KLEINTYD
AKADEMIE EN NASORG

CONFIDENTIAL

3 months-2year photo	***3-4year photo***	***4-5year photo***	***5-6year photo***
	Please provide only a photo of the age your child is currently		

PERSONAL INFROMATION OF YOUR CHILD

Surname: _____

Full names: _____

Name by which learner is called: _____

Date of birth: _____

ID number: _____

Home language: _____

Sex: Male ☐ Female ☐

Number of children in the household: _____

Position in family: 1st 2nd 3rd 4th

Religion: _____

Disability *(if any):* _____

_____

Has your child previously been to a playgroup/ pre-school? YES ☐ NO ☐

If '*Yes*'

Previous school: _____

Province: _____

Reason for leaving the previous school:

_____

_____

MEDICAL INFORMATION

Family doctor/ Clinic _____

Name of Medical Aid: _____

Name of principal member: _____

Medical Aid no: _____

Contact details:

_____

LEARNER MEDICAL INFORMATION:

Chronic illness: _____

Any allergies *(Indicate in RED):* _____

_____

Bee allergies: _____

Medication: _____

_____

_____

_____

Please circle your answer.

***ANY INDICATION OF PROBLEMS REGARD TO**

1. Child's growth progress YES/NO

2. Hospital admission YES/NO

3. Any problems during or after pregnancy?

YES/NO

4. Any developmental problems identified? YES/NO

5. Visual/ hearing/ weight/ speech/ physical/ locomotor screening results YES/NO

If you answered 'YES' to any of the above questions (1-5), please give a short explanation.

_____

_____

_____

_____

_____

_____

_____

EARLY INTERVENSION SERVISES RENDERED (Academic, emotional, behaviour, learning, visual, hearing)

0-5 years	**Area of need**	**Services and intervention received**

CONTACT PERSON IN CASE OF EMERGENCY *(Not parent or guardian)*

Contact person 1:	**Contact person 2:**
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Contact details: _____	Contact details: _____

PERSONS AUTHORISED TO COLLECT YOUR CHILD FROM SCHOOL

1.	2.
Name & Surname:_____	Name &Surname: _____
Relationship: _____	Relationship: _____
Contact details: _____	Contact details: _____
ID Number: _____	ID Number: _____

PERSONS AUTHORISED TO COLLECT YOUR CHILD FROM SCHOOL

3.	4.
Name & Surname:_____	Name &Surname: _____
Relationship: _____	Relationship: _____
Contact details: _____	Contact details: _____
ID Number: _____	ID Number: _____

INFORMATION REGARDING PARENT(S)/ GUARDIANS 1 *(Please use a PENCIL and update if there are changes)*

Title: _____

Full names: _____

Surname: _____

Name called: _____

ID number: _____

Home language: _____

Preferred language: _____

Cell phone number: _____

Home contact number:_____

Email: _____

Physical address: _____

_____

_____

Occupation: _____

Employer: _____

Work contact number: _____

Work address: _____

_____

Does the child reside (stay) with this parent?

YES☐ NO☐

PARENT / GUARDIAN 2 *(Please use a PENCIL and update if there are changes)*

Title: _____

Full names: _____

Surname: _____

Name called: _____

ID number: _____

Home language: _____

Preferred language: _____

Cell phone number: _____

Home contact number:_____

Email: _____

Physical address: _____

_____

_____

Occupation: _____

Employer: _____

Work contact number: _____

Work address: _____

_____

Does the child reside (stay) with this parent?

YES☐ NO☐

PAYMENTS – PERSON 1 RESPONSIBLE FOR PAYMENT OF SCHOOL FEES

Title: _____

Full names: _____

Surname: _____

Initials: _____

ID number: _____

Cell phone number: _____

Telephone (home): _____

Email: _____

Physical address:_____

_____

Postal address *(If different from physical address):*

_____

Occupation: _____

Employer: _____

Work contact number: _____

Work address: _____

_____

_____

Does the child reside (stay) with this parent?

YES☐ NO☐

PAYMENTS – PERSON 2 RESPONSIBLE FOR PAYMENT OF SCHOOL FEES – *MUST* BE FILLLED IN

Title: _____

Full names: _____

Surname: _____

Initials: _____

ID number: _____

Cell phone number: _____

Telephone (home): _____

Email: _____

Physical address: _____

_____

Postal address *(If different from physical address):*

_____

Occupation: _____

Employer: _____

Work contact number: _____

Work address: _____

_____

_____

Does the child reside (stay) with this parent?

YES☐ NO☐

CONTRACT WITH SCHOOL REGARDING PAYMENTS OF SCHOOL FEES

3 months – 2 years old	R3000.00 per month	x12 months
2 years – 5 years old	R2250 per month	x12 months
Enrolment fee	R750 (once off)	

1. I accept responsibility for the prompt payment of school fees for the child mentioned above. I agree to pay Kleintyd Akademie en Nasorg school fees before or on the 1st of each month for 12 months (January to December) as stated below:

a) ☐ Monthly ☐ Per term ☐ Annually

b) ☐ Internet payment

2. I agree to notify the principal of Kleintyd Akademie en Nasorg with a **written letter** if I am unable to pay school fees.
3. In the event of non-payment, Kleintyd Akademie en Nasorg holds the right to take legal action in obtaining the outstanding fees.
4. I agree to give one (1) calendar month written notice in advance if my child will not be attending Kleintyd Akademie en Nasorg. In the last term I undertake to give notice prior to the 1st of October, the student will then leave Kleintyd Akademie en Nasorg on the 31st of October. No late submissions will be accepted.
5. Proof of payment must be provided.
6. I confirm that the **information given** in this **form is** true, complete and accurate.
7. I, Parent / Guardian agree to keep to the terms and conditions provided above.

KLEINTYD AKADEMIE EN NASORG BANKING DETAILS

Account holder:	Kleintyd
Bank:	First National Bank
Type of account:	Cheque
Account number:	62791572623
Branch code:	250655
Reference:	Name & Surname of Child

PERMISSION TO PARTICIPATE IN ALL ORGANISED ACADEMIC, SPORT- AND CULTURAL ACTIVITIES

1. I, Parent / Guardian give consent that my child may attend all academic, sport- and culture activities that is provided in an organised manner by the Kleintyd Akademie en Nasorg.
2. I accept that all necessary precaution will be taken to ensure the safety and wellbeing of my child by the staff of Kleintyd Akademie en Nasorg and that I will be held responsible for the payment of any medical / hospital accounts in the case of any injury which my child might experience while at or in care of Kleintyd Akademie en Nasorg (unless it stems from gross negligence by the staff employed by Kleintyd Akademie en Nasorg.)
3. I acknowledge all information regarding medical aid provided in the Medical Aid section of this form is true, completed and accurate. This information may be used in the event of an emergency.
4. I undertake to inform Kleintyd Akademie en Nasorg if any of the above information changes in any way.
5. I undertake to support my child in the upholding of the Disciplinary System and Code of Conduct of Kleintyd Akademie en Nasorg as stated in the School Policy.
6. I am aware that the Kleintyd Akademie en Nasorg opens at 6:30am and that the school closes at 5:30pm.
7. Parents, please note that no cash payments for school fees will be accepted. EFT's or cash deposits at an ATM will be in order.

PARENT CONSENT FOR THE USE OF MEDIA

Using Images of children at Kleintyd Akademie en Nasorg

We regularly take and display photographs in school for a variety of purposes. We may use these images within classrooms, in corridors, in our School Prospectus, in other Education, Sport and Culture publications, and also on our web-based.

Any photos or video added to our school website will meet our agreed school policy and the Education, Sport and Culture Department's Policy.

We need your written permission before we can allow photographs or moving images of your child to be taken and stored.

Conditions

1) This consent form is valid for the period of time your child attends Kleintyd Akademie en Nasorg.
   You may revoke permission at any time by completing an updated form.
2) The consent will automatically expire when your child leaves Kleintyd Akademie en Nasorg.

3) We may use photographs or recordings after your child leaves Kleintyd Akademie en Nasorg. Please advise us if you have an objection to this.
4) We may use group or class photographs or video footage with general labels, such as 'The 2017 Outing to the farm'.
5) We will not link the name and image of any child on our website.
6) We will only use images of children and adults who are suitably dressed to reduce the risk of such images being used inappropriately.
7) We will not include personal email, postal addresses, telephone or fax numbers on video, our website, in our school prospectus or in any other printed publications.
8) We may include pictures of children and adults that have been drawn by the children.

Please answer the questions below, sign and date the form and return it to school.

I give consent for: *Please circle your answer*

1. My child's named image to appear in the media e.g 'Tygerburger'?	Yes	No
2. My child's photograph to be used in school, in school publications and marketing for example facebook?	Yes	No
3. My child's image to be recorded/used on video?	Yes	No

POLICIES OF THE SCHOOL

You declare that you have read and understood the policies and agree to abide by the provisions thereof. You further accept that all policies are subject to change from time to time and shall remain binding on you and your child despite any such amendments. Copies of all policies are available for perusal in the school office upon request and on the School's website.

You undertake to comply with all the rules and regulations of the School and acknowledge that it is your responsibility to make yourself and, to the extent relevant, your child familiar with the policies.

Please note that completion of the application forms does not guarantee that your child will be accepted at Kleintyd Akademie en Nasorg. If you have not heard from before your child should start, it is your responsibility to contact us to follow up on the application which might have been put on a waiting list.

<u>Copies of the following documents must be enclosed</u>*:* *(Please indicate which documents are provided)*

- ☐ Learner's birth certificate
- ☐ Clinic card
- ☐ Copy of a municipal or telephone account.
- ☐ Copy of both parent's ID documents.
- ☐ Copy of ID documents of person/s authorized to collect child.

Parent/Guardian's Name and Surname: _____

Parent/Guardian's Signature: _____

Date: _____