



“Train a child in the way he should go, and when he is old he will not turn from it”

ENROLMENT FORM

Proverbs 22

IMPORTANT NOTICE:

By signing or initialing or otherwise entering into this Contract you agree to the terms and conditions contained in this document as well as any terms and conditions contained in the Rules and Regulations of the School, which form part of this Contract. It is important that you read and understand these Policies as they have important legal consequences for you. If there is any provision in this Contract that you do not fully understand, please ask for an explanation before signing.

A separate application must be completed for each child

Application for	(Full name of child)		
Date of Birth		Age	
Start Date at School		Start Day at School	

1. Fees

Fees Include Holiday Care and All Meals (Please mark with an 'X')

Registration Fee (Once-off, non- refundable)	R750	Cash	Card	EFT
Stationery Fee (Annual)	Grade 0: R1 400		Grade 00 and below: R1 000	
School Times	Half Day 07:00 – 12:30	Three Quarter Day 07:00 -14:30	Full Day 07:00 – 17:30	
School Fees - Monthly	R3 200	R3 600	R4 000	
School Fees - Per Day	R160	R180	R200	

Per Day Rules:

- Our principle is that under 3 years are flexible attendance, but we recommend consecutive days in a week.
- 3 years and over must attend a more routine format i.e., 5 days a week
- Fees are calculated in advance for the number of days selected in the month. School fees are payable strictly in **advance** by the last working day of each month.
- Missed days and public holidays can be made up within a week (7 school days) by arrangement with the teacher.
- Days not made up within a week will be forfeited.

Indicate which days for per day	Monday	Tuesday	Wednesday	Thursday	Friday
---------------------------------	--------	---------	-----------	----------	--------

Discounts

Siblings	10% off Monthly School Fees
Annual Fees Payable by 31 January 2024	5% on Annual School Fees

Late Fetching of Children

Half Day after 13h00	R120 until 17:30
Three Quarter Day after 14:30	R120 until 17:30
After 17h30	R100 for every 15min

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.

School Fees Rules

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. (Example January 2024 fees must be paid by 31 December 2023, reflecting in the school's bank account by 02 January 2024)
2. A penalty fee of R100 will be charged for fees received after the **07th** of each month.
3. Failure to pay fees will result in the immediate suspension of your child
4. School fees are payable for, irrespective of sick days, school holidays, public holidays and government declared holidays.
5. No reduction in school fees will be made whenever your child is absent from Nursery School.
6. It is my responsibility to notify the school of any changes to your contact numbers, address, email address.

Payment Options

EFT	Preferred method of payment
Card Payments	Reception between 07:00 – 12:30
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. (If account number has not yet been allocated, please use your child's name and surname as reference)

2. Personal and Contact Details

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

Full Name and Surname			
Date of Birth (DDMMYYYY)		ID/Passport Number	
Gender		Nationality	
Home Language		Religion	

Details of Father/Legal Guardian *(Please supply copy of ID/Passport and Proof of Residence)*

Full Name and Surname			
Identity/Passport Number		Nationality	
Marital Status			
Residential Address			
Postal Address			
Employer		Occupation	
Cell Number		Work Number	
Email Address			

Details of Mother/Legal Guardian *(Please supply copy of ID/Passport and Proof of Residence)*

Full Name and Surname			
Identity/Passport Number		Nationality	
Marital Status			
Residential Address			
Postal Address			
Employer		Occupation	
Cell Number		Work Number	
Email Address			

Details of Siblings

Number of Siblings			
Name		Age	
Name		Age	
Name		Age	

3. Person Responsible for Account

I, (Full Name and Surname)			
<p>a. Have read, understood and accept the payment terms and conditions as stipulated in the Rules & Regulations.</p> <p>b. Consent that, and authorise Jozi Jammers Nursery School to, at all times:</p> <p>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.</p> <p>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.</p>			
ID/Passport Number		Relationship to Child	
Employer		Occupation	
Cell Number		Work Number	
Email Address			
<p>Failure to meet contractual obligations</p> <p>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.</p> <p>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.</p> <p>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.</p>			
Signature of Person Responsible for Account		Date	
Witness Name		Signature	

4. Alternative Contact Persons

1. Full Name and Surname			
Relationship to Child		Contact Number	
2. Full Name and Surname			
Relationship to Child		Contact Number	

5. Medical Information (Please supply a copy of Immunisation Card/Milestones Card)

(Please mark with an 'X')

