Kapie Crechè and Pre- Primary

Webpage: www.kapieskool.co.za
Office hours : (8-12am) TEL 0609974605 (whatsapps)
Emails: bwkapieskool@gmail.com

Level 3: Elite Grade Education : Dept Education EMUS NR: 440303810 1/2/83

Please complete the form to apply for entrance to the school

APPLICATION FOR ENROLLMENT:

CHILD NAME AND SURNAME : _____

GENDER _____ DATE OF BIRTH : _____ HOME LANGUAGE _____

Please attach a copy of the clinic immunizations

Please answer the following : Is your child's toilet routine established or on diapers ? ……

Do your child have any disabilities(e.g. Hearing, sight, physical) or is your child currently receiving any therapy ?

_____

HAS THEIR BEEN ANY TRAUMA / HEALTH PROBLEMS / ALLERGIES ?

_____

DOCTOR NAME ___ _____ TEL NO _____

MEDICAL AID NAME _____ NO _____

HOME ADDRESS_____

E-MAIL ADDRESS : _____ ATTENDANCE START DATE _____

WHO REFERED YOU / WHERE DID YOU HEAR ABOUT OUR SCHOOL _____

PREVIOUS SCHOOL NAME AND TEL NR : _____

PARENTS AND GUARDIAN INFORMATION:

MOM / GUARDIAN NAME: _____ ID NO _____

WORK NAME + NO: _____ CELL NR_____

FATHER/GUARDIAN NAME: _____ ID NO _____

WORK NAME _____ CELL NR _____

EMERGENCY CONTACT PERSON

NAME: _____ TEL NO_____

EMAIL ADDRESS: _____

INFORMATION : POWER OF ATTORNEY AND UNDERTAKING

EMERGENCY OR MEDICAL SERVICES (in my absence)

I hereby give permission that when I am not found, my child may be transported to the nearest hospital for emergency or medical services, if necessary, or that distress medical services at school may be applied as necessary -in the interest of my child and well for my own aacount. I shall put no claim for medical costs, against the school, other parents, or any staff, in case of an accident (willful setup and negligence is excluded in this bond)

NAME: _____SIGNATURE _____ DATE _____

CONSENT FOR TRANSPORTATION : during the year with notice to trips or in case of an emergency, if I am not available

I hereby give permission that my child may be transported during an excursion to or from school, during an emergency / educational or for social reasons, with a bus or the school's means of transportation. I promise no claim against the driver or owner set in a case of an accident (without intention)

NAME _____SIGNATURE _____ _____DATE _____

LIABILITY : Although we strive to give our best at all times, there can be misunderstandings or unavoidable incidents.
We are proud of what we do for the children and will always be helpful to give the best to the child.

Please contact the class teacher / supervisor immediately for any complaints or questions. If any complaint /case against the school is not reported within 24 hours after an incident an in writing, the case will be invalid and be declared void.
Please note that we do not discuss any child or parent 's behavior with anyone else as stated in our school constitution.
Therefore we expect from parents the same professionalism, with any problem which could arise.
PLEASE NOTE : of your child is not allowed to appear on advertisements or media -you must put it in writing to the teacher.
Any person who personally or in writing or on social media makes any comments defaming the school or any other related to the school (with or without evidence) will be reprimanded by the parent committee or be sued for defamation. In thorough cases of complaints opposite staff we shall take the right steps by disciplinary trial, against such staff member who does not act to accordance.

NAME : _____SIGNATURE _____ DATE: _____

FEES ARE PAYABLE ON THE 1ST DAY OF EVERY MONTH over 12 months.
PRIVATE SCHOOLS -Temporary suspention of attendance applies after the 7th of a month on all arrears

SCHOOLFEES : Please note: The person signing here will be held responsible for this account and all costs..

I hereby undertake (Name of parent/guardian _____ to pay the school fee (amount) _____ promptly ahead on the 1st day of each month (inc. adjustments per year), until I give a calendar month written notice. .

I understand that monthly fees shall make me responsible for admin + interest and therefore suspension of attendance.
Any handovers will lead to credit bureau registrations. In the case of default both parents shall be sued regardless of court orders / seclusions or maintenance orders that may exist.
Overdue / outstanding fees from December OR notice of attendance throughout the year, will result in a waiting period of 3 months for re-admission.

SIGNATURE :_____ ID NR: _____

BANK :	**ABSA**
ACC NAME:	**KAPIE (R GRIESEL TRUST)**
ACC NR :	**1018281569**
BRANCH CODE:	**632005**
REF:	Child's name

ADMISSION CAN TAKE PLACE - as soon as we have confirmed that space is available in this child's age group

R580 Registration fee is payable every year with entrance - (confirmation of placement, clay, paint, art items and curriculum books)