



Little Woodlands

Little Woodlands Preschool

134 Outeniqua Ave, Doringkloof, Centurion

Tel: 078 907 4730

info@littlewoodlands.co.za

Child:

Name and Surname: _____

Age: _____

Gender: _____

Date of birth: _____

Allergies: _____

Swimming proficiency: _____

Previous swim instructor: _____

Other important info: _____

Medical:

Medical aid and plan: _____

Medical aid number: _____

Preferred GP: _____

GP practice and number: _____

Please provide a copy of your medical aid card and your ID.

Parent

Name and surname: _____

Contact number: _____

Email: _____

ID number: _____

Next of Kin:

Name and surname: _____

ID Number: _____

Contact number: _____

Person responsible for account (if not parent):

Name and surname: _____

ID number: _____

Contact number: _____

Email: _____

Residential address: _____

Swimming Lessons Prices Per month:			
			Per month
1 child	2 lesson per week	30 minutes	R500 pm
2 children	2 lesson per week	30 minutes	R700 pm
3 children	2 lesson per week	30 minutes	R880 pm
4 children/family	2 lesson per week	30 minutes	R950 pm
Extra lessons	--	30 minutes	R80 per lesson

Terms and conditions:

- Lesson cancellation period of 24 hours before hand.
- One-week notice must be given for the termination of swimming classes.
- Payment for swimming lessons should be made no later than the last day of the same month.
- Late payment penalties of R50 per month to cover the additional administration.
- Lessons are payable in advance monthly.
- You will be held responsible for any legal fees resulting from unpaid account.

Health:

A person suffering from any skin infection or other communicable diseases will be excluded from lessons for the safety and well-being of other participants and teachers, you will only be allowed to rejoin the classes after the necessary certificate of health is received from the doctor handling the case.

Examples include: Herpes Simplex (Cold sores); Varicella (Chickenpox); Rubella (German measles); Enteroviruses (Hand, Foot and Mouth Disease); Pediculosis (Head Lice); Impetigo (School sores); Morbillivirus (Measles); Mumps; Conjunctivitis; Diarrhea and/or vomiting; Tinea (Ringworm); Parvovirus B19 (Slapped cheek syndrome); Pertussis (Whooping Cough); Human Papilloma Virus (Plantar Warts); Scabies; Eczema.

Banking details:

Ereofusion Pty (Ltd)
Account number: 62634081468
First National Bank
Cheque Account
250655

****Reference: Child's name-SW****

I _____ the legal guardian of _____

Am aware that the attendance of these swimming activities may hold the possibility of physical injuries. I accept that all reasonable precaution will be taken to ensure the safety and welfare of my child. I understand that I will be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained which can not be ascribed to negligence on the part of the swimming instructor is responsible for the swimming lesson. I cede my power as parent/legal guardian to the principal of the school or his/her representative should any medical treatment be deemed necessary for my child, in case of an emergency. In the event of a medical emergency or serious injury, I herewith consent that the swimming instructor or a representative, may administer / treat or give the necessary medical assistance.

Signature of parent

Full Name of Parent:

Date