



Melktandjies

Pre-school/Baby and Toddler Centrum/After Care
 14 Beatrice Avenue
 Homelake
 Randfontein

Lizel van Niekerk
 084 602 1715
 011 693 1561

melktandjies@outlook.com
 www.melktandjieskleuterskool.co.za

ENROLMENT FORM: 2019

DATE OF ADMISSION REQUIRED: _____

| | |
|------------------------|------------------------|
| NAME: | |
| SURNAME: | |
| NICKNAME: | |
| GENDER: | |
| DATE OF BIRTH: | |
| HOME LANGUAGE: | |
| HOME TELEPHONE: | |
| HOME ADDRESS: | POSTAL ADDRESS: |
| | |
| | |
| | |

PARTICULARS OF PARENTS: (PLEASE ATTACH COPY OF I.D.)

| | FATHER | MOTHER |
|---------------------------------------|---------------|---------------|
| NAME: | | |
| INITIALS: | | |
| SURNAME: | | |
| ID NO: | | |
| HOME ADDRESS: | | |
| FACE BOOK: | | |
| WHATS APP: | | |
| HOME TELEPHONE: | | |
| CELL NUMBER: | | |
| OCCUPATION: | | |
| EMPLOYER: | | |
| WORK ADDRESS: | | |
| | | |
| WORK TELEPHONE: | | |
| E MAIL ADDRESS: communication! | | |
| MARITAL STATUS: | | |

PARTICULARS OF CLOSE RELATIVE: (MIN. 2)

| | |
|-------------------|--|
| NAME: | |
| SURNAME: | |
| ADDRESS: | |
| | |
| TELEPHONE: | |

X Initial



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MEDICAL INFORMATION OF CHILD:

| | |
|--|---------------|
| NAME OF MEDICAL DOCTOR/PEDIATRICIAN: | |
| TELEPHONE NO: | |
| CONTAGIOUS DISEASE THAT HE/SHE ALREADY HAD: | |
| DISEASES: | DATES: |
| IMMUNISATION: (COPY OF CLINIC CARD) | |
| ALLERGIES: | |
| ANY OTHER PROBLEMS THAT WE SHOULD KNOW ABOUT? (EPILEPTIC, DIABETIC ETC) | |
| ANY OPERATION OR ACCIDENT: | |
| PRESANT HEALTH CONDITION: | |
| ANY PHYSICAL ABNORMALTIES: | |

INFORMATION REQUIRED IN CASE OF MEDICAL/HOSPITAL TREATMENT (COPY OF CARD)

| | |
|--------------------------------------|--|
| NAME OF MEMBER: | |
| NAME AND ADDRESS OF EMPLOYER: | |
| MEDICAL AID FUND AND OPTION: | |
| MEDICAL AID NUMBER: | |

INDEMNITY

We the undersigned, parents/guardians of _____ (full name of child) herewith place my child, out of free will and at my own risk in the care and hereby indemnify the principal and responsible person from any liability, against any incident or accidents, which might occur while my child is in care of Melktandjies, I am aware that all reasonable precautions will be taken for the safety of my child.

Signature of parent/guardian

INFORMATION REQUIRED FOR CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, _____ PARENT/GUARDIAN OF _____ (FULL NAME AND SURNAME) cede my powers as parent/guardian to the principal of MELKTANDJIES or her representative, should emergency medical/surgical treatment be required for my child. As far as I know he/she is in a good state of health. In the event of the child requiring emergency medical treatment, I authorize MELKTANDJIES or its principal to consent to such treatment on my behalf. I understand that in in case of such an event every effort will be made to contact the parents or guardian of the child first.

I accept that all reasonable precaution will be taken for the safety and well-being of my child and that I will be held responsible for paying any emergency medical and or hospital account incurred on behalf of my child where applicable.

I also consent that the child may be transported to the nearest hospital or medical facility for medical attention, should the principal deem it necessary.

