



Little Woodlands

Little Woodlands Preschool

134 Outeniqua Ave, Doringkloof, Centurion

Tel: 078 907 4730

info@littlewoodlands.co.za

APPLICATION FORM FOR ADMISSION:

Starting date: Day _____ Month _____ Year _____

Full day: _____ **Half day:** _____

BABY CENTRE: 4 - 14 MONTHS _____

TODDLERS: 15 – 24 MONTHS _____

JUNIORS: 2-3 YEARS _____ (0000)

3-4 YEARS _____ (000)

SENIORS: 4-5 YEARS _____ (00)

Child's Surname: _____

Child's First Name/s: _____ **Nickname:** _____

Girl _____ **Boy** _____ **Age in Months:** _____ **Date of Birth:** _____

Home language: _____ **2nd Language:** _____

Fee Structure: (Fees are payable over 12 months of the year.)

Existing Parents Re-Registration for 2021 – R500.00 (non-refundable)

New Enrolments Registration for 2021 – R1500.00 (non-refundable)

BABIES: 4 MONTHS – 12 MONTHS:

	Times	From – To:	Fees 2020:	Fees 2021
1.	Mornings only	7.00 – 14.00	R3690	R3900
2.	Full Day	7.00 - 17.30	R3950	R4200
3.	Daily Rate only	7.00 - 17.00	R220 p/d	R220 p/d

AGE: 13 MONTHS – 6 YEARS

	Times	From – To:	Fees 2020:	Fees:2021
1.	Mornings only	6.30 - 14.00	R2690.00	R3300
2.	Full Day	6.30 - 17.30	R3490.00	R3800
3.	Daily - Full Day	8.00 - 17.30	R200 per day	R220 per day
4.	Daily - Half Day	8.00 - 14.00	R250 per day	R200 per day

Please note: LATE PICK UP FEES: Late fees will apply, R150 per hour or part thereof payable immediately.

Banking Details:

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

Extra Murals:

Extra Murals – will be determined by interest on a yearly basis. Minimum of 8-10 students need to enrol in any extra mural activity to be granted a time slot and will be determined by survey as well as academic benefit to the child.

****Fees will be payable directly to the 3rd parties involved.**

****The school does not handle these payments or get involved in any admin or arrangements or disputes with such parties.****

Possible Extra Murals for 2021.

Ninja Monkeys, Playball, Youngsters in Action, Drama, Ballet, Music, Rugby, Pottery, Little Lab Coats, Chess and Swimming.

KINDLY INCLUDED THE FOLLOWING, NO CHILD CAN BE ACCOMODATED WITHOUT THE NECESSARY PAPERWORK.

- 1) Copy of:
- 2) Child's birth certificate _____.
- 3) Child's clinic card _____ .
- 4) ID book /passports _____ .
- 5) A non-refundable registration fee payable upon acceptance of enrolment - R1500-00.
- 6) Letter of confirmation from current school that confirms all school fees are up to date. _____
- 7) Copy of medical aid card. _____
- 8) Specify Other _____
- 9) Therapy reports (if applicable). _____

Meals Provided by School daily:

- Breakfast (porridge) and Tea. (All Children)
- Morning Snack – fruit, yoghurt, biltong, sandwich, salty crackers ***(Provided by Parents Daily)***
- Cooked Lunch -Meat/veg/starch, and juice/tea. (Half day/Full day children/Daily)
- Afternoon Snack – sandwiches, fruit, juice/tea. (Full day children/Daily)

CONFIDENTIAL INFORMATION:

Details of Parents:

<u>Mother's Name:</u>	<u>Father's Name:</u>
<u>Occupation:</u>	<u>Occupation:</u>
<u>ID/Passport number:</u>	<u>ID/Passport number:</u>
<u>Employer:</u>	<u>Employer:</u>
<u>Work Number:</u>	<u>Work Number:</u>
<u>Cell Number:</u>	<u>Cell Number:</u>
<u>Email Address:</u>	<u>Email Address:</u>
<u>Physical Address:</u>	<u>Physical Address:</u>

Next of Kin Contact details: (in the event parent/s cannot be contacted:

<u>Contact 1:</u>	<u>Contact 2:</u>
<u>Full Names:</u>	<u>Full Names:</u>
<u>Relationship:</u>	<u>Relationship:</u>
<u>Work Number:</u>	<u>Work Number:</u>
<u>Cell Number:</u>	<u>Cell Number:</u>
<u>Email Address:</u>	<u>Email Address:</u>

PERMISSION FORM FOR 3RD PARTIES TO COLLECT A CHILD FROM LW PRESCHOOL:

Please note that a copy of all the nominated parties ID MUST be attached and a CURRENT PASSPORT photo of the person:

Little Woodlands reserves the right to contact the parents or to prevent other parties to collect a child should all documents not be in order.

Person 1:

Full Name:	
Surname:	
ID Number:	
Residential Address:	
Telephone number	
Relationship to child:	
Signature of Nominee:	

Person 2:

Full Name:	
Surname:	
ID Number:	
Residential Address:	
Telephone number	
Relationship to child:	
Signature of Nominee:	

Has your child attended a preschool previously? If so, please give details:

- Other person/s authorised to collect the child must be older than: 18 years of age:
- Should another person collect the child, an email should be sent from the parent, informing
- the principal in writing at info@littlewoodlands.co.za or 0711021702.

GENERAL INFORMATION

Home language of child? _____

Religion? _____ (At Little Woodlands we follow Christian based values.)

Are the child's parents single/married/divorced/separated? _____

Is the child adopted/in foster care? _____

PERSONAL CARE OF CHILD:

My child goes to bed at _____ o'clock.

My child sleeps peacefully/restlessly/has nightmares often: _____.

My child eats: Very Well ____ Well ____ Okay ____ Very Little ____ Picky ____.

NB!!!Any food allergies, medical or dietary needs? _____.

Special Needs/Disabilities: _____

Does your child have any special needs/requirements? Please provide details.

DETAILS: _____

If yes, please provide details: _____

Are there any issues that cause you concern regarding your child's development or care?

MEDICAL INFORMATION OF LEARNERS

EMERGENCY CONTACT DETAILS:

Parent: _____ Next of Kin: _____

Doctor: _____ Specialist: _____

Medical Aid Name: _____

Medical Aid Member Number: _____

Medical Aid Option: _____

Parent Signature: _____ Date: _____

TERMS AND CONDITIONS OF ENROLMENT

I, the undersigned, (Full names) _____ with
Identity Number _____ and (hereafter referred to as the Applicant (the singular to be
inclusive of the plural) (being the person/s liable for the payment of tuition fees and / or any other amounts)
residing at: (Physical Address)

Do hereby authorise *LITTLE WOODLANDS PRESCHOOL* (hereinafter referred to as "the School")
to confirm my credit rating for the purpose of the enrolment procedure and we 'll hereby agree to be bound by the
following Terms and Conditions:

NOTICE PERIODS

- Should the Applicant choose to terminate the child's enrolment at the School, the Applicant will give a full calendar months written notice to the school no later than the last day of the previous month.
- The Applicant and the child will be bound by all and any new rules, regulations, policies and procedures of the School as determined by the Directors of the School and/or its Principal from Little Woodlands
- These rules will be subject to review by management from time to time;
- The child will be subject to the rules and dress code laid down by the Directors of the school.

PAYMENT OF FEES AND / OR OTHER AMOUNTS DUE TO THE SCHOOL

- I acknowledge that I am aware of and agree to the fact that the initial registration fee paid by us / me with regard to the child is non-refundable and will be forfeited in the event of our / my cancelling the registration of the child.
- All tuition fees will be due and payable monthly in advance by the first day of each month with the exception of the payment of tuition fees for the first month which must be paid before the start of the first school term;
- The Applicants will be severally liable for payment of tuition fees and / or any other amount for
- *Fees are payable in advance* by the first of each month.

Without limiting or detracting from the School's rights to enforce payment of any and all amounts due to it, the school *may choose to refuse the return of the child* to the school until the outstanding tuition fees are paid in full.

