



REGISTRATION FORMS - 2022

Registration fee of R500 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.
- 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.
- 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.

6. **COVID-19:**

As per our COVID-19 Prevention and Control Policy which is underpinned by the National State of Disaster and the Disaster Management Act we are to process PI and SPI to prevent and mitigate the spread of COVID-19 while ensuring compliance with the POPIA.

- 6.1 Your child will, therefore, be screened for a raised temperature and to ascertain whether he/she are experiencing symptoms every morning.
- 6.2 If necessary, the child will be referred for medical examination and testing.
- 6.3 If a child has been diagnosed with COVID -19 Lynnwood Ridge Pre-Primary School must and will:
- 6.3.1 Inform the Department of Health.
 - 6.3.2 Provide relevant information to the Department of Employment and Labour.
 - 6.3.3 Provide relevant documentation to the Compensation Commissioner in the event of Occupational Diseases claim.
- 6.4 Will give administrative support to any contact tracing measures implemented by the Department of Health.
- 6.4.1 Investigate the mode of exposure including any control failure.
 - 6.4.2 We will sensibly determine the need to temporarily close the affected classroom or the entire facility; this will affect employees, children, parents/guardians and possibly suppliers.
- 6.5 The decision to close will in line with the:
- 6.5.1 The Department of Social Development's Standard Operating Procedures.
 - 6.5.2 The Department of Health's guidelines.
 - 6.5.3 As detailed in our Covid-19 Prevention and Control Policy.

3Initial Here – Both Parents _____

- 7. Privacy - Protection of Personal Information Act (POPIA) and Promotion of Access to Information (PAIA):**
- 7.1 The Parent agrees to his/her own Personal Information such as phone numbers and email addresses be entered into the ECD center's registry for the purpose of the direct marketing of ECD center functions, fund raising events and donations and that such details be used by the ECD center for that purpose at a time that is convenient to the ECD center. It is further agreed that the ECD center shall NOT be entitled to make these details available to third parties without the Parent's express permission.
- 7.2 By entering into this contract, and unless you at any time instruct us expressly and in writing to the contrary, your consent is given for Lynnwood Ridge Pre-Primary School to:
- 7.2.1 collect, store and process credit information about you and any Third Party or divorced or separated Parent responsible for payment of any or all amounts comprised in the Fees.
- 7.2.2 collect, store and process names, contact details and information relating to yourself and your Child, and to such information being made available to other parents / guardians, staff or responsible persons engaged or authorised by Lynnwood Ridge Pre-Primary School for ECD centre-related purposes to the extent required for the purpose of managing relationships between the ourselves, parents/guardians, and current children as well as providing references and communicating with the body of former learners.
- 7.2.3 include photographs, with or without name, of your Child in Lynnwood Ridge Pre-Primary Schools publications, or in press releases to celebrate our or your Child's activities, achievements or successes.
- 7.2.4 supply information and a reference in respect of your Child to any educational institution which you propose your Child may attend. We will take care to ensure that all information that is supplied relating to your Child is accurate and any opinion given on his/her ability, aptitude and character is fair. However, we cannot be liable for any loss you or your Child is alleged to have suffered resulting from opinions reasonably given, or correct statements of fact contained, in any reference or report given by us.
- 7.2.5 Inform any other school or educational institution to which you propose to send your Child of any outstanding fees.
- 7.3 Lynnwood Ridge Pre-Primary School may not distribute or otherwise publish any of your personal information in its possession, unless you give your consent to us, in writing, that we may do so. Should this be the case, we will only distribute or otherwise publish the information specified in your consent to the people specified, and for the purpose stated in your written consent.
- 7.4 The parent/guardian has a right to apply for access to his/her own information and the information of their child/children, in writing and following the correct process as outlined in Lynnwood Ridge Pre-Primary School Privacy Policy.
- 7.5 The parent/guardian has a right to for the deletion, erasure and destruction of their own information and the information of their child/children, in writing and following the correct process as outlined in Lynnwood Ridge Pre-Primary School Privacy Policy.
- 7.6 The processing of COVID-19 information is considered Special Personal Information and will be processed accordingly.
- 7.7 The type of Special Personal Information we process is below and the information is only shared with the relevant health authorities in order to mitigate a serious threat to the health of our Data Subjects.
- 7.7.1 Temperature screening
- 7.7.2 Symptoms
- 7.7.3 Test results
- 7.7.4 Co-morbidities
- 7.7.5 Contact Tracing
- 7.7.6 Third parties visiting our premises.
- 7.8. Only minimal information will be retained.
- 7.9. Your COVID-19 related information will be de-identified, deleted or within six (6) of the National State of Disaster being declared over.
- 7.10. Lists of personal contact details of class parents will not be shared unless prior permission has been received from every Data Subject on the lists.