I do, however request the responsible person to note the following: (Any in connection with your child's state of health: allergies, epilepsy and other conditions, etc)

Signature of parent/guardian

Date



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AGREEMENT:

I hereby apply for the above child to be enrolled at MELKTANDJIES. I have read the rules and regulations of the school, understand and accept it without any reservation. I agree to abide by.

- The condition, rules and regulation as stated in the school rules and regulation, which are subjected to change upon the necessary notice.
- Paying the school fees before the 1st of each month and I take note of the penalty for late payment
- Paying penalty fee for collection after 18:00, which will be added to your account (R50 per 5 Min.)
- The rule not given notice in November, to avoid paying December school fees.
- The regulation to give one calendar month written notice on or before the 7th of previous month
- The responsible person hereby undertakes to pay attorney and own-client cost, should any legal steps arise from non-adherence to these rules
- I acknowledge that in the event of my failure to pay all school fees promptly, the school reserves the right to refuse my child entrance to the school. Should Nursery School Fees/After Care Fees not be paid for more than one month, the child(ren) will be disqualified from further attendance at Melktandjies Crèche and legal action will betake.

Signed on the _____ day of _____ 20 _____

Signature of parent/guardian/father

Signature of parent/guardian/mother

Please supply the following with the new enrolment form:

- Updated copy of Inoculation card
- Copy of the birth certificate/I.D document for child
- Copy of medical aid membership-in case of an emergency
- Copy of parent's I.D. documents (child/ren will not be accepted should this not be supplied)
- I.D photo of child
- Report card from previous Nursery School
- Enrolment Fee

X INITIAL



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MELKTANDJIES KLEUTERSKOOL

RULES AND REGULATIONS

RECITAL

WHEREAS the School provides certain services on behalf of minors, this contract condifies in terms and conditions thereof.

SCHOOL TIMES:

Monday to Friday from 06:00 to 18:00. If your child is fetch after 18:00, parents will be fined. The fine will show on your account. R50 for every 5 minutes.

The school will be closed on weekends and public holidays, as well as approximately 20 days during December/January. The dates will be given before hand. Close 06 December 2019 and open 06 January 2020. Also closed on school public holiday.

During Departmental holiday through the year, the School will be open, but only in a supervision quality.

ATTENDANCE:

The daily program start at 8:00 and we expect that the children will attend school from 08:00 in the morning each day.

NOTICE:

One calendar month written notice will be expected if Parent's want to cancele the contract. The notice must reach the admin office before the 7th of a month. If not, the following month will be accepted as the notice month. If the notice month is not paid for, then the account will be handed to our Attorney for collection.

Please take note that November and December is one notice month.

CANCELLATION OF CONTRACT:

Either party shall have the right to cancel this agreement with a one (30 day) notice period before such cancellation shall come into in effect.

In the event of the school cancelling this agreement, all outstanding fees must be paid on the day when notice of cancellation is given.

In the event of the Parent(s) cancelling this agreement, the School shall give the Parent(s) a proper statement of account which may reflect moneys outstanding or otherwise as the case may be.

IN THE CASE OF A PARENT CANCELLING THE CONTRACT DURING THE MONTH OF NOVEMBER, THE CANCELLATION OF THIS CONTRACT SHALL ONLY BE ACCEPTED BY THE SCHOOL, ONCE THE ANNUAL NURSERY SCHOOL FEE OR PRORATE AMOUNT HAS BEEN PAID IN FULL, THE PARENT(S) / GUARDIAN SHALL BE LIABLE FOR THE OUTSTANDING AMOUNT UNTILL THE END OF DECEMBER. NOVEMBER AND DECEMBER ONE MONTH NOTICE.



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SUSPENSION OF PUPILS:

The school may, after evaluation and consultation, with a specific pupil's guardian or Parent(s) suspend a pupil for any of the following:

Ant-social behaviour by either pupil, Parent(s) or guardian

Non payment by Parent(s) or guardian

Vexatious and/or slanderous comments made by either pupil, Parent(s) or guardian regarding the School or any of its staff member: and

Failure to comply with a direct instruction given by either the Principal or other Staff members;

The school may determine, with reference, to the above mentioned, to cancel the agreement after the first suspension.

