ENROLMENT AGREEMENT AND APPLICATION 2027

LRPS BRANCH: LRPS11 ARBORETUM, 3 WATERBERRY WOOD

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

_____

_____

Application for: (FULL NAMES AND SURNAME OF CHILD)

_____

IMPORTANT NOTICE

By submitting this application, please note that approval is not guaranteed. You will be notified of your application status via email.
For applications to Grades RRR, RR, and R, the school may request a meet-and-greet with the applicant and parent(s)/guardian(s) before the application is submitted to the Admissions Department for processing and consideration.
All applications are subject to review and final approval by the Admissions Department.

Incomplete application forms will not be accepted.

OFFICE USE: (Administrator or Principal to complete this section before submitting to Admissions Department)

Childs Full Name and Surname: _____

Grade/Class for 2027: _____ **Starting Date:** _____

Agreed Option Amount: _____ **Agreed Option Time:** _____

Screening done by: _____ **Screening Date:** _____

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

Administrator or Principal: Name: _____ **Signature:** _____ **Date:** _____

APPLICATION REQUIREMENTS

- Please complete **ALL** sections.
- Application **will not be accepted if it is not complete.**
- **This application will not be processed unless the relevant documentation has been received.**
- **Only once your application is approved may you send your child to school.**
- **Documents required** for the processing of this application:

	YES
Copy of child's Unabridged birth certificate	
Certified ID copy of both parents/guardians' and the person paying the account	
In case of Guardianship – Proof of Guardianship	
Copy of 3 months' bank statements of both parents/guardian/person paying the account	
Copy of the latest payslip/proof of income of both parents/guardians and the person paying the account	
Business Registration Documents, if self employed	
Fee Clearance Certificate from the previous 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	
Proof of Residence of parents and the person paying the account	

AFFORDABILITY ASSESSMENT

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

Initial

REGISTRATION FEE:

A non-refundable R1 000.00 registration fee is payable upon application approval.
Sibling discount: R1 000 for the 1st child, R500 for each sibling

Initial

Grade Placement for 2027

Born 2025	Baby to 2 years old	Baby Group
Born 2024	2 turning 3 in 2027	Grade RRRR/Toddler Class
Born 2023	3 turning 4 in 2027	Grade RRR
Born 2022	4 turning 5 in 2027	Grade RR
Born 2021	5 turning 6 in 2027	Grade R

Initial

PART A – INFORMATION FORM

LEARNER DETAILS

Full name and Surname: _____

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: _____

Invoicing will begin from this date and will not be changed without written notice submitted to debtors@little-rascals.co.za

PARENTS DETAILS

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

Surname: _____ First name: _____

Relationship to the child: _____

ID Number: _____ Occupation: _____

Name of employer: _____

Cell Phone No.: _____ Work No. _____

Email address: _____

Physical address: _____

Vehicle (Make & Model): _____ Registration No.: _____

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

Surname: _____ First name: _____

Relationship to the child: _____

ID Number: _____ Occupation: _____

Name of employer: _____

Cell Phone No.: _____ Work No. _____

Email address: _____

Physical address: _____

Vehicle (Make & Model): _____ Registration No.: _____

Person responsible for paying the school account:

Full Name: _____

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

Cell: _____ Tel (w): _____ Email: _____

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 foods 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 the 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

At what age did your child start the following:
Teething _____ Crawling _____ Talking _____ Walking _____
The 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 LRPS Group immediately in writing should any of the said information change.

Signed at _____ on _____20_____

_____ _____

FATHER/LEGAL GUARDIAN MOTHER/LEGAL GUARDIAN

PART B – FINANCIAL AGREEMENT

1. **REGISTRATION FEE**

   This application is subject to the payment of a non-refundable registration fee in the amount of R1 000.00 payable to the banking account of LRPS Group as set out in clause 3 hereunder.

2. **ENROLMENT OPTIONS**

   Please indicate the option of your choice

6h00 – 13h00	R2 225 p/m	☐
6h00 – 15h00	R2 390 p/m	☐
6h00 – 18h00	R2 555 p/m	☐

3. **BANKING DETAILS**

   Please use the bank account below. Upon approval of the application, you will be given an account reference number. Please use the account reference number when making EFT payments. 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: First National Bank
   Acc No. 631 354 819 33

   Email debtors@little-rascals.co.za, acc@little-rascals.co.za, or call 035 001 0416 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 attended** and will be so charged until **written notice of cancellation** is received by debtors@little-rascals.co.za.

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 of service letter, and thereafter, if we still have not received the due amount, the account will be handed over to the Attorneys of LRPS Group for collection as more specifically set out in clause 11 of Part C - Terms and Conditions of Enrolment. The parent/guardians shall be liable to pay all legal costs on the attorney and own client scale, including but not necessarily limited to, all legal fees, disbursements, collection commission at the rate of 10%, and interest.

