



REGISTRATION FORMS

Registration fee of R700 is required on submission of these forms; please use your child's name and surname when paying by EFT or bank deposit.

Banking Details: First National Bank
Lynnwood Branch – Code: 252045
Acc No. 62297345037

Copies of the following documents need to accompany these forms:

- *Copy of Child's Birth Certificate
- *Copy of Child's Clinic Card
- *Copies of both parents' ID Documents
- *Proof of Residence (i.e. copy of Electricity Account)

4. **Responsibility**

- All children must be left in the care of a teacher on their arrival in the morning, and must be fetched by a responsible person. **Please notify** us if someone not known to the school personnel will be fetching your child.
- Each family receives one (1) tag for their registered child(ren) to enter/exit the premises during school hours. This provides extra security and serves as an attendance register. Extra tags are available from the office

2nd tag – R50

3rd tag -R100

Replacement tag R100

The person signing for the tag remains the **accountable** person and remains responsible for the proper use of the tag.

- Neither the Lynnwood Ridge Pre-Primary School nor the Dutch Reformed Church can be held responsible for any injury, which a child may sustain, on his/her way to or from school during school hours.
- Every possible precaution will be taken for the safety and well-being of the children during school hours.

5. **Health policy**

- A child who has had a fever or illness during the night, should stay at home at least the following day or until the symptoms have disappeared.
- A child with an infectious disease or illness, fever or excessive coughing should stay at home until completely recovered.
- If a child falls ill during the day, the parent will be telephoned and asked to fetch the child immediately.
- It is the parents' responsibility to be contactable at all times in case of an emergency. If the parent cannot be reached, the person named on the information card will be contacted to fetch the child.
- We do not have any medication on site and we are not allowed to administer any medication.
- Should a child suffer from asthma, allergies or is a diabetic and is dependent on prescribed medicine, emergency medicine will be administered, providing we have the written instruction from the parent on our medicine administration form, that is available and kept in the office.

6. **General**

- We offer Christian based education.
- No meals are provided. Each child should bring a healthy snack (fruit, a sandwich and juice/water) each day. Full day children need to hand an extra, healthy lunch to their teacher in the mornings. Cakes and sweets are allowed ONLY on special occasions.
- All belongings, including shoes, should be marked. NO toys should be brought to school.
- Photographs of children busy with activities will be published on our website and Facebook, for the purpose of advertising.
- Parents are requested to inform the teacher and if need be, the principal, of any unusual or disturbing circumstances, which may influence the child's behaviour at school.
- The secretary should be informed when a child is unable to attend school.

- The secretary should be informed of any change of address, telephone number or doctor.

7. The Management Committee reserves the right to change the rules at any time if thought necessary

Agreements

- I/We hereby agree to comply with the rules set by the Management Committee.
- I/We give permission that my/our child may accompany the school on educational trips and that he/she/they may be transported by the school on my/our own risk.
- I/We further agree that neither the school nor the staff or the Management Committee will be held responsible for any injuries, loss of property or other accidents or incidents.
- In the event of an injury, permission is hereby granted to enlist medical assistance at my/our expense from my/our appointed GP/Pediatrician.
- I/We enroll our child for:
 - ___ School only i.e. Half-day care.
 - ___ School and Aftercare (1 month written notice required to cancel Aftercare)

I/We _____ and _____ Parents/Legal Guardians of

_____ agree and understand the contract is entered into between Lynwood Ridge Pre-Primary School and me/us.

I/We understand that payment of services rendered remains my responsibility. I/We agree and understand should I/We fail to settle the account on or before **30 days** my/our account will be handed over for collection and/or legal action will be entered into. I/We agree that should my account be handed over for collection, I/We shall be liable for all costs with respect to the recovery of the outstanding amount due by me/us including but not limited to debt collection charges and attorney fees. I/We agree to inspection of and negative listing of my/our credit information should my/our account remain outstanding. I/We choose the address below as my/our domicile.

Signed

_____ (Father) _____ (Mother); Date: _____

Details of person responsible for payment of school fees

_____ (Name and Surname)

Capacity: Mother/Father/Legal Guardian Id Number: _____

Physical Address: _____

Work address & Company name: _____

Contact Telephone Numbers:
 (h) _____ (w) _____ © _____

Signed by the responsible person: _____ Date: _____



PARENT INTERVIEW

Name of child: _____ Date of Birth: _____ Gender: _____

Pregnancy: Name difficulties/abnormalities:

Position of child in family: _____ Name/ages and gender of other children _____

How do you think the child will react to separation from mother? _____

Experience of play with other children: _____

Play interests: _____

Physical development: _____

Speech development: _____

Sleeping habits: _____

Eating habits: _____

Toilet habits: _____

Fears (dogs, doctors, etc.) _____

Health:

Immunizations (3 in one, B.C.6; Measles, etc.) _____

Infectious diseases: _____

Other childhood illnesses or operations: _____

Allergies (bee stings, foods, etc.) _____

General:

