



673 Jacobs Street,
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APPLICATION FORM / AANSOEKVORM

ALL ABOUT THE NEW KIDDY / ALLES OOR DIE NUWE KLEINDING							
Date of Enrolment Registrasie Datum				Full Day Voldag		Half Day Halfdag	
I agree that I will be penalized (R50.00) for fetching my child after school hours. (Half Day after 13H00 and Full Day after 18H00). I also agree to pay R100.00 after 18H15. Please pay the fine immediately at the Administration Office.							
Paid Registration Fees Betaal Registrasie Fooie	R300	Office Use Only	Picture of Child Foto van Kind		PHOTOGRAPH FOTO		
I hereby agree to pay Registration/Administration/Stationary Fees of R300.00 each year in January							
Receipt Number Kwitaansie Nommer	Office Use Only	Boy					
First Day in School Eerste Dag by die Skool	Office Use Only	Girl					
Surname of the Child Laaste Naam van Kind							
First Names of the Child Voorname van Kind							
Nickname of the Child Noemnaam van Kind					Boy or Girl		
ID Number of the Child ID Nommer van Kind							Date of Birth Geboorte Datum
Home Language Huis Taal				Nationality Nasionaliteit			
Class the Child will attend Klas wat kind sal bywoon (Administration Office to fill in)							
POSITION OF THE CHILD IN THE FAMILY / POSISIE VAN KIND IN DIE FAMILIE							
Eldest Oudste		Second Tweede		Third Derde		Fourth Vierde	
How old is the younger Brother or Sisters? Hoe oud is die jonger Boetie of Sussies?							
How old will the Child be at the end of December? Hoe oud sal die kind wees aan die einde van Desember?							

Has your Child previously attended a nursery School? (please tick)		Yes		No	
Het u kind al voorheen'n kleuterskool bygewoon? (merk asb)		Ja		Nee	
If Yes, which nursery school?					
Indien Ja watter kleuterskool of dagsorg?					
I/we furthermore agree that Incredible Minds, it's Owners or Personnel will not be held responsible for the following:					
1. The loss or damage to personal items, lost clothing or items; 2. Injuries pertaining to my child on the school premises although we will do our best to prevent any incident					
INFORMATION REGARDING OF THE PARENTS / BESONDERHEDE VAN OUERS					
	FATHER/VADER		MOTHER/MOEDER		
ID Number ID Nommer					
Surname Van					
Initials Voorletters					
Full Names Voorname					
Nick Name Noemnaam					
Occupation Beroep					
Employer Werkgewer					
Home Address Huis Adres					
Postal Address Posadres					
Company Address Werk Adres					
I agree that the above home address is chosen, and will serve as our Dom cilium citandi et executandi (This address where chosen and is where summonses, legal documents and notices can be served on you)					
E-mail /E-pos					
Fax Number					
Cellphone					
Home Tel					
Work Tel					
Marital Status Huwelik Status					
Religion Kerkverband					
Who is responsible for the account? (please tick)	Father		Mother		
Wie is verantwoordelik vir die rekening? (merk asb)	Vader		Moeder		

Please take note in terms of family law; parents are jointly and severally liable for school fees, regardless of their marital status or any other agreements that may exist between parties. Legal action may be taken against either of a child's parents or both of them.

MEDICAL HISTORY / MEDIESE GESKIEDENIS

Allergies
Allergieë

Please make sure that all allergies are stipulated on form. School can not be held responsible for food allergies not stipulated.

Chronic Medication
Kroniese Medikasie

Medical Aid
Mediese Fonds

Medical Aid number
Mediese Fonds Nommer

Doctor
Dokter

Telephone Number
Telefoon Nommer

Medical History
Mediese Geskiedenis

Anything else we should know?
Enige iets anders wat ons moet weet?

Any trauma that your child has
experienced?
Enige trauma wat u kind ervaar het?

