

WhatsApp: 082 958 9171 Tel: 041-004 0004 Email: info@incredibles.co.za

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CHILDS INFORMATION		
FULL NAME AND SURNAME		
AGE OF CHILD		
IS YOUR CHILD CURRENTLY ON ANY CHRONIC MEDICA NEEDS KNOW?	TION, HAVE ANY ALLERGIES OR HAS PHYSICAL	
THE EDG THE WITH		
PARENT/GUARDIAN INFORMATION (1)		
FULL NAME AND SURNAME		
RESIDENTIAL ADDRESS		
ID NUMBER		
ID NOWBER		
EMAIL ADDRESS	CELLPHONE NUMBER	
PARENT/GUARDIAN INFORMATION (2)		
FULL NAME AND SURNAME		
ID NUMBER		
EMAIL ADDRESS	CELLPHONE NUMBER	
EMERGENCY CONTACT PERSON (OTHER THAN PAREN	NTS/GUARDIANS)	
NAME	CELL NO.	
	<u> </u>	
CONSENT AN	<u>D INDEMNITY</u>	
l,	(full names and surname), of	
	/ L L . L	
	(physical address), the	
parent/guardian of	(full names and surname of child), do	
hereby give my consent for him/her to participate in all activi	ties of Incredible Kids Day Care Centre.	
Laccent that all reasonable precautions will be taken.	to ensure the safety and welfare of my child, and that	
 I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child, and to I shall be held responsible for the payment of any medical and/or hospital accounts where applicable, sho an injury be sustained which cannot be ascribed to negligence on the part of the staff of Incredible Kids I Care Centre. 		
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- 2. I cede my powers as parent/guardian to the principal of the school, or the representative should medical treatment/surgery be deemed necessary for my child (Only if unable to contact parent/guardian). As far as I know he/she is physically capable of participating in the activities and he/she is in good health, and hereby confirm having advised Incredible Kids Day Care Centre of any allergies or physical abnormalities/infirmities applicable to my child.
- 3. 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. whatsoever.

4.	I confirm and agree that this indemni successors.	ty shall bind	me, my child, my	executors, administrators, a	and
	Signed at	on the	_day of	20	
	PARENTS NAME		PARENTS SIGNAT	TURE	
	PRINCIPALS/MANAGEMENT SIGNATURE				
	DATE				

Fee Structure (Subject to change)

Fee to be paid in advance at drop off (Cash accepted).

Drop off – Evenings no later than 18.30pm Evenings collect by 22.30pm if your child is not sleeping over. Sunday – Closed – if sleeping over collect by 7.30am

Monday to Friday

Day

Half day R150.00 half day (7.00am till 12.00pm)
Full day R200.00 (7h00 am till 17h30pm)
Meals R30.00 optional can bring own

Saturday

<u>Day</u>

Half Day R150.00 (7h00am till 13h00pm) Full day R180.00 (7h00am till 17h00pm) Meals R30.00 optional can bring own

contact us for more details.

*Snacks - Kindly pack in a snack for your child

Night (17.30pm till 7.30am)

R200.00 Sleepover + Supper (Discounted price)
R50.00 per hour (Till 22.30pm)
R300.00 Sleepover Siblings (2 children discounted)

Night (17.30pm till 7.30am)

R200.00 Sleepover + Supper R300.00 Sleepover Siblings (2 children discounted) R50.00 per hour (Till 22.30pm)

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