



ENROLMENT FORM

- a. A separate application must be completed for each child.
- b. Our principle is that ages less than 3 years are flexible attendance, but we recommend consecutive days in a week.
- c. 3 years and over should be attending a more routine format i.e. 5 days a week

1. Application for:

Fees Include Holiday Care and All Meals

Start Date at School: _____

A non-refundable Registration fee is payable on acceptance of application

Registration fee	R600	Cash	Card	EFT
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I, _____ (full name of parent/guardian), ID/Passport number, _____ parent/guardian of _____ (full name of child), chose the following fee option:

Children attending a full month:

Children attending a minimum of 2 days per week:

Full Week	Amount	Tick
Morning's only 7:00 – 12:30	R2800	
Three Quarter 07:00 -14:30	R3200	
Full Day 7:00 – 17:30	R3600	

Per Day	Amount	Tick			
Morning's only 7:00 – 12:30	R140				
Three Quarter 07:00 -14:30	R160				
Full Day 7:00 – 17:30	R180				
Indicate Which days:	M	T	W	T	F

Discounts

Second Child 10%
 Annual Fees Payable by 31 January 2020 One month's discount

Late Fetching of Children

Half Day after 13h00 R115 until 17:30
 Three Quarter Day after 14:30 R115 until 17:30
 After 17h30 R100 for every 15min

I acknowledge that;

1. School Fees are payable strictly in **advance** by the last working day of each month. Fees should reflect in the Jozi Jammers bank account by the **2nd** of the respective month. Failure to pay the school fees will result in the immediate suspension of my child. (Example January 2020 fees must be paid by 31 December 2019, reflecting in the school's bank account by 02 January 2020)
2. A penalty fee of R100 will be charged for fees received after the **07th** of each month.
3. School fees are payable for, irrespective of school holidays, public holidays and government declared holidays.
4. No reduction in school fees will be made whenever your child is absent from Nursery School.
5. It is my responsibility to notify the school of any changes to your contact numbers, address, email address.

Notice of leaving

ONE calendar months' notice in writing of the proposed removal of your child from the school must be given and the necessary outstanding fees must be paid. If not received in writing, the FEE FOR THE MONTH IN LIEU of such notices WILL BE CHARGED.

Payment Options

Card Payments can be made at the office between 08:00 – 12:30 or an EFT can be made.

Bank Details

Account Holder	Jozi Jammers
Bank	Standard Bank - Northgate
Branch Code	001106
Account Number	251 253 147
Account Reference	Please use your account number that will be allocated to you

Person responsible for account:

I, (Full Name and Surname) _____

- a. Have read, understood and accept the payment terms and conditions as stipulated in the Rules & Regulations.
- b. Consent that, and authorise Jozi Jammers Nursery School to, at all times:
 - i. contact, request and obtain information from any credit or service provider (or potential credit or service provider) or registered credit bureau relevant to an assessment of your behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness;
 - ii. furnish information concerning your behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness to any registered credit bureau or to any credit or service provider (or potential credit or service provider) seeking a trade reference regarding your dealings with Jozi Jammers.

Identity Number: _____ Relationship to Child: _____

Occupation: _____ Employer: _____

Contact Number: Cell: _____ Work: _____

Email Address: _____

(invoices and statements will be emailed to this address)

Signature: _____

Witness Name: _____ Signature: _____

Failure to meet contractual obligations

1. Should you fail to honour your commitment to pay all fees to Jozi Jammers Nursery School, Jozi Jammers Nursery School reserves the right to submit details of your non-compliance with Trans Union Credit Bureau and Tans Union Credit Bureau may share such information with other credit providers and Trans Union Credit Bureau customers for prescribed purposes.
2. Jozi Jammers Nursery School will provide you with 21 days written notice before your details are submitted for listing, in order for your account standing to be rectified.
3. We understand that this is a legal and binding contract between us and Jozi Jammers Nursery School. The school shall be entitled to instruct its attorneys to attend to the collection of outstanding accounts and the parents will be liable for the payment of all costs incurred.

2. Personal and Contact Details

Details of Child (*Please supply a copy of Birth Certificate*)

Full Name and Surname: _____

Date of Birth (DDMMYYYY): _____ Identity Number: _____

Gender : _____ Home Language: _____

Details of Parents

Father's Full Name and Surname: _____

Father's Identity Number: _____

Father's Occupation : _____

Father's Employer : _____

Father's Contact Number: Cell: _____ Work: _____

Father's Email Address : _____

Mother's Full Name and Surname: _____

Mother's Identity Number: _____

Mother's Occupation : _____

Mother's Employer : _____

Mother's Contact Number: Cell: _____ Work: _____

Mother's Email Address: _____

Parent's Martial Status : _____ Religion: _____

Residential Address : _____

Postal Address : _____

Home Telephone : _____

Number of Siblings : _____ Names and Ages: _____

3. Alternative Contact Persons

1. Contact Person

Full Name and Surname: _____

Relationship to child : _____ Contact Number: _____

2. Contact Person

Full Name and Surname: _____

Relationship to child : _____ Contact Number: _____

4. Medical Information

1. The school does not encourage your child to attend school while being ill.
2. The school does not encourage your child, when on antibiotics to attend school.
3. According to Health Regulations, we request that children with the following symptoms not be sent to school. Children who develop the following symptoms at school will be sent home immediately in order to prevent the spread of illnesses. Your assistance with collecting the children as soon as possible will be appreciated.
 - a. A fever over 37.8°C orally or 37.2°C under the arm.
 - b. Signs of a newly developing cold or uncontrollable coughing, diarrhoea, nausea or vomiting.
 - c. Unusual or unexplained loss of appetite, fatigue, irritability or headache.
 - d. Any discharge or drainage from eyes, nose, ears or open sores.
 - e. Any other known contagious infection.
4. Children with eye infections are not permitted at school and require a doctor's clearance certificate upon return to school.
5. Should a child have lice or ring worm they will not be permitted back at school until they have a doctor's clearance certificate upon return to school.

