

Application Form

Grade R 2022

Photo of
Applicant

CHILDS INFORMATION	
FULL NAME AND SURNAME	
DATE OF BIRTH	
WHO DOES CHILD LIVE WITH?	
HAS YOUR CHILD HAD ALL IMMUNISATIONS?	
IS YOUR CHILD CURRENTLY ON ANY CHRONIC MEDICATION OR HAVE ANY ALLERGIES?	
PARENT/GUARDIAN INFORMATION	
FULL NAME AND SURNAME	
RESIDENTIAL ADDRESS	
ID NUMBER	
PLACE OF EMPLOYMENT	OCCUPATION
WORK TELEPHONE NUMBER	CELLPHONE NUMBER
EMAIL ADDRESS	MARITAL STATUS
PARENT/GUARDIAN INFORMATION	
FULL NAME AND SURNAME	
RESIDENTIAL ADDRESS	
ID NUMBER	
PLACE OF EMPLOYMENT	OCCUPATION
WORK TELEPHONE NUMBER	CELLPHONE NUMBER
EMAIL ADDRESS	MARITAL STATUS
FAMILY INFORMATION	
ANY FAMILY TIES WITH INCREDIBLE KIDS?	

EMERGENCY CONTACT PERSON (OTHER THAN PARENTS/GUARDIANS)

NAME

CELL NO.

INDEMNITY FORM

I/we, the undersigned _____ (full name and surname),
of _____ (physical
address), the parent/guardian of _____ (full
names and surname of child), do hereby:

1. Agree to accept and abide by all the terms and conditions governing Incredible Kids, with which I/we declare ourselves to be fully acquainted.
2. Give my/our consent for my/our child to participate in all activities of Incredible Kids, including, but not limited to, extra-mural activities, games, cultural activities, and to go on excursions that are necessary in the course of such activities.
3. Give consent for my/our child to make use of the bus/car transportation of Incredible Kids or any such transport as Incredible Kids may decide upon.
4. Give consent to the principal of Incredible Kids, or, in her absence, any other responsible person connected with Incredible Kids at any given time, to take whatever steps the person feels necessary, in the event of injury or illness of the child and thereby pledge my/our credit.
5. Confirm that, as far as I/we know, my/our child is physically capable of participating in the activities of Incredible Kids, and that he/she is in good health, and hereby confirm having advised Incredible Kids of any allergies or physical abnormalities/infirmities applicable to my child. In particular, please note the following:
 - 5.1. _____
 - 5.2. _____
 - 5.3. _____(please state details that Incredible Kids should be aware of).
6. Give consent to the principal of Incredible Kids, or, in her absence, any other responsible person connected with Incredible Kids at any given time, to give the required permission and sign the necessary written consent for my/our child to be subjected to surgery or other medical treatment, if all attempts to locate either parent or guardian fail, provided that this will be executed on the advice, and under the supervision of the family medical doctor, or if he/she is not available, under the supervision and advice of a medical doctor selected by Incredible Kids;
7. Agree and accept that while the principal of Incredible Kids will care for my/our child to the best of their ability, and while all possible precautions for the safety and welfare of my/our child will be taken, neither they nor any persons connected to Incredible Kids, will accept any liability for any claims arising from any accident, injury or death happening to me/us or my/our child while he/she is in the care of the supervisor, and to waive and abandon any claims which may at any time arise as aforesaid, both in my/our personal capacity, and in my/our capacity as parent or as legal guardian of my/our child, and I/we expressly indemnify the owner, supervisor or such other responsible person against any such claim which may arise or be instituted and which cannot be ascribed to negligence on the part of the staff of Incredible Kids;

8. Undertake to ensure that my/our child has been properly immunised against whooping cough, diphtheria, tetanus, and polio, and vaccinated against tuberculosis and any other applicable diseases, and will furnish proof of this on request.
9. Agree that whilst I/we understand that every possible precaution will be taken to ensure the safety of my/our child, I/we hereby undertake to waive, release, discharge and agree not to hold Incredible Kids, the principal, owner or any staff member liable for any loss, damage or theft in respect of any personal property which cannot be ascribed to negligence on the part of the staff of Incredible Kids.
10. Agree and confirm that any consent given herein shall be deemed to be irrevocable unless and until withdrawn by me/us in writing and delivered by hand to the principal of Incredible Kids personally and signed for. Furthermore, the terms contained in the whole of this document shall not be capable of being amended or cancelled by mutual consent, unless reduced to writing and signed by myself/ourselves and the principal of Incredible Kids.
11. Confirm and agree that this indemnity shall bind me/us, my/our child, my/our executors, administrators, and successors.

Parent / Guardian

Date

Principal

Date

ADMISSION POLICY

Incredible Kids is open to all children regardless of race, ethnic or cultural background. Incredible Kids is fully registered with gold status and offers early childhood development activities for Children from 3 months to 6 years of Age.

Our hours of operation are from:
 7am to 5:30pm Monday to Thursday, and
 7am to 5:00pm on a Friday

Applicants need to complete the Enrolment Form and a Registration fee of R1000.00 is required upon receipt of the acceptance letter. Admission is based on space availability with preference first given to siblings and then date of application.

On admission the parent/guardian will be asked to supply the following documents that the school require for registration:

- Copy of Birth Certificate
- Up to date Clinic Card
- Copy of Parents ID's
- Copy of Medical Aid Card (If Applicable)
- Copy of Latest fee statement from the present school
- Most recent school report from present school

FEES POLICY

School Fees 2022

Registration Fees (New Children, once off)	R1000.00
Return Learner Fee (payable end November 2021)	R 850.00
Grade R (January to November)	R2900.00 per month (provide own snacks for child)
Grade R (December)	R1000.00
Upfront Payment by 4 Jan 2022: Grade R (January to December – provide own snacks for child)	R31 400.00 (You SAVE R1500.00)

Please provide your own snack for your child. All the items below are included in the school fee:

- 2 x T-shirts
- Umbilically (Communication App),
- Stationery
- Art Materials
- Apron
- Labels
- Breakfast and Lunch
- Toiletries (Tissues, Wet wipes & Toilet paper)
- Aftercare and Holiday Care (Excluding December)
- Joy 4 Kidz Programme
- Graduation Ceremony, Hiring of Gowns and Certificate

I HEREBY ACCEPT THE OFFER MADE BY INCREDIBLE KIDS DAYCARE FOR THE PUPIL NAMED ABOVE TO ATTEND THE SCHOOL AND I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. School fees shall be paid in advance, on the first day of the month (1st January to the 1st of December), if the fees are paid monthly.
2. I'm aware that the school is privately owned and receives NO government funding and that I am obliged to pay my school fees on time.
3. In the event that legal action being taken against me for the recovery of outstanding fees, I will be liable for all legal costs on the scale of Attorney and own client, including collection commission. I will also be liable for tracing fees if the attorneys have to employ a tracing agent in order to find me.
4. I shall give at least 1 month's calendar notice in writing to the principal if we remove our child from the school. In default thereof I shall pay 1 month's fees in lieu of such notice.
5. I hereby give the school permission to do a credit check on my name at any stage they deem it necessary to do so.
6. Each signatory hereto chooses as his/her respective *domicilium citandi et executandi*, the address shown as his/her residential address, on the information sheet attached hereto.
7. I acknowledge that I have received an electronic copy of the school prospectus.
8. I/we hereby consent to the Magistrate's Court Jurisdiction, in respect of any action arising out of this agreement.

SIGNATURE:

(Parent/Guardian Responsible for paying school fees)

DATE:

BANK DETAILS:

Bank : Standard Bank
Account Name : INCREDIBLE KIDS
Branch : Port Elizabeth
Branch Number : 050017
Account Number : 080 457 878
Type of account : Current

Please insert name and surname of child as reference to ensure the correct allocation of fees.

MEDICAL INFORMATION

- Private (I do not have medical aid)
- Medical Aid

Name of Medical Aid Company: _____

Contact Number for Medical Aid Company: _____

Medical Aid Number: _____

Doctor: _____

Contact Number for Doctor: _____

PREVIOUS SCHOOLS DETAILS

Last Nursery /Pre-school attended: _____

Contact Person: _____

Telephone Number: _____

- Copy of last report received

SIGNED AT _____, **ON THE** _____ **DAY OF** _____, **20**__.

PARENT/GUARDIAN

DATE

ACCOUNT PAYER

DATE