kiddie saurus
LOVING YOUR CHILD THROUGH THE AGES
CRECHE/KLEUTERSKOOL
CRECHE/NURSERY SCHOOL

APPLICATION FORM 2025

Date of Application: _____ Date on which admission is required: _____

1. CHILD'S DETAILS

Child's Full Name & Surname:

_____

Nickname: _____

ID Number: _____

Child's Age: _____

Gender: _____

Home Language: _____

Religion: _____

Number of children in the family (Names and Ages):

_____

Does this child have a brother/sister who attends or has attended Kiddie Saurus?

Yes/No _____ Year _____

Name of siblings:

1._____

2._____

3._____

2. PREVIOUS SCHOOL DETAILS:

_____

Years attended: _____

Reason for leaving: _____

3. PARENT'S DETAILS

FATHER:

ID No: _____

Name & Surname: _____

Marital Status: _____

Home Address: _____

_____

_____

(*Domicilium* address for serving of documents)

Contact Details:

(H)_____

(W)_____

(C)_____

E-mail: _____

Occupation: _____

Employer: _____

Business Address:

_____

_____

The child stays with this parent: YES/ NO

MOTHER:

ID No: _____

Name & Surname: _____

Marital Status: _____

Home address: _____

_____

_____

(*Domicilium* address for serving of documents)

Contact Details:

(H) _____

(W) _____

(C) _____

E-mail: _____

Occupation: _____

Employer: _____

Business Address:

_____

_____

The child stays with this parent: YES/NO

Who is authorised for bringing/collecting the child to and from school?

_____

Tel nr: (H): _____Tel nr: (W): _____Cell number: _____

Both parents are jointly and severally liable for the payment of the school fees.

4. EMERGENCY CONTACT DETAILS:

Next of Kin: _____

Relationship to child: _____

(H): _____ (W): _____ (C): _____

5. ALLERGIES:

Does your child suffer from any allergies? _____

If yes please list: _____

_____

What is the preferred treatment of any allergic reaction to allergen/s?

_____

_____

6. MEDICAL HISTORY:

Any complications during pregnancy? _____

Any complications during child birth? _____

Does your child have any physical or learning disability? _____

Does your child suffer from any serious medical condition? _____

Is the child on any chronic medication? _____

Is your child's immunization up to date? _____
(PLEASE SUPPLY COPY OF IMMUNISATION CHART)

7. FAMILY DOCTOR:

Contact number: _____

Name of Medical Aid: _____

Membership Number: _____

Main Member: _____

Main Member's ID number: _____

8. TERMS AND CONDITIONS:

APPLICATION/REGISTRATION FEE:

8.1 A once off non- refundable application/registration fee of R1000.00 per child is payable on admission/ registration.
8.2 Yearly stationary and art fee of R1000 will be invoiced twice a year R1000 (R500 per invoice)
8.3 An annual deposit equal to one month's fee is payable upon enrolment/registration. No interest is payable on any refund of the deposit. A refund will be paid out 30 days, if applicable after the child has left the school.

SCHOOL FEES:

8.4 Fees for **2025** are:

Red Class (baby class):	**R4 100** per month per child Full Day
Blue, Green, Orange Class	**R3900** per month per child Full Day
Yellow Class (Gr RR)	**R4000** per month per child Full Day
Purple Class (Gr R)	**R4100** per month per child Full Day

Half Day fee per month per child (6h30-12h00
R3500 per month half day

Termly fee **R495 per term (every 3 months)**

R100 discount per sibling

8.5 Fees are payable monthly in advance on the first day of the month for 12 months per year (including December, even if a child leaves the school at the end of the year).

8.6 A late payment fee per child, per month will apply if the monthly school fee is paid after the 1st of each month.

8.7 School fees are still payable in the event of absence due to but not limited to illness; December holidays; any Public Holidays; Easter Holidays; any other holiday as specified by the Education Department/ Government; and any Government imposed lock-down.