All suspension shall last a period of 7 (seven) weekdays.

The school may, in the event of cancelation, give either the Parent(s) or Guardian, in writing, notice of its intention to cancel the agreement any time before the suspension period has lapsed.

Irrespective of the foregoing, this agreement shall be cancelled automatically after the third suspension.

RE-REGISTRATION:

A non-refundable registration fee to the amount of R400.00 is payable on registration. Please take note that on or before June 30 of each year, your child/children must be re-registered to ensure your child's space for the next year.

CHANGE OF ADDRESS:

If your address and telephone number have changed at work or at home, please mail updated information. Remember, we may need it for emergencies, and are each parent's responsibility.

SUPPLY:

Babies. See list attached

Toddler. See list attached

All clothing and belongings need to be marked clearly. The nursery school takes no responsibility for lost clothing or personal possessions. Children are not allowed to bring toys to school.

SCHOOL UNIFORM:

Children to wear a Nursery School T Shirt on Fridays and at school functions.

ILLNESS: VERY IMPORTANT:



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All medicine must be given to the Teacher to keep in class. The medicine must be collected by parents in the afternoon. No medicine are required in childs bag. Children with fever, diarree or any other related sickness, will only be allowed back to school after a medical sertificate which indicated that they are healty again.

IN GENERAL:

Parents must inform us, who will be fetching their child in the afternoon. Children will not be allowed with unautherized person. PARENTS Must give written or telephone consent in this matter. Written instruction must be handed to the principle, ex when and with whom your child is leaving, notice etc. Children must be accompanied by an adult to an from the classes in the moring and afternoon. **NO sweets, food and toys are allowed, and will be taken away!** We do ask your co-operation in this matter.

Problems and queries: all problems and queries must be in writing and emailed to melktandjies@outlook.com

I've read and understand mentioned

Signature of Father

Signature of Mother

Date

Date



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School Fees:

- **Includes:**
- All Meals and drinks during the day. Breakfast 8:00, Snack 10:00, Lunch 12:00 and includes Snack at 15:00 (2 Years till Gr. R)
- Baby Centre to pack Meals. We do provide Meals as soon as they can have solids. Baby Centre, 1 years and 2 years need to pack 15:00pm healthy snack.
- Education.
- Stationary and Term 1 -4 Day by Day curriculum books
- Bakers man and Tuckshop
- Inhouse Visiting
- Holiday Program
- Status Studio Photo Package & Class Photo
- Concert Clothing
- **Not included:**
- Registration and Re-registration R400 include T-shirt, Mattress and Cover and Cushion and Cover
- Winter Uniform
- Concert Tickets

SUPPLIES

Pre-School 3-5 Year & Grade R:

Per Month:

A Picture of your child

1x Box of tissues

1xContainers Wet wipes

Powder/Cream/Ointments to stay at school (Potty Trainers)

Pillow and Blankets

Daily:

Potty Trainer:3x Diapers & 2 Pull ups / Complete Change of Clothes

- 1x Sun hat & 1x Bottle of sunscreen (Please no spray, it burns eye)

Per Year:

2x Big Bottle Hand Sanitizer



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SUPPLIES

BABY ROOM /1 YEAR AND 2-YEAR-OLD:

Per Month:

A Picture of your child

1x Box of tissues

2xContainers Wet wipes

Powder/Cream/Ointments to stay at school

Pillow and Blankets

Daily:

5x Diapers / Complete Change of Clothes / 3x Bibs / 1x Towel nappy for small babies to stay at school /3x Daily Bottles (Babies with formula) / 1x Roll of cotton wool / 1x Packet ear buds / 1x tub Vaseline

1x *First aid kit*; example teething powder/ teeth gel / fever medicine act / Vitamins, mother's preference

1x Sun hat for children over 12 months/1X Bottle of sunscreen

Baby's food, juice and snacks as given at home during the day. We provide table food when they are ready for solids.

