



Bright Beginnings Preschool

## BRIGHT BEGINNINGS PRESCHOOL APPLICATION FOR ADMISSION

**MOST IMPORTANT:** This Application for Admission will only be processed if ALL fields are completed legibly, are signed and ALL necessary supporting documents are attached.

## SUPPORTING DOCUMENTS TO BE ATTACHED TO APPLICATION

- Copy of your Child's Birth Certificate
- Copy of your Child's Vaccination Record if available
- Copy of Parents / Legal Guardian ID Documents
- Proof of Payment of Enrolment Fee