8.8 **The full year's fees can be paid in advance.**

10% discount will be given on annual fee payment **paid before 15 December 2024**
7% discount will be given on annual fee payment **paid before 15 January 2025**
5% discount will be given on half year fee payment **paid before 15 January and 15 June 2025**
4% discount will be given on termly fees payment if **paid at beginning of each term**
School fees paid in advance are non-refundable

8.9 **The full monthly fees remain payable when any child is absent as a result of illness, or going on holiday, or any other reason**

8.10 The School reserves the right to increase school fees on an annual basis. A two month notice of such increase will be communicated with parents.

8.11 Late collection fees: If a child is collected after 17:30 it will result in a penalty fee. This fee is payable to the teacher in cash when the child is collected.

8.12 Activities such as outings, puppet shows, entertainment, etc. are not included in the school fee.

8.13 Additional payments will be required for: tuck shop; outings at school; walk ins. photographs; hiring of concert clothes; concert tickets; extra-mural activities (separate from school); etc.

BREACH OF CONTRACT:

8.14 In the event of a breach of any of the terms of this agreement by the parent/s and/or legal guardian, the School may at its sole discretion:
8.14.1 Refuse the child entry to the School premises until the breach has been remedied; and/or
8.14.2 Claim damages from the parent/s and/or legal guardian; and/or
8.14.3 Take whatever legal steps that may be deemed necessary.

8.15 In the event where the School takes legal action against the parent/s and/or legal guardian he/she/they will be liable for all legal fees on an attorney and client scale, collection costs and commission, interest and tracing fees.

8.16 The parent/s and or legal guardian/s hereby agree that the service of any and all legal documents, letters, notices, etc. will be effected via e-mail and deemed as received on the day of transmission thereof. If there is any change to e-mail addresses and physical addresses as have been provided in this application, the relevant party will immediately inform the other of such change.

8.17 The Parent/s and/or legal guardian hereby consents to the use, disclosure and exchange of personal information to a credit bureau and/or financial institution in accordance with the National Credit Act and the Protection of Personal Information Act.

PAYMENT METHOD OF FEES:

8.18 Payments must be made via Electronic Funds Transfer (EFT). No cash of Cash send transactions. We are a cashless environment for safety reasons.

BANKING DETAILS:

Name: N Verryn trading as Kiddie Saurus
Bank: Capitec Bank
Account number: 1433 629 796
Type of account: Savings Account
Branch Code: 470 010
Reference: Child's name and surname

Please note that we will not change our banking details via e-mail. Any such e-mail is an attempt to defraud.

9. NOTICE OF CANCELLATION

9.1 One calendar month written notice is required for the termination of enrolment of a child and must be done on the last day of the previous month. Failing which, the monthly fee as well as the notice month will be payable.

9.2 The School cannot assume that a child has left the school, if he or she is absent for a prolonged period. Fees will remain payable until written notice of cancellation is received by the School.

9.3 **The month of November and December will not be accepted as a notice month. Should notice be given during November and/or December, the parent/s and/or guardian will be liable to pay the school fees for the full year.**

10. HOLIDAYS

The School is closed on Public holidays and will close on a Monday or Friday should the Public Holiday fall on a Tuesday or Thursday and if the Department of Education has allocated special school holidays.

11. GENERAL INFORMATION, RULES AND REGULATIONS

11.1 School times are from 6h30 to 17h30 Monday to Friday.

11.2 If a child is sick, the School should be notified. In terms of the Department of Health Guidelines, and in the interest of other learners, sick children may not attend school.

11.3 All medicine sent to School must be clearly marked and given to the child's teacher. Only prescribed medicine with a label with the details of the child and the dosage indicated will be administered to the child.