Healthy snack 15:00pm

Per Year:

2x Big Bottle Hand Sanitizer

Once Off:

EMERGENCY MEDICAL FORM:

2019

Child's Name: _____ Age: _____ In case of accident, illness, or other emergency, I/we request that the school contact me/us. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for Melktandjies staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I /we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anaesthetics, medical, dental or surgical diagnosis or treatment and hospital care which, in the best judgment of a licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred because of those services being provided. I/we also agree to be responsible for emergency transportation.



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Physician/Dr: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Aid: _____ Policy Number: _____

Name of Insured: _____ Relation Ship: _____

Phone: _____

Allergies (including reaction to medication): _____

Medication being taken: _____

Preferred hospital: _____

Are there any physical or medical conditions we should know about not already stated?

Mothers Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone:

Fathers Name: _____ Home Phone: _____ Work Phone: _____ Cell

Phone: _____

In case of emergency, whom shall we contact if we are unable to contact you at home or work?

Name: _____ Phone: _____

Relationship: _____

Parents' Signature: _____

Name Printed: _____ Date: _____



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Dear Melktandjies Parents,

January 2019

OPEN: 07 JANUARY 2019 / CLOSE: 06 DECEMBER 2019

OPEN: 06 JANUARY 2020

Fee Structure:

| <u>Registration 2019</u> | <u>Fees for 2019</u> | <u>Extras for 2019</u> |
|---|---|--|
| <p style="text-align: center;">R400</p> <p><u>Includes:</u></p> <ul style="list-style-type: none"> Melktandjies T-shirt Mattress and Cover Cushion and Cover <p><u>Payable with enrolment</u></p> | <p><u>3 Year till 6 Year (Gr R)</u> R1 800.00 pm FD R1 400.00 pm HD</p> <p><u>Baby & 2 Year Toddlers</u> R1 900.00 FD R1 400.00 HD</p> <p>FD 06:00-18:00pm HD 06:00-14:00pm School fees payable on or before the 1st of each month.</p> | <p><u>School Fees Includes:</u></p> <ul style="list-style-type: none"> Stationary 2019 Day by Day Curriculum Books <p>Term1 & Term2 & Term3 & Term 4</p> |
| <p><u>Not included with school fees:</u></p> <ul style="list-style-type: none"> Concert Ticket R60 per ticket Drimac | <p><u>Daily Fee:</u> R70 per day FD R50 per day HD</p> <p><u>After Care Fee:</u> R850.00pm</p> | <ul style="list-style-type: none"> Bakers man and Tuckshop In-house Visiting Holiday program April & July |
| | <p>10 % discount on annual fee Once off payment</p> | <ul style="list-style-type: none"> Status Studio Photo Package Status Studio Class Photo |
| | <p>Family with two siblings R200 discount on monthly fee</p> | <ul style="list-style-type: none"> Concert Clothing <p>Confirm date ASAP</p> |

Notice: Notice month on or before the 7th of the month. No notice will be accepted for November and December month as per contact agreement.



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Please contact me if you hesitate or need more information.

Kind Regards

Lizel van Niekerk
084 602 1715

Melktandjies Kleuterskool

Standard Bank
Account Number; 02-142-339-3

Please use KDZ number for payment reference.
School fees to be paid in full on or before the 1st of each month.
Penalty of R170 will be added to account for not paying account in full or late payment without arrangements.

MELKTANDJIES SCHOOL PARTICIPATION AGREEMENTS:

2019

My Child, _____

Photo/Video Release

I give permission to Melktandjies Kleuterskool, to record or photograph my child as a toddler of the school throughout the course of the school year. I recognize that neither I nor my child will be compensated for such photography. Such photography will be used for archival, educational, social media, or promotional materials.