7.11 In all instances, when an incident occurs (for example, biting, pushing, hitting, etc) the name of the victim will not be shared with the perpetrator’s parents/guardians, nor will the name of the perpetrator be shared with the parents/guardians of the victim, unless required to do so through legal proceedings.

7.12 Information may be disclosed when:

7.12.1 We have a duty or a right to disclose it in terms of law or sector codes.

7.12.2 Where we believe it is necessary to protect our rights.

7.13 **Permissions, Authorisations and Declarations:**

For the purpose of this clause “my” means my own Personal Information and the Personal Information and Special Personal Information of my child/children.

7.13.1 **Protection of Personal Information Act and Promotion of Access to Information Act:**

* I/We hereby authorise Lynnwood Ridge Pre-Primary School their Bursar and authorised Management personnel to use, review and legally process any personal information provided to the organisation in the course of this Admissions Contract as well as any information that I have provided in support of the application.

* I understand my right to privacy and acknowledge that Lynnwood Ridge Pre-Primary School can demonstrate implemented procedures to protect my privacy in accordance with POPIA.

* I hereby give my consent to the Company to collect process and distribute relevant personal information where the company is legally required to do so.

7.13.2 I hereby declare that I am giving permission for Lynnwood Ridge Pre-Primary School to process my Personal Information and Special Personal Information as shown on the table below.

| Category: Consumers and Potential , i.e., Parents and Guardians of Children | |
|---|--|
| Personal Information | Special Personal Information |
| <ul style="list-style-type: none"> • Billing information • Email address • Emergency contact (if parent not available) • Full Names • Home and postal address • Marital status. If divorced, the custody and visiting arrangements • Telephone numbers | <ul style="list-style-type: none"> • Credit score and references • ID number • Medical aid number and main member details • Occupation and place of employment • Parents view on disciplining their own child at home • Passport number if no SA ID • Payment arrangements • Race or ethnic origin |

| Category: Children | |
|--|---|
| Personal Information | Special Personal Information |
| <ul style="list-style-type: none"> • Admission and Discharge Dates • Age • Allergies¹ • Attendance Register • COVID-19 Temperature Screening Register and other information • Cull name • Date of Birth • Medications (currently being administered) • Partial care requires, i.e., half or full day | <ul style="list-style-type: none"> • Adoption history (if any) • Birth history • Child’s medical history • Form 22 – Reporting Suspicions of Child Abuse • ID number • Immunisation Records • When the child’s met/is meeting his/her milestones |

7.13.3 I understand that I have a right to reasonably request that my information not be processed by following the correct procedure, which has been explained to me.

7.13.4 I acknowledge that I have been informed of my right as a Data Subject and that if Lynnwood Ridge Pre-Primary School needs to process any information not listed in the table above, they will request my permission and give valid reasons for processing the additional information.

¹ Allergies are listed as PI and not SPI because, for the purpose of possibly saving the child’s life, several people in the organization need to know which child has an allergy and to what.



8. **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.

6Initial Here – Both Parents _____



9. **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 months 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: _____

7Initial Here – Both Parents _____



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? _____

The information required is collected and used to admit and educate children on their level. By signing the form, you consent to the processing of the personal information for the intended purpose.

8Initial Here – Both Parents _____



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, it's 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, it's 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, it's 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, it's 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

The information required is collected and used for the intended purpose. By signing the form, you give your consent.

9Initial Here – Both Parents _____



FORM FOR FETCHING TIMES

KINDLY COMPLETE IF YOUR CHILD IS REGISTERED FOR THE MORNING HALF-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

The information required is collected and used for enrolment purposes. By signing the form, you consent to the intended purpose.

10Initial Here – Both Parents _____

2022 Fee Summary

| | | |
|-------------------------|--------------|---------------------------------|
| Registration Fee | R 500 | Once-off, non-refundable |
|-------------------------|--------------|---------------------------------|

| | | |
|---------------------|---------------|-----------------------|
| Half-day fee | R2 800 | Per month x 11 |
|---------------------|---------------|-----------------------|

| | | |
|-----------------------|--------------|-----------------------|
| After-care fee | R 840 | Per month x 11 |
|-----------------------|--------------|-----------------------|

| | | |
|-------------------|-------------|----------------------|
| Casual Fee | R 50 | Per afternoon |
|-------------------|-------------|----------------------|

2022 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