11.4 No toys and sweets are allowed at the School.

11.5 The School is not responsible for the loss of any personal items.

11.6 Please ensure that the front gate is firmly closed behind you when you enter or leave the School.

11.7 Please notify the School of any relevant changes to contact persons or details as soon as they occur.

11.8 Children must be accompanied by a parent or guardian to and from his/her class at all times when dropping and collecting them at/from the School. **Please advise the class teacher or the office should someone else other than the usual person, be collecting your child from school.**

I/we hereby give consent to the School to process my/our information, in accordance with the provisions of the Protection of Personal Information Act (POPI), for all purposes related to carry out of this agreement.

I/we have read and understand the terms and conditions of this agreement.

Signed at _____ on _____

_____ Father / Guardian signature

_____ Mother / Guardian signature

PLEASE HAND IN ALL SUPPORTING DOCMUMENTATION WITH YOUR APPLICATION FORM

Before your child's first day at school please ensure that the School receives the following:

• REGISTRATION FEE – R1000
• THIS ENROLMENT FORM, FULLY COMPLETED, SIGNED AND INITIALED ON EACH PAGE
• COPY OF CLINIC CARD (TO VERIFY VACCINATION DETAILS)
• COPY OF BIRTH CERTIFICATE OF CHILD
• COPY OF BOTH PARENT'S ID BOOKS

FOR OFFICE USE

Child's name: _____

SUPPORTING DOCUMENTATION RECEIVED:

- BIRTH CERTIFICATE OF CHILD RECEIVED _____
- ID DOCUMENTS OF PARENTS RECEIVED _____
- VACCINATION CHART RECEIVED _____

GENERAL INDEMNITY

I/we, the Father and/or Mother and/or Guardian of the child do hereby:

1. Consent for my/our child to make use of the educational and play equipment at the School.
2. Understand and accept that all activities undertaken at the School by my/our child is at own risk.
3. Consent for my/our child to take part in any extra mural activities of Kiddie Saurus Nursery School (the School) while on the School's premises or any such place where any activities are engaged in. This includes but is not limited to playball, swimming, music, dance mouse, and any other mural activities.
4. Undertake on behalf of myself/ourselves, the executors of my/our estate, my spouse and my/our child to indemnify, hold harmless and absolve the School, the owner, the principal, teachers, assistants and employees against any form of claims whatsoever that may arise in connection with any loss or damage to property, or injury, illness or death to the person of my/ our child at the School.
5. Acknowledge and agree to abide by the rules and regulations of the School.
6. Understand that the rules and regulations of the School are subject to change.
7. Understand that the School and its employees endeavour, to the best of their ability, to take reasonable care of my/our child.
8. Undertake to ensure that my/our child have all the necessary immunization and to supply documentation thereof to the School.
9. Consent to the School and its employees to administer First Aid to my/our child if required.
10. Give permission the School to administer Panado/Calpol in the event of my/our child having a high fever or Allergex in the event of my/our child having an allergic reaction if the parent/s could not be reached telephonically.
11. Consent in the case of an emergency that the person placed in charge by the School may sign for my/our child to receive anesthetic and any lifesaving medical treatment as deemed necessary by a medical practitioner in attendance.
12. Consent in the case of an emergency that the person placed in charge by the School may transport or arrange an ambulance to transport my/our child to the nearest medical facility.
13. Agree to pay for all medical, ambulance and/or hospital accounts in this regard.
14. Consent to the School placing me/ us on the different class WhatsApp/ broadcast groups.

I/we have read and understand the terms and conditions of this indemnity.

Signed at _____ on _____

_____ _____

Father / Guardian signature Mother / Guardian signature

CONSENT TO USE PHOTOGRAPHS

Your child will be photographed or videotaped at various school functions or events. Your child might appear in the School's website, Facebook page, social media and/or printed media.

YES, I/we give permission for my child's photographs and/or videos to be used by the School in electronic and/or printed media.

NO, I/we do NOT give permission for my child's photographs and/or videos to be used by the School in electronic and/or printed media.

I/we have read and understand the terms and conditions of this consent.

Signed at _____ on _____

_____ Father / Guardian signature

_____ Mother / Guardian signature