



Little Woodlands Preschool/Kleuterskool & Baby Centre

212 Harvard Ave, Clubview, Centurion
Tel: 061 559 3659 / 071 102 1702
admin@lwps.co.za

APPLICATION FOR ADMISSION: 2025

Starting Date Applied for: _____ Half Day: _____ Full Day: _____
 Child's Name: _____ Surname: _____
 Nickname: _____ Sex: Boy _____ Girl _____
 D.O.B: _____ Age in Months: _____
 Home Language: _____ 2nd Language: _____

Language Proficiency: ENGLISH: YES/NO AFRIKAANS: YES/NO OTHER: _____

NB! Little Woodlands is a bilingual school, both English and Afrikaans are spoken in all classes.

Speak: FLUENT / LIMITED / WORDS ONLY / NO LANGUAGE YET

Understand: FLUENT / LIMITED / WORDS ONLY / NO LANGUAGE YET

FEE STRUCTURE: Payable 12 Months of the year: _____ (Initial)

Initial Registration fee of R1500.00 Payable with Application and non-refundable.

RE-REGISTRATION: R500 (Payable yearly, non-refundable)

BABY CENTRE: AGE 0-18+ MONTHS

FULL DAY:	7AM – 18H00 PM	R4700
HALF DAY:	7AM – 14H00 PM	R4500

TODDLERS/PRESCHOOL:

FULL DAY:	7AM – 18H00 PM	R4500
HALF DAY:	7AM – 14H00 PM	R4400

Late Pick-Up fee R150 per hour/part thereof: _____ (Initial)

OTHER FEES:

Events fee per term (x4)	R200 per term	Christmas party - optional	R100 - R200
Graduation (if applicable)	R250	Stationary/toiletry fee if not provided by parents	R450 2x per year. (January/June)
Concert (Excl. tickets, video, photo) optional	TBD		
Extra-mural -3 rd party	optional		

Banking Details:

Account Name: Ereofusion PTY (Ltd)
Bank: First National Bank
Account No: 62887931725 (cheque)
Branch: 250655

****Reference: Child's Name & Surname**

Documentation Required:

1. Child's birth certificate
2. Clinic Card
3. Parent's ID documents
4. Copy of medical Aid Card
5. Letter of good standing from previous school.

Parents Initials _____

MEALS PROVIDED: (No pork or fish is served due to food allergies/religious reasons)

Breakfast: Porridge – Maize meal, Oats, Maltabella

Morning Snack: Provided by Parents (only healthy snack is allowed.) No sugar, sweets, gassy cooldrink etc.

Lunch: Meat/Veg/starch (half day and full day children)

Afternoon Snack: 15H00 pm - sandwiches, homemade muffins. 16H00 pm – fruit

CONTACT DETAILS: (Please Write in block letters)

MOTHER'S DETAILS		FATHER'S DETAILS	
NAME:		NAME:	
SURNAME:		SURNAME:	
ID NUMBER:		ID NUMBER:	
OCCUPATION:		OCCUPATION:	
EMPLOYER:		EMPLOYER:	
CELL NO:		CELL NO:	
HOME NO:		HOME NO:	
E-MAIL:		E-MAIL:	
PHYSICAL ADDRESS:		PHYSICAL ADDRESS:	

EMERGENCY CONTACT 1:		EMERGENCY CONTACT 2:	
RELATIONSHIP:		RELATIONSHIP:	
NAME:		NAME:	
SURNAME:		SURNAME:	
CELL NO:		CELL NO:	
ID NO:		ID NO:	

NOMINATED 3RD PARTY DETAILS:		NOMINATED 3RD PARTY DETAILS:	
RELATIONSHIP:		RELATIONSHIP:	
NAME:		NAME:	
SURNAME:		SURNAME:	
CELL NO:		CELL NO:	
ID NO:		ID NO:	

3rd PARTY COLLECTION RULES AND REGULATIONS:

- 3rd parties ID document must be attached to this document.
- School must be informed by email that a nominated 3rd party will be collecting the child.