- In the event of tuition fees and / or any other amount not being paid by due date, such failure will cause the whole outstanding balance of the annual tuition fees then outstanding to become immediately due and payable.
- The applicant will be liable to pay a late payment fine of **R250** on any tuition fees and / or any other amount not paid by the due date for payment of such fees.
- In the event of the School being obliged to hand over for collection through its attorneys any outstanding.
- Fees or any other amount, the applicant will be liable for legal costs incurred by the school for collection.

I (name) _____ ID number _____ agree
 to the terms and conditions as stipulated by Little Woodlands Preschool. Signed on _____ day of
 _____ 2020/2021 at Little Woodlands Preschool.

Person 1 responsible for account:	Person 2 responsible for account:
<u>Name:</u>	<u>Name:</u>
<u>Residential Address:</u>	<u>Residential Address:</u>
<u>ID Number:</u>	<u>ID Number:</u>
<u>Sign:</u>	<u>Sign:</u>

Full

Name of Applicant: _____

Signature: _____ Date: _____

PHOTO/SOCIAL MEDIA PERMISSION FORM:

Throughout the year photographs are taken by staff as part of your child's profile, for display/observation purposes.

Please indicate if you give permission for your child to be photographed.

Videos may be made of the occasional event for parents or training purposes.

Please indicate if you give permission for your child to be videoed during activities for the parents group.

Yes _____ No _____

Facebook Site:

I give permission for my child _____ to be featured on the school's Facebook site. **CHILDREN'S FACES ARE BLURRED OUT.**

Yes _____ /No _____

WhatsApp – Class/Parent groups – CLASS PARENTS only:

I give permission for my child _____ to be featured on the class' WhatsApp group which is open only to our parents, for the sole purpose of sharing special moments, info or activities the children enjoyed during the day/week.

Student Observation:

We would like to use Little Woodlands Preschool to help train educational students. We hope that you will accept them as part of the team and we ask you to give permission for them to observe the child within the setting. Some observations are recorded, but the child's real name is never used.

 Signature: Parent

WAIVER

Any relaxation or deviation from these Terms and Conditions will not be deemed to be a waiver of the School's right to enforce strict compliance of the Terms and Conditions.

ACCEPTANCE OF TERMS AND CONDITIONS

The Applicant will be deemed to have accepted and understood the above Terms and Conditions upon the signature below.

CAMERA FOOTAGE:

Camera footage in the school is intended for the safety, protection and wellbeing of staff, learners and private persons that may enter the premises. The cctv footage will not be used for any other purpose. Data gathered by the cctv surveillance network will under no circumstances be released to any individual, media or any 3rd party. Footage is for internal use only.

INDEMNITY

The Applicant hereby indemnifies the School and / or its staff and / or their authorised agents against any and all claims arising out of any injury, loss of life, damage, costs or expenses, including legal costs on an attorney and client scale, suffered by the child or Applicant while on the School premises, or during School activities which take place away from School premises, or during the transport of the child for School purposes whilst the child is under the care of the School.

Parent/Legal Guardian

Date:

WHAT TO BRING:

<p style="text-align: center;">Babies and 1-2 years</p> <p>For the Class: 3x boxes tissues 4 packs of wipes 2 box Nappy bags 2x Dettol antiseptic 1x Pine Gel 1x pack of A4 Paper 1x Toilet spray</p> <p>Daily: A small blanket and small pillow if required.</p> <p>In my nappy bag: Disposable nappy bags Water bottle Bum cream Nappies Sunblock Hat Extra clothes 6 bibs (will be sent home daily to wash) Small Pillow if needed</p> <p>Other: (Only if you don't have one yet) A4 hardcover Communication book, please cover with paper and plastic and put child's name and photo on.</p> <p>** All personal items must be marked.**</p>	<p style="text-align: center;">2-3 Years per term:</p> <p>For the Class: 3x boxes tissues 2x box nappy bags 4 packs of wipes 6 toilet rolls 2x Dettol antiseptic 1x Pine Gel 1x pack of A4 Paper 1x Toilet spray</p> <p>Daily: A small blanket and small pillow if required.</p> <p>For each Child: Disposable nappy bags Water bottle Bum cream Nappies Sunblock Hat Extra clothes Small Pillow if needed</p> <p>SWIMMING (If applicable) Swimming Cap, Costume, Towel Plastic bag for wet clothes</p> <p>Other: (Only if you don't already have a book) A5 hardcover Communication book, please cover with paper and plastic and put child's name and photo on.</p> <p>** All personal items must be marked.**</p>
<p style="text-align: center;">3-4 Years per term:</p> <p>For the Class: 2 packs of wipes 6 toilet rolls 1x Dettol antiseptic 1x Pine gel 1 roll of black bags</p> <p>Stationary: 1x pack of A4 Paper 1x Jumbo/Thick Crayons 1x children's plastic apron Small chalk board 2x Pritt sticks 1 packet washing pegs</p> <p>For each Child: Sunblock Water bottle Hat Extra clothes Small Pillow/blanket</p> <p>Daily: A small blanket and small pillow if required.</p> <p>SWIMMING (If applicable) Swimming Cap, Costume, Towel Plastic bag for wet clothes</p> <p>Other: A5 hardcover Communication book, please cover with paper and plastic and put child's name and photo on.</p> <p>** All personal items must be marked.**</p>	<p style="text-align: center;">4-5 Years per term:</p> <p>For the Class: 2 packs of wipes 6 toilet rolls 1x Dettol antiseptic 1x Pine gel 1 roll of black bags</p> <p>Stationary: 1x pack of A4 Paper 1x Jumbo/Thick Crayons 1x children's plastic apron Small chalk board 2x Pritt sticks 1 packet washing pegs</p> <p>For each Child: Sunblock Water bottle Hat Extra clothes Small Pillow/blanket</p> <p>Daily: A small blanket and small pillow if required.</p> <p>SWIMMING (If applicable) Swimming Cap, Costume, Towel Plastic bag for wet clothes</p> <p>Other: A5 hardcover Communication book, please cover with paper and plastic and put child's name and photo on.</p> <p>** All personal items must be marked.**</p>

LITTLE WOODLANDS PRESCHOOL MEDICAL INFORMATION 2021

CO-MORBIDITIES:

A. Personal information:

Child's Full Name:	
Class:	
Date of Birth	
Blood Type:	

Medical Conditions: *(CIRCLE IF APPLICABLE)* **Asthma, Diabetes, Epilepsy, Cancer, Heart disease**

Other: _____

Allergies: _____

Current Medication:

<u>Name</u>	<u>Description</u>	<u>Dosage</u>	<u>Purpose</u>

D. Surgeries:

Emergency numbers: (Attach copies of ID and Medical aid card)

Parent: _____ **Next of Kin:** _____

Doctor: _____ **Specialist:** _____

Medical Aid Name: _____

Medical Aid Member Number: _____

1. Accept that all necessary precautions will be taken regarding the health, safety and well-being of our child. The School, Owner, Principal, Management and Staff of Little Woodlands Preschool will not be held responsible or be liable whatsoever, for any injury/ unforeseen events/ infection of any disease or condition that our child may develop.
2. Accept full responsibility for the payment of medical bills and transfer our powers as parents to the aforementioned school management if medical treatment may be urgently needed.
3. As far as I/we know, our child is in good health. **YES/NO**
4. My child suffers from the following allergies: _____.
5. My child suffers from the following food sensitivities/allergies: _____.
6. My child takes the following chronic medication. _____.
7. My child suffers from the following chronic diseases/co-morbidities.

8. Have read and understand the Health and Safety measures implemented by the school and I/We are comfortable with the measures that have been implemented.
9. I/We also understand our accountability as a parent towards the school's community.

Any other information we need to be aware of:

I _____ parent of _____, hereby confirms that the information provided is true and correct.

Parent Signature: _____ **Date:** _____



Allergy/Chronic Conditions



Name:

Age:

Allergies:

Class:

Medication:

Teacher:

Photo:

Signs/Symptoms:

Treatment: (Step by step)

EMERGENCY NUMBER:

Contact – Mom:

Contact – Dad:

Doctor Contact: