Eyes:_____
  Blood tests: _____
  Has your child received any sort of Assessments: (Educational psychologist, Paediatric Assessment, Speech, OT, etc.)

_____

_____

_____

- Is your child on any prescribed medication:
  (Add medication name and dosage)

_____

_____

_____

_____

- Please state the name of your paediatrician:

_____

_____

_____

- Does your child have any allergies to food or other?

_____

_____

_____

<u>Particulars of previous facility:</u>

Previous school, Day Care, Day Mom etc. attended: (Please include the contact details and send your child's latest report)

_____

_____

INDEMNITY

I/we the father and mother/legal guardians of the child _____, hereby agree:

"That the School, its proprietors, servants and/or staff members will endeavour to exercise the degree of care, diligence and skill that can reasonably be expected in ensuring the safety of children, parents and / or invitees whilst on the school's premises, however, I accept that the School, its proprietors, servants and /or staff members will not be held responsible for any claim, damage, loss, consequential loss, damage to property, injury or illness arising out of the negligence or recklessness of children, parents or invitees, and / or failure of the afore mentioned to follow any safety regulations and instructions from the School, its proprietors, servants and / or staff members. Further the School, its proprietors, servants and / or staff members will not be held liable for any illness or injury suffered as a result of the failure of the parent / guardian to furnish accurate information relating to the child. The School, its proprietors, servants and /or staff members will further not be liable for injury, loss or damages where they could not reasonably have been expected to anticipate the eventuality of such damage, injury or loss being incurred."

We fully understand the above indemnity and have no objection in signing this application form.

Mother:

Name: _____

Signature: _____ Date: _____

Father:

Name: _____

Signature: _____Date: _____

"I the undersigned _____ (parent/guardian) of _____(child) hereby confirm the accuracy of the information provided on this form and understand that the school shall not accept liability for any damage, injury or harm occasioned by the provision of inaccurate information."

SOCIAL MEDIA CONSENT FORM

We occasionally take photos and videos of LRPS Group children while they are at play, learning, and participating in daily activities. These images and videos may be used for the following purposes:

- Training and staff development
- Classroom displays
- Marketing and promotional materials
- Social media platforms
- School website
- Printed publications (e.g. newspapers, flyers, prospectuses, handbooks)

In compliance with the Data Protection Act and Safeguarding Guidelines, we require your consent before including your child in any such material.

Please indicate your choice by ticking ONE option below:

☐ YES, I give permission for my child's photos and videos to be used as outlined above.

☐ NO, I do NOT give permission for my child's photos and videos to be used.

Child's Full Name and Surname: _____

Parent/Guardian Full Name and Surname: _____

Signature: _____

Date: _____