INCLUDE THE FOLLOWING IN YOUR EMAIL:

- Little Woodlands reserves the right to refuse/prevent 3rd party pick-ups should procedure not be followed.
- Copy of ID, Name, Surname, Vehicle Registration Number & time of collection.
- Pick-up will also be refused should the school/principal fear for the child's safety under any circumstance.
- No UBER Driver may collect a child without a nominated party present in the vehicle.
- All UBER drivers must provide a copy of their ID document, photo of vehicle registration.
- 3rd party accompanying an UBER must always have their ID document with them.

**** I have attached a copy of the 3rd parties ID Document: YES / NO**

**** 3RD Party has been informed of the rules and regulations. YES / NO**

*I have read and understand the above information. *

PARENT SIGNATURE: _____

Parents Initials _____

<u>MEDICAL INFORMATION:</u>	
MAIN MEMBER'S NAME:	
SURNAME:	
MEDICAL AID NAME:	
MEDICAL AID NUMBER:	
DEPENDENT CODE:	
RELATIONSHIP TO MAIN MEMBER:	
MEDICAL AID OPTION/PACKAGE:	
MEDICAL AID CONTACT NO:	
EMERGENCY CONTACT NUMBER:	

<u>CO-MORBIDITIES:</u>	
CHILD'S NAME:	
ANY KNOWN MEDICAL CONDITION:	
CHRONIC CONDITIONS:	
BLOOD TYPE:	
ALLERGIES:	
FOOD SENSITIVITIES:	
CHRONIC MEDICATIONS:	
FAMILY DOCTOR NAME & NUMBER:	
PREVIOUS SURGERIES:	

Please share any other details relevant to the child's health: _____

POLICY AND PROCEDURE FOR ADMINISTERING MEDICATION AT LITTLE WOODLANDS:

We care about the well-being of your child so please take note of the following procedures with regards to administering medication.

The rules and regulations are set out by the Department of Health.

These rules and regulations have been put in place to protect both the learners and staff of Little Woodlands and **there are no exceptions** to the rules as prescribed by the Department of Health.

MEDICINE ADMINISTERING PROCEDURE:

++POLICY AND PROCEDURE FOR ADMINISTERING MEDICATION: ++

We care about the well-being of your child so please take note of the following procedures with regards to administering medication. The rules and regulations are set out by the department of health. These rules and regulations have been put in place to protect both the children and staff in the school and there are no exceptions to the rules.

COVID RULES:

- The school must be notified IF ANY CHILD/IMMEDIATE FAMILY MEMBER GOES FOR A COVID TEST or needs to SELF-ISOLATE. (Confidential)
- The school may require the child to be in isolation if there is any uncertainty or until the results are available.

SICK CHILDREN (ANY ILLNESS):

- According to health regulations, children with infections and on prescription antibiotics may not attend school.
- Children with a cough and runny noses are not permitted unless a doctor's letter is provided to say they are not contagious.
- Children with a fever may only return to school 24 hours after the fever has subsided and temperature returned to normal.

- Children with diarrhoea/vomiting may only return to school 24-48 hours after the last bowel movement/vomiting.
- A medical certificate will be required for a child who was diagnosed with a contagious disease.
- No child with an unexplained rash will be allowed to attend school.

MEDICINE PROCEDURE:

- **NO MEDICATION** WILL BE ADMINISTERED AT SCHOOL.
- Chronic conditions must be brought under the school's attention, by completing the Allergy/Chronic Illness form.
- Medication will be administered by the teacher and one support staff member to check the dosage and to sign as a witness.
- A child on antibiotics and or cortisone may only return on day 4 after starting antibiotics. (Parents are allowed to come to school to administer the last doses, if it is a 5-day course)
- NO expired medication will be administered.
- NO over the counter medication or vitamins will be administered.
- Medication may NOT be sent to school in the bag!

***Swimming: No child will be permitted to swim with any of the above symptoms. Parents Initials_____**

(UPDATED Policy 29/05/2023)

Parents or guardians to please sign: _____

- **SWIMMING:** No child will be permitted to swim with any contagious illnesses, rashes, skin irritations or open wounds.
- I/we 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/infections of any disease or condition that a child may develop.
- I/we accept full responsibility for the payment of all medical bills and transfer my powers as parents to the Little Woodlands management if medical treatment may be required urgently.
- I/we have read and understand the health and safety measures implemented by the school.
- I/We are comfortable with the measures that have been implemented.
- I/We also understand our accountability as a parent towards the school's community.