Family life: _____

How would you describe your child? _____



INDEMNITY FORM

I/We, the undersigned

_____ (the Father/Guardian) and _____ (the Mother/Guardian)

of

_____ (my/our child)

in my/our personal capacities and in my/our representative capacities as parents/guardians of our child, hereby agree to and accept the following terms and conditions:

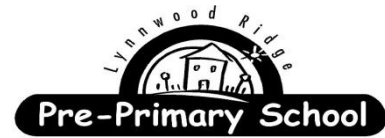
1. I/We hereby acknowledge that the school will make every effort to ensure the proper care and safety of our child and his/her possessions, whilst the child is under the school's direct supervision. I/We hereby undertake not to institute action against or claim or hold liable the school, its teachers, assistants or other employees, for any injury or damage, which might be suffered by me/us or my/our child resulting from any act whatsoever, whether due to negligence, omission of default by the school, its teachers, assistants or other employees.
2. I/We acknowledge that the school premises will from time to time be used for extramural activities, wherein my/our child might take part. In regards to such extramural activities, I/we hereby undertake not to institute action against or claim or hold liable the school, its teachers, assistants, other employees or independent third parties making use of the school's facilities, for any injury or damage, which might be suffered by me/us or my/our child resulting from any act whatsoever, whether due to negligence, omission of default by the school, its teachers, assistants or other employees.
3. I/We hereby expressly indemnify the school, its teachers, assistants or other employees against any other claims, legal action/demands/costs, damage, injury and expenses/ including claims of third parties/ arising out of any act or actions done by my/our child, including damage to equipment, apparatus, buildings and property of the school or third parties, whilst in the care and control of the school.
4. I/We hereby indemnify the school for the costs and expenses of any reasonable treatment (including emergency treatment) required by my/our child whilst in the care of the school.
5. I/We hereby consent that a teacher of the school, in whose care our child has been left, may give the necessary consent for my/our child to receive emergency medical treatment; neither of the parents can be contacted to give such consent. The school will however make every effort to contact the parents of a pupil if any medical treatment should be necessary. I/We undertake to ensure that the school will be in possession of my/our relevant contact details in this regard.

SIGNED AT _____ ON _____ DAY OF _____ 20__.

As witnesses:

1. _____
FATHER/GUARDIAN

2. _____
MOTHER/GUARDIAN



FORM FOR FETCHING TIMES

KINDLY COMPLETE IF YOUR CHILD IS REGISTERED FOR THE MORNINGHALF-DAY PROGRAMME ONLY

CHILD'S NAME: _____ CLASS: _____ BIRTH DATE: _____

Will be fetched by: _____ (person's name) no later than 13h30.

I/We hereby confirm that my/our child will be fetched from school between 12h30 and 13h30.

SIGNED: _____

FINE SYSTEM:

Late fetching after 13h30 – R50.00

KINDLY COMPLETE IF YOUR CHILD IS REGISTERED FOR THE FULL DAY PROGRAMME ONLY

CHILD'S NAME: _____ CLASS: _____ BIRTH DATE: _____

WORK TEL NO'S (MOM) _____ (DAD) _____

CELL NO'S (MOM) _____ (DAD) _____

HOME ADDRESS: _____ HOME TEL: _____

ANOTHER NAME AND NUMBER IN CASE OF AN EMERGENCY: _____

HOUSE DR'S NAME: _____ DR'S TEL NO.: _____

MEDICAL AID SCHEME: _____ MEMBERSHIP NO.: _____

ANY ALLERGIES? _____

My/Our child will be fetched from school by: _____ no later than 17h30

ONE MONTH'S WRITTEN NOTICE MUST BE GIVEN WHEN WITHDRAWING FROM THE AFTER CARE FACILITY

SIGNED: _____

LATE FETCHING

13H30 – 14H00 R50

AFTER - 14H00 R50 PER 15 MINUTES OR PART THEREOF

17H30 – 18H00 R100

AFTER – 18H00 R100 PER 15 MINUTES OR PART THEREOF

PARENTS TO PAY IMMEDIATELY ON ARRIVAL AND SIGN LATE RECEIPT

2019 Fee Summary

Registration Fee	R 700	Once-off, non-refundable
Half-day fee	R2 200	Per month x 11
After-care fee	R 700	Per month x 11
Casual Fee	R 50	Per afternoon

2019 Late Fetching Fee Summary

After 13h30	R 50	13h30 – 14h00
After 14h00	R 50	Per 15 minutes or part thereof
After 17h30	R 100	17h30 – 18h00
After 18h00	R 100	Per 15 minutes or part thereof

PARENTS TO PAY IMMEDIATELY ON ARRIVAL AND SIGN LATE RECEIPT

FINANCIAL CLEARANCE CERTIFICATE



(to be completed by previous school)

Full Names of Parent:	
Full Name of Learner:	
ID Number of Parent:	
Name of School/Playgroup where Learner is currently enrolled:	
1) Fees paid up to date: (yes/no)	
2) Amount of Fees outstanding:	
Comments:	

This is to certify that the above parent has paid school fees as indicated above. Please use a School stamp.

SIGNATURE

DATE