7. **Fees are billed 11 months (Jan to Nov)**

Declaration to be completed by the Parents/Guardian of the child who is enrolled at any of the LRPS Group Branches:

I, _____ and _____

the parents/guardians of _____hereby,

a. **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
b. Acknowledge and agree that in the event of 2 or more persons signing as parties to this agreement, all such signing parties will be held jointly and severally liable in respect of payment of any amount due and payable to LRPS Group, the one paying the other to be absolved; and
c. Acknowledge that overdue accounts may result in service suspension and may be escalated to being 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 school is open 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 8h00 if their child is unable to attend for any reason or is going to arrive after 8h00.**

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; fees remain payable.

3. SCHOOL UNIFORM

3.1. School Uniform is available for order through our website www.little-rascals.co.za

3.2. School uniform is compulsory as this not only associates your child with our school but also assists in identifying your child 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 lunch will be provided.

4.2. For the children who stay for Full Day, a sandwich and juice will be provided mid-afternoon.

4.3. Please ensure that you provide a **healthy** snack for your child for the mid-morning snack time.

4.4. Breakfast will be served between 08h00 and 08h30.

4.5. Snack time will commence at 10h00.

4.6. Lunch will be served between 11h45 and 12h45.

4.7. Full-day children will have their afternoon snack at 14h15.

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 school's Authorised Collection List and only once the Approved Collection and Access Control Authorisation 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 according to our Late Collection Policy** should you or the transport provider continue to be late for collection. You may also be encouraged to change your option to a later option if you are frequently late to collect.

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 the LRPS Group 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. **No medicine is allowed to be sent to school by parents**

6.5. 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.

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

6.7. In a case of emergency, you, as the parents, will be responsible for all expenses incurred.

6.8. We have our own medically trained staff as well as a dedicated ambulance service in the event of an emergency.
6.9. Do we have your permission to call your doctor to attend to any emergency regarding your child?
Yes ☐ No ☐
6.10. 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) does so as well.

8. NOTICES

8.1. **The Parent(s)/Guardian(s) acknowledge that all notices as referred to in this Enrolment and Agreement are to be submitted in writing to LRPS Group, including but not limited to notice of cancellation of the agreement.**

9. CANCELLATION OF AGREEMENT

9.1. The Parent(s)/Guardian(s) **may cancel the agreement on providing LRPS Group with one calendar month's written notice or payment of one month's fees in lieu of notice. An email will be accepted.**
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 well-being of other students, including, but not limited to, consistent anti-social or aggressive behaviour.**
9.3. Notwithstanding clause 10.2, LRPS Group 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 with immediate effect and until such time as all overdue fees are brought up to date.**
9.5. **If, for any reason, the account becomes in 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.**
10.2. All accounts not paid by the 7th day of each month may be handed over to the Attorneys of LRPS Group, in which event the parent(s)/guardian(s) hereby agree:
- 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.
- 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
- 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, LRPS Group does not accept responsibility if loss or damage to clothing or items does occur beyond our control and parents/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 LRPS Group 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 LRPS Group.
11.3. LRPS Group 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 12.2 and 12.3 below, this document contains the entire agreement between LRPS Group 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 12.1 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 LRPS Group 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 12.1 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 when any information on the said form is to be changed for as long as the child(ren) remains enrolled with LRPS Group 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

If one of the above is not available to sign this form, please provide a reason: _____

_____

DATE: _____

PART D: COLLECTION & ACCESS CONTROL AUTHORISATION FORM

In the interest of learner safety and security, please complete all sections below.
This information will be used to create an official access control profile and issue an access card.

1. LEARNER INFORMATION

Learner Full Name & Surname: _____

2. PRIMARY COLLECTION PERSON (PARENT / DRIVER)

Full Name & Surname: _____

ID Number: _____

Contact Number: _____ Vehicle Reg No.: _____

Relationship to Learner: ☐ Parent ☐ Taxi Driver ☐ Family Member ☐ Other: _____

Preferred Collection Time: _____

3. ALTERNATIVE COLLECTION PERSON (IF APPLICABLE)

Full Name & Surname: _____

ID Number: _____

Contact Number: _____ Vehicle Reg No.: _____

Relationship to Learner: ☐ Parent ☐ Taxi Driver ☐ Family Member ☐ Other: _____

Preferred Collection Time: _____

4. REQUIRED DOCUMENTATION (FOR ACCESS CARD ISSUING)

Please note: An access card will only be issued once ALL required documents are received.

Document	Primary Person	Alternative Person
Copy of ID Document	☐ Yes	☐ Yes
Valid Driver's Licence	☐ Yes	☐ Yes
Recent Photograph	☐ Yes	☐ Yes

5. ACCESS CONTROL & COLLECTION POLICY

- An **access control card** will be issued using the information and documents provided.
- **No child will be released** without the access card being presented at collection.
- Children will **only be released to authorised individuals** listed on this form.
- Any changes to collection arrangements must be communicated to the school **in advance**, including full details of the alternate person.
- Children being dropped off must be **accompanied to the door by a responsible adult**.

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: _____

FEE CLEARANCE CERTIFICATE
(To be completed by the pupil's current/previous 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: