

# Application Form 2025

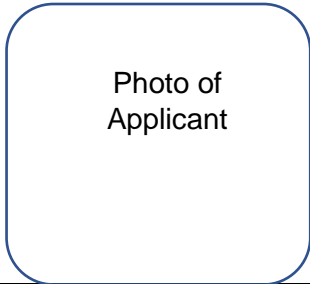


Photo of  
Applicant

| 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, HAVE ANY ALLERGIES OR HAS ANY SPECIAL EDUCATIONAL OR PHYSICAL NEEDS KNOW? |                  |
| STARTING DATE AT INCREDIBLE KIDS?  |                  |
| 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)  |                  |



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|      |          |
|------|----------|
| 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;



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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

\_\_\_\_\_

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 5 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 the Registration fee 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



\_\_\_\_\_

The **annual increase takes place on 1 January.**

Sibling Discount available for 2 or more children – R150 per child  
Upfront Discounted Payment Option Available – Contact us for a quote.

All fees include breakfast and lunch, snacks to be sent from home.  
Monday to Thursday - Full day 7.00am to 17.30pm/Half Day 7.00am to 12.00pm.  
Friday - Full day 7.00am to 17.00pm/Half Day 7.00am to 12.00pm.

**Children born 2020/2021/2022**

Full Day R3050 / Half Day R2900

Return Learner Fee: R600

Stationery: R750

New Child Registration Fee: R1250

Toiletries – 12 x packets of 80 wet wipes, 12 x boxes of Tissues, 12 x rolls Toilet Paper

**Children born 2023/2024/2025**

Full Day R3150 / Half Day R3000

Return Learner Fee: R600

Stationery: R500

New Child Registration Fee: R1250

Toiletries – 12 x packets of 80 wet wipes, 12 x boxes of Tissues, 12 x rolls Toilet Paper

Early Drop-off opens at 6.30am – Additional cost of R250 per month or as needed R50 per drop-off

Late Pick-ups – by arrangement only – fee to be advised and paid on the day

Included in Fees above:

1. Umbilically (Communication App & Diary)
2. Art Materials
3. Apron
4. Holiday Care (Excluding December)

**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:**

5. School fees shall be paid in **advance**, on the first day of the month (1<sup>st</sup> January to the 1<sup>st</sup> of December), if the fees are paid monthly.
6. 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.
7. In the event of 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 must employ a tracing agent in order to find me.
8. I shall give **1 calendar months' 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.
9. I hereby give the school permission to do a credit check on my name at any stage they deem it necessary to do so.

10. 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.
11. I acknowledge that I have received an electronic/hard copy of the school prospectus.
12. **JURISDICTION** - I/we hereby consent to the Magistrate's Court Jurisdiction, in respect of any action arising out of this agreement. This contract is governed by and shall be construed in accordance with the laws of South Africa. The parties agree that the Centre, at its sole discretion, shall be entitled to institute Supplied by any legal proceedings for the recovery of money owed by the Parents as a liquidated debt to the Centre in any Magistrate's Court having jurisdiction in terms of sections 45 and 28 of the Magistrates' Courts Act.
13. The Parents/Guardians undertake to advise the Centre in writing of any changes to the details included in this application form.

**Please note also that our fees are for a full month, and regrettably no discounting will apply for absenteeism. (PS: December fees are payable in full for the month)**

**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.

**If joining the daycare during the year you can enquire about a discounted upfront payment rate for the remainder of the year.**

**Proposed new fees for 2024 – subject to change with notice.**

**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: \_\_\_\_\_



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Doctor: \_\_\_\_\_  
Contact Number for Doctor: \_\_\_\_\_

**VARIATIONS**

Incredible Kids Daycare reserves the right to change or add to these terms and conditions from time to time for legal, safety or other substantive reasons or in order to assist the proper delivery of early learning programmes and care at the Centre. Incredible Kids Daycare will give the Parents reasonable notice of any such modifications.

**Parent/Guardian:**

I, \_\_\_\_\_, ID Number \_\_\_\_\_, hereby confirm that all the information supplied on this form is true and correct at the time of signing this document.

Signed at \_\_\_\_\_, on this day \_\_\_\_\_ of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

**Parent/Guardian:**

I, \_\_\_\_\_, ID Number \_\_\_\_\_, hereby confirm that all the information supplied on this form is true and correct at the time of signing this document.

Signed at \_\_\_\_\_, on this day \_\_\_\_\_ of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Witness 1**

\_\_\_\_\_  
**Witness 2**



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