I _____ (name), parent/s to _____ (child's name) understand and agree to the Policy and Procedure with regards to illness and medication administration by the school. *I have read and understand the above information. YES / NO **PARENT SIGNATURE: _____**

GENERAL INFORMATION:

Religion: _____ (Kindly note that we observe Christian values at LW.)

PARENTS: MARRIED / DIVORCED / SEPERATED / DECEASED/ JOINT CUSTODY (Pls Circle)

LEGAL GUARDIAN NAME: _____ CELL NUMBER: _____

ID NUMBER: _____

PERSONAL CARE:

APETITE: GOOD / OKAY / PICKY EATER / VERY LITTLE (Pls Circle)

****FOOD ALLERGIES** YES/NO (Pls complete the form attached.)**

SPECIAL NEEDS: _____

SPEECH THERAPY: YES/NO OCCUPATIONAL THERAPY: YES/NO OTHER THERAPY: YES/NO

Any concerns that cause you concern regarding your child's development? **(Pls elaborate)**

NOTICE PERIOD:

- Should the applicant choose to terminate the child's enrolment at The School, the applicant will give two calendar months' notice in writing no later than the last day of the previous month. Should notice be given later in the month, the parent will still be liable for the notice period as described.
- Notice may not be given after the 1st of October of the current year.
- Notice given later than 1 October will result in the parent being liable for the full fees for November/December period. Fees are calculated over a 12-month period and a two month notice period is required and non-negotiable.

Parents Initials_____

- The applicant and the child are bound by all, and any existing or new rules, regulations, policies, and procedures as determined by the Director of the School and or the Principal of Little Woodlands Preschool.
- The rules and regulations will be subject to review by management on a regular basis.
- Children may not be taken out periodically due to sickness, leave or any other reason. The parent will still be held liable for the full fees for any absent period. The school can also not guarantee a space should the parent want to return the child, and a registration fee will be charged in such an instance.

Parents Initials _____

TERMS AND CONDITIONS.

I the undersigned (name) _____ ID number _____ hereafter referred to as the Applicant being the person liable for the payment of tuition fees or other amounts owing to the school reside at the following address:

Physical Address: _____.

Do hereby authorize Ereofusion Pty (Ltd) as Little Woodlands herein after referred to as “The School” to confirm my credit rating for the purpose of the enrolment procedure and agree hereby to be bound by the terms and conditions.

PAYMENT OF FEES:

- I acknowledge that I am aware of and agree to the fact that the initial registration/re-registration fee paid is non-refundable and will be forfeited in the event of our/my cancelling the registration of my child for any reason. All tuition fees are due and payable in advance no later than the 3rd of each month. Late payments may incur a late fee of R250. Parents Initials _____
- Non-payment of fees by the 7th of each month ***will result in services being discontinued*** immediately until outstanding payments have been made. Parents Initials _____
- New registrations are required to pay the registration fee immediately to safeguard a space.
- Failure to pay the registration fee will result in the placement being forfeited. In the event of the school being obliged to hand the account over for collection the applicant will be liable for legal costs incurred by the school for collection. Parents Initials _____
- ***If a child is removed from school for a period, full fees are still payable in full. If fees are not paid on time in full the placement will be forfeited.***
- To return to the school the applicant will have to pay a registration fee if a position is still available. Should the school have to close due to a pandemic, fees are still payable in full. The school will only be closed in severe cases to protect the lives of staff, their families, learners, and parents. Parents Initials _____

PAYING PARENT DETAILS:

NAME:	
RESIDENTIAL ADDRESS:	
ID NUMBER:	
EMAIL ADDRESS:	
CONTACT NUMBER:	
SIGNATURE:	
DATE SIGNED:	

PHOTO'S SOCIAL MEDIA POLICY:

- Photos are taken by staff as part of the child's profile for observation purposes, some of these photos might be used for marketing purposes.
- Student's observations are allowed for training purposes. Parents Initials _____

****PLEASE COMPLETE THE SOCIAL MEDIA INDEMNITY FORM AT THE BACK OF THE CONTRACT****

INDEMNITY:

The applicant hereby indemnifies the school and or its staff and or their authorized 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 on the school premises as well as away or during the transport of the child for school purposes whilst the child is under the care of the school. Parents Initials _____

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

Parents Initials _____

HOLIDAY PERIODS:

Little Woodlands is closed for one week in July yearly and again from mid-December depending on the calendar. Little Woodlands is closed on all public holidays as well as some long weekends where the Thursday or Tuesday is a Public Holiday. **Parents Initials** _____

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 and will not be distributed to any parent, staff member or 3rd party under any circumstances as required by the POPI ACT. **Parents Initials** _____

ACCEPTANCE OF TERMS AND CONDITIONS:

The applicant will be deemed to have accepted and understood the above terms and conditions upon the signature below. **Parents Initials** _____

+ Allergy + <u>Chronic Conditions Form:</u> +	
<u>Name:</u>	<u>Age:</u>
<u>Allergy:</u>	<u>Class:</u>
<u>Co-morbidities/Condition:</u>	
<u>Medication:</u>	
<u>Child's Photo:</u>	
<u>Signs/Symptoms:</u>	
<u>Treatment: (Step by step)</u>	
Contact – Mom:	
Contact – Dad:	
Emergency Contact:	
Doctor Contact:	
MEDICAL AID NAME:	
MEDICAL AID NUMBER:	
MAIN MEMBER NAME:	
MAIN MEMBER CONTACT NO:	

PARENT FULL NAME: _____

Date: _____

Parents Initials _____

SUPPLIES LIST

Stationary/Other is provided only in January (as specified)

****Alternatively, an equivalent fee will be charged to your account in January and July if you do not want to buy the items yourself****