Please supply a copy of Immunisation Card/Milestones Card

Any Special Disabilities/Handicaps/Allergies/Medical Condition: _____

Dietary Conditions: _____

Doctors Name and Contact Number: _____

In case of emergency, paramedics will be contacted. If your child has to be taken to a Hospital, name Hospital of your preference. (Please mark with x)

Netcare Olivedale Hospital

Wilgeheuwel Hospital

Life Fourways Hospital

Medical Aid Name : _____

Medical Aid Number : _____

Person Responsible for Account: _____ ID Number: _____

5. Medical Consent

I hereby give consent that my child may receive any necessary first-aid and/or medical treatment in case of any emergency. Should any damage or injury be suffered or sustained by my child, I shall be liable for the payment of all medical and / or hospital costs relating to the damage / injury.

Signed at _____ on this _____ day of _____ 20_____

Father Signature: _____ Mother Signature: _____

6. Birth and Development History

Mother's Health during Pregnancy : _____

Type of Delivery : _____

Weight at birth : _____ Did your child crawl: _____

Does your child have a nap: _____ When: _____

Is your child Potty Trained: _____

Any concerns regarding your child: _____

How do you deal with these concerns: _____

7. Drop Off and Fetch From School

Please note that your child **WILL NOT** be released to anyone other than yourself or a nominated person. It is **VITAL** that the school is aware that your child will be fetched by the nominated person should you be unable to fetch your child.

Who will drop off your child : _____

Who will fetch your child : _____

Nominated Person to fetch your child:

Full Name and Surname : _____

Relationship : _____ Contact Number: _____

8. School History

Previous School or Play Group Attended: _____

Contact Number : _____

Reason for Leaving : _____

9. Permission to Use Photographs

I understand and acknowledge that from time to time photographs may be taken of my child. The sole purpose of this request is to be able to recognize learner achievement, promote the school within the local community and engage with parents and teachers in a fun, informative and interactive manner in print and social media. In so far as the use and publication of photographs that are placed in the control of Jozi Jammers Nursery School, Jozi Jammers Nursery School will endeavor to ensure that these photographs are used in good taste.

Please tick your preference:

Do not consent

Consent to photos of my child taken and shared in communication books, newsletters, emails and posted on Jozi Jammers website and Facebook pages.

10. General Consent and Indemnity

I hereby give permission for my child (Full Names) _____ to attend JOZI JAMMERS NURSERY SCHOOL. I hereby indemnify, absolve and hold blameless JOZI JAMMERS NURSERY SCHOOL, employees and any other organisation or persons, against any claim/s which may arise in any way whatsoever, as the result of injury to and/or death of my said child, or any damage to the property of any person as a result of, during, or in the course of his/her attendance at JOZI JAMMERS NURSERY SCHOOL or any other place of childcare which is under the jurisdiction of NORTHPOINT CITY CHURCH, including the generality of the a foregoing provision, any journey, trip or excursion undertaken by my said child whilst enrolled at JOZI JAMMERS NURSERY SCHOOL.

Signed at _____ on this _____ day of _____ 20 _____

Father Signature: _____ Mother Signature: _____

11. Declaration

We/I, the Father and/or Mother of the child do hereby declare:

1. That the Information given in this form is true in every respect, and that I have read and understood all that this form contains.
2. Acknowledge and agree to abide by the Rules and Regulations of JOZI JAMMERS NURSERY SCHOOL
3. That the person in charge may in an emergency transport my child to my selected Hospital. I will then immediately be informed and may go directly there.
4. That I have read and understood that school fees are payable for 11 months, irrespective of holidays.
5. Acknowledge that one month's written notice is to be given to Jozi Jammers upon removal of my child and I am liable for payment if notice is not given.
6. That I agree to pay the School Fees a month in advance, by the 2nd of the respective month and understand that failure to pay the school fees will result in the immediate suspension of my child.
7. Appoint the Principal/ or any authorized persons of JOZI JAMMERS to act, if deemed advisable by such persons, on behalf of my child, in loco parentis.
8. That the staff endeavour, to the best of their ability, to take care of my child. JOZI JAMMERS NURSERY SCHOOL cannot be held responsible should any injury or accident occur in any form whilst my child is in the staff's care.
9. That I undertake in my personal capacity/in my capacity as guardian of the child, to indemnify, hold harmless and absolve JOZI JAMMERS NURSERY SCHOOL or any member of staff or any authorized person from any claim whatsoever for any loss, damage, whether damage to property or personal or bodily injury or otherwise from whatsoever cause arising, in the knowledge that the staff and management of the school will nevertheless take all reasonable precautions to ensure the safety and welfare of my child.

Signed at _____ on this _____ day of _____ 20_____

Father Signature: _____ Mother Signature: _____

12. For Office Use Only

- Copy of Birth Certificate Received
- Copy of Parents ID Documents Received
- Copy of Immunisation Card/Milestones Card Received
- Enrolment Accepted
- Enrolment Decline

Notes: _____