Any Special Disabilities/Handicaps/Medical Conditions	Yes	No
If yes, please specify		
Allergies/Dietary Conditions	Yes	No
If yes, please specify		
If your child has to be taken to a hospital, which hospital do you prefer?		
Netcare Olivedale Hospital	Life Wilgeheuwel Hospital	Life Fourways Hospital
Doctors Name	Contact Number	
Medical Aid Name	Medical Aid Number	
Principal Member	ID /Passport Number	
<p>Medical Rules</p> <ol style="list-style-type: none"> Under the Medicine and Related Substance Amendment Act of 2015, we are not permitted to dispense any medicine. Children who are sick and need medication are required to stay home until they are well enough to return to school or at least be kept at home for the first two days of treatment. The school does not encourage your child to attend school while being ill. The school does not encourage your child, when on antibiotics to attend school. 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. <ol style="list-style-type: none"> A fever over 37.8°C orally or 37.2°C under the arm. Signs of a newly developing cold or uncontrollable coughing, diarrhoea, nausea or vomiting. Unusual or unexplained loss of appetite, fatigue, irritability or headache. Any discharge or drainage from eyes, nose, ears or open sores. Any other known contagious infection. Children suffering from an infectious condition such as but not limited to chicken pox, coughs, pink eye, colds, lice, ring worms etc. may only return to school with a doctor's note saying that the child is well enough to attend school. 		

6. 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		Date	
Father/Legal Guardian Signature			
Mother/Legal Guardian Signature			

7. Birth and Development History (Please mark with an 'X')

Mother's Health during Pregnancy	Good	Some issues	Complications
Type of Delivery	Natural		C-Section
Did your child crawl?	Yes		No
Is your child potty trained	Yes		No
Does your child nap	Yes	No	If yes, at what time:
Any concerns regarding your child	Yes		No
If yes, how do you deal with these concerns?			

8. School History

Previous School or Play Group Attended	
Reason for leaving	
Contact Number	

9. 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?	Mum	Dad	Other
Who will fetch your child?	Mum	Dad	Other
If "Other", please specify who?			
Nominated person to fetch your child			
Full Name and Surname			
Relationship		Contact Number	

10. Permission to Use Photographs (Please mark with an 'X')

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.

Do not consent	Consent to photos of my child taken and shared in communication books, newsletters, emails and posted on Jozi Jammers website, Facebook pages and WhatsApp.
----------------	---

11. Protection of Personal Information

11.1 By entering into this Contract, and unless you at any time instruct the School expressly and in writing to the contrary, your consent is given for the School to:

- 11.1.1 collect, store and process credit information about you and any Third Party or divorced or separated Parent responsible for payment of any or all amounts comprised in the Fees;
- 11.1.2 collect, store and process names, contact details and information relating to yourself and your Child, and to such information being made available to other parents/guardians, staff or responsible persons engaged or authorised by the School for School-related purposes to the extent required for the purpose of managing relationships between the School, parents/guardians, and current learners as well as providing references and communicating with the body of former learners;
- 11.1.3 include photographs, with or without name, of your Child in School publications, or in press releases to celebrate the School's or your Child's activities, achievements or successes;
- 11.1.4 supply information and a reference in respect of your Child to any educational institution which you propose your Child may attend. We will take care to ensure that all information that is supplied relating to your Child is accurate and any opinion given on his/her ability, aptitude and character is fair. However, the School cannot be liable for any loss you or your Child is alleged to have suffered resulting from opinions reasonably given, or correct statements of fact contained, in any reference or report given by us; and The clause above limits and excludes obligations, liabilities and legal responsibilities which the School may have towards you or your Child.
- 11.1.5 inform any other school or educational institution to which you propose to send your Child of any outstanding fees.

11.2 The School may not distribute or otherwise publish any of your personal information in its possession, unless you give your consent, in writing, to the School that it may do so. Should this be the case, the School may only distribute or otherwise publish the information specified in your consent to the people and for the purpose stated in your written consent.

Signed at		Date	
Father/Legal Guardian Signature			
Mother/Legal Guardian Signature			

12. General Consent and Indemnity

I hereby give permission for my child	(Full name of child)		
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		Date	
Father/Legal Guardian Signature			
Mother/Legal Guardian Signature			

13. Declaration (Please mark with an 'X')

We	I	the	Father	Mother	Legal Guardian
of the child do hereby declare:					
<ol style="list-style-type: none"> 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				Date	
Father/Legal Guardian Signature					
Mother/Legal Guardian Signature					

For Office Use Only (Please mark with an 'X')

1. Copy of Birth Certificate Received	Yes	No
2. Copy of Parents ID Documents Received	Yes	No
3. Copy of Immunization Card/Milestones Card Received	Yes	No
4. Proof of residence	Yes	No
5. Section 3 is signed by both parents	Yes	No
6. Section 6 is signed by both parents	Yes	No
7. Section 11 is signed by both parents	Yes	No
8. Section 12 is signed by both parents	Yes	No
9. Section 13 is signed by both parents	Yes	No
10. Application is complete and accepted	Yes	No