Child's name: _____

Class: _____

<p align="center">BABIES AND 1-2 YRS</p> <p>SUPPLIES LIST - For the Class: (January/July) - LIST PROVIDED OF WHAT IS NEEDED)</p> <p>4 x boxes tissues 6 x packs of wet wipes 2 x box disposable nappy bags 1 x toilet spray 1 x Jik 1 x roll of black bags (20s) 2x pack small dustbin liners (approx. 60x45cm or slightly smaller) 1x riem A4 paper (January)</p> <p>Other: (Brought in January)</p> <p>1x textured ball/toy big or small 2x regular size cot sheet (Babies ONLY preferably grey/beige) 3x clear Ice Cream container with lid (@ Store & More +/- R20-00) 1x Pritt</p> <p>IN MY BAG EVERY DAY: (All items marked)</p> <p>8 x nappies every day (If 3 nappies left, pls add 5 = 8) Bum cream Formula measured off /Breastmilk in container for fridge *Any special dietary needs (Ex. Rice porridge) Sunblock, Hat 3 sets of extra clothes (warm/cool) 1x jacket/cooler clothes depending on weather. 4x bibs (will be sent home daily to wash) NB! Plastic bag for wet/soiled clothes **A healthy snack in a lunch box** *SMALL BLANKET FOR NAPTIME* 90x120cm (Pep, Ackermans, Sheet Street)</p> <p>NB!!!!A4 Size hardcover communication book. Pls cover and stick a photo of the child on the book.</p>	<p align="center">2 - 3 YEARS</p> <p>SUPPLIES LIST - For the Class: January/July- LIST PROVIDED OF WHAT IS NEEDED))</p> <p>4 x boxes tissues 6 x packs of wet wipes 2 x box disposable nappy bags (if still on nappies) 8 x Toilet rolls 1 x toilet spray 1 x Roll of black bags (20s) 1x Riem A4 paper (March)</p> <p>Stationary: (Brought in January)</p> <p>Jumbo (THICK) wax crayons (12-24) 1x A3 plastic envelope 1x small blunt nose scissors 2x large Pritt 1x small hula hoop 1x water colour paint set (12 colours) 1x hog hair paintbrush flat/round size 12 3x clear Ice Cream container with lid (@ Store & More +/- R20-00)</p> <p>IN MY BAG EVERY DAY: (All items marked)</p> <p>8x nappies daily (If 3 nappies left, pls add 5 = 8) Bum cream (if on nappies) Sunblock, Hat Water bottle (must go home daily and be washed at home) 3 x set of extra clothes (warm/cool) 1x jacket/cooler clothes depending on weather. NB! Plastic bag for wet/soiled clothes **A healthy snack in a lunch box** *SMALL BLANKET FOR NAPTIME* 90x120cm (Pep, Ackermans, Sheet Street)</p> <p>Swimming Lessons: No Child May Swim Without a Completed Form/Transport form Handed In At The Office. COMPULSORY: Costume, swimming cap, towel, plastic bag, warm jacket.</p>
<p align="center">3 - 4 YEARS</p> <p>SUPPLIES LIST - For the Class: (January/July- LIST PROVIDED OF WHAT IS NEEDED)</p> <p>4 x boxes tissues 6 x packs of wet wipes 8x Toilet rolls 2x pack small dustbin liners (approx. 60x45cm or slightly smaller) 1x roll black dustbin bags 20's 1x Riem A4 paper (June)</p> <p>Stationary: (Brought in January)</p> <p>1x A3 plastic envelope 1 x A4 size white/black board 2 x Pritt sticks 1 x pack of pastels 12 piece 1 x hoghair paintbrush flat/round size 12 1x medium hula hoop 1x set of thick White board marker pens (red, blue, green, black) 1x thick Jumbo chalk 3x clear Ice Cream container with lid (@ Store & More +/- R20-00)</p> <p>In my bag every day: (All items marked)</p> <p>Sunblock, Hat, Extra clothes Water bottle filled daily NB! Plastic bag for wet/soiled clothes **A healthy snack in a lunch box** *SMALL BLANKET FOR NAPTIME* 90x120cm (Pep, Ackermans, Sheet Street)</p> <p>Swimming Lessons: No Child May Swim Without a Completed Form, Handed In At The Office. COMPULSORY: Costume, swimming cap, towel, plastic bag, warm jacket.</p>	<p align="center">4 - 5 YEARS</p> <p>SUPPLIES LIST - For the Class: (January/July- LIST PROVIDED OF WHAT IS NEEDED))</p> <p>4 x boxes tissues 6 x pack of wet wipes 8 x Toilet rolls 1x roll black dustbin bags 20's 1x Riem A4 paper (August)</p> <p>Stationary: (Only in January)</p> <p>1 x Jumbo (thick) wax crayons 1x A3 plastic envelope 1 pack thick Koki's/Felt tip pen 1 pack Twist out crayons 1 x pack of pastels 12 piece 2 x Pritt glue sticks 1 x Skipping rope 1 x plastic ball/soccer ball/rugby ball (Either) 1x set of thick White board marker pens (red, blue, green, black) 3x clear Ice Cream container with lid (@ Store & More +/- R20-00)</p> <p>In my bag every day: (All items marked)</p> <p>Sunblock, Hat, Extra clothes Water bottle filled daily NB! Plastic bag for wet/soiled clothes **A healthy snack in a lunch box** *SMALL BLANKET FOR NAPTIME* 90x120cm (Pep, Ackermans, Sheet street)</p> <p>Swimming Lessons: No Child May Swim Without A Completed Form, Handed In At The Office. COMPULSORY: Costume, swimming cap, towel, plastic bag, warm jacket.</p>

PARENT FULL NAME: _____

Date: _____

Cell: _____

**** I prefer to be invoiced for the goods on the stationary list: YES / NO****

Parents Initials _____



Little Woodlands Preschool

212 Harvard Avenue, Clubview, Centurion

Tel nr: 061 559 3659

Admin@lwps.co.za

Social Media Indemnity Form

I _____ hereby give permission that photos may be taken at school (special events, in the classroom, innings etc.) of my child _____ and that Little Woodlands **is / is not** (please circle one) allowed to use these photos on their social media pages (Facebook and Instagram or Whatsapp) school groups. **(Please note that if you do not give us permission to take photos and post photos to our social media or WhatsApp groups, that NO PHOTOS (none) will be taken of your child and that they will be excluded from class/group/school photos as well.)**

I also agree that I _____ (parent) am not allowed to post or share any photos, to my private social media accounts that include other children in the school (Facebook, Instagram, WhatsApp etc.), that have been shared to the school's social media groups or pages.

Parents signature

Date signed