Field Trips

Acknowledge and permission- I/we give permission for the toddler stated above to attend or participate in field trips/activities for which he/she may be eligible. We provide this permission with the assurance that no such event will take place without prior notification being sent to us outlining the nature of the event, the date(s) and time(s). At time of such notification, we reserve the right to refuse permission for the student to attend the particular event.



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Released indemnification

In consideration of my/our child/ren being permitted to participate in activities and outings organized by Melktandjies Kleuterskool (the school) with the assistance of volunteer parents as to trips with parents and children of the school for days involving activities, outings and related activities. I, my heirs, executors, administrators, successors and assigns do hereby agree on behalf of myself and my child, to release and forever discharge, save harmless, protect and keep indemnified Melktandjies Kleuterskool, Head of school, Teachers, and staff of school, from any and all kinds of actions, claims, cost, expenses and demands in respect to death, injury, loss, damage to my person or property or that of my child/ren (and/or ourselves as parents), including negligence, howsoever caused or in any way related to the activities and outings prior to, during or subsequent to the activities and outings. We understand that this release applies to any injury, loss or damages sustained while participating in or being transported to or from these activities.

Extra Murals

I acknowledge that Melktandjies Kleuterskool educational institution gives the toddlers opportunity to participate in extra murals as an adjunct component of the school's educational mission. I acknowledge that participation in extra murals benefits our child's development and enhances his/her educational experience. I recognize that participating in any activities can involve risks of injury. I acknowledge that the soccer, rugby, art, monkey nastix and golf programs offered at school are provided by independent contractors/vendors whom the parents contract with and pay directly. I acknowledge that the independent contractor is not an employee of the school and the school has no authority over the independent contractor/vendors as to the operation of the respective program. I further agree to look solely to the independent contractor operating the program my child participates in for any and all damages we may be entitled to as a result of my child's participation. I, in consideration of the acceptance and participation of my child in the murals program provided by Melktandjies kleuterskool, do hereby release and forever discharge any and all liabilities, claims, losses, demands, costs, expenses, or rights of actions, of whatever kind or nature which we have or which may accrue to me/us against the school, administrators, employees and representatives, arising from or by reason of any bodily injury or property damage which may be sustained by my child directly or indirectly in connection with my child's participation in Melktandjies kleuterskool murals activities during or following the above school year.

I acknowledge having read and agreed to this document with full knowledge of its legal significance.

Signature of Mother or Guardian: _____

Name Printed: _____ Date: _____

Signature of father/Guardian: _____



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Name Printed: _____ Date: _____

NOTICE OF PAYMENT:

- Use account reference KDZ number on account
 - Email proof of payment to melktandjies@outlook.com
 - All account related issues must be mail to melktandjies@outlook.com
 - NO CASH PAYMENTS AT SCHOOL!
 - Kindly put a debit order, stop order or schedule payment in place on or before the 1st of each month.
 - You can also make use of EFT transfers.
 - Cash transfer at ATM.
 - Please avoid cash deposits inside bank. The bank cost is very high. WE will appreciate your co-operation with this matter.
 - Note that a penalty fee will be levied against your account if payment is reflected later than 7th of the month. Penalty fee R170.
-
- Please complete and underline the correct option:
 - Payment will be done by Debit order, on the first of each month as from 1 January 2019 (Prefer option)
 - Stop Order on the 1st of each month.
 - EFT Transfer on the 1st of each month.
 - ATM Deposit on the 1st of each month. NO CASH DEPOSITS!
 - Once off amount for 2019. Please ask for more information. Discount applicable on this option.

THE FORM IS UNCOMPLETED IF NOT SIGNED.

I acknowledge and declare if I would not keep by our arrangement to pay on time, that I will be liable for the full outstanding fees and will be handed over for collection.

HEREWITH, I UNDERTAKE _____ PARENT OF _____ NOW _____
OLD, TO PAY THE SCHOOL FEES AS ABOVE EXPLAINED.