Physical Abnormalities
Liggaamlike Gebreke

Medical Consent: By signing the application form parents give permission for instances where one or both parents cannot be reached and that Incredible Minds Nursery School or one of its personnel can decide on medical treatment even if it has financial implications for parents in the following instance: obtaining medical assistance or service; transport of child to a place where medical assistance and/or service are available permission to give any medical assistance, prescribed by a Medical Doctor, giving permission for anesthetics

I/we declare that in the event of a child being transported for any medical reason or injury, I/we will not hold the principal or any staff member responsible for any loss as a result of death or injury

I/we accept that the medical account from the doctor or hospital in the case of any medical condition or injury will be my/our responsibility

I/we declare that I/we will inform the owner of the Nursery School, to the best of my/our knowledge, of any contagious disease/s that my/our child might have

I/we give permission for my/our child to be filmed or photographed and allow these photographs to be placed on the Nursery School's notice board and also on the Nursery School's web and Facebook page

ADMINISTRATION OF MEDICINE

We give permission that a qualified staff member of Incredible Minds may give my child the following medication if it's necessary and we cannot get hold of myself or any contact on my list:

Medication	Yes	No
Antiseptic Cream/Detol		
Antihistamine		
Panado		
Buscopan		
Calpol		
Valoid		

NEXT OF KIN / NAASBESTAANDES

Any person who could be contacted if the parents / guardian is not available in case of emergencies
Enige persoon wat ons kan kontak as u nie beskikbaar is nie ingeval van nood

PERSON 1

PERSON 2

Name and
Surname
Naam en Van

Relationship
Verband

Telephone
Number
Telefoon Nommer

Cellphone
Number
Selfoon Nommer

Address
Adres

OTHER/ANDER

Who brings and collect the child at school?
Wie bring en kom haal die kind by die skool?

Morning

Afternoon

I hereby give permission that the following person/s may fetch my child at school
Ek gee hiermee toestemming dat die volgende persoon/e my kind by die skool kan kom haal

1.

2.

3.

SCHOOL FEES/SKOOLFONDS

PAYMENT METHOD – PLEASE CHOOSE ONE OF THEM FOLLOWING:

(Debit orders to be arranged personally with own bank)

Special
Premium or
discount
premium

Second child
premium

Debit Order
before the 5th of
each month

Other payment
method
before the 5th of
each month

Debit Order **after**
the 5th of each
month

Other payment
method
after the 5th of
each month

R1850 pm

R1850 pm

R1850 pm

R1850 pm

R1850 pm

School fees: Payable strictly I advance on the first day of every month over 11 or 12 months.

I/We declare that school fees are strictly payable in advance on the first day of every month.

I/We hereby acknowledge that the onus is on me/us to keep the school informed of any changes to the details and information provided in the Application form, as this is of benefit to my/our child/ren.

Incredible Minds Nursery School reserves the right to change Teachers and Assistants when deemed necessary.			
Incredible Minds reserves the right to increase school fees in line with the inflation rate on an annual basis in January to April of each year.			
I/We agree that I could be penalized in the amount of R50.00 per week for each late payment after the 3 rd of each month and this amount will be added to m school fees for next month.			
I/We agree that Incredible Minds reserves the right to suspend my child if school fees are not paid by the latest 20 days after payment had to be made.			
Monthly school fees will remain payable even if the child does NOT attend school for any reason whatsoever e.g. illness or absence. I/We accept that all school fees must be paid. I/We will pay the full amount even if my child is not attending the December school time period or any other month whatsoever.			
I agree that all tracking costs (should your address not be valid) and legal costs for the collection of arrears school fees will be paid by me on an attorney-client scale.			
I/We accept that should my/our child leave Incredible Minds, I/We will give a full calendar month's written notice. The month of November does NOT apply as a notice month. I therefore cannot resign during the month of November. I agree that I will be responsible for the payment of one month's notice school fees when I did not give a month's notice as described here.			
We hereby take notice and agree that any school progress reports, photo's, awards, certificates or attending of year function or referral letter to other schools may be withhold should my account be in arrears.			
I/We, the undersigned, Parents/s/Guardian of the child, do hereby declare that the information supplied in this document is completed to the best of my knowledge.			
I hereby confirm and acknowledge that I have read and do understand the Incredible Minds rules and application form and general information and I undertake o abide by them as described.			
I/We declare that I/we are competent and able to sign this Application Form			
Incredible Minds has the right to change any rules without notice.			
Should you fail to make payment of the outstanding amount owed by you within 20 (twenty) days of payment, you will be listed at the credit bureaus. To list you at the credit bureaus or to take legal action no further notice will be given.			
You are further cautioned that should you fail to settle the outstanding school fees in full, your customer credit rating will be adversely affected an d your ability to obtain credit going forward may be compromised as you will be listed at all Credit Bureau's should you not make the full payment within 20 (twenty) days of date of payment.			
SIGNATURES			
FATHER		MOTHER	
Date		Date	
Documents to attach:		1. Copy of Birth Certificate 2. Copy of Father and Mother's ID documents 3. Copy of Immunization certificate 4. Copy of the previous school report	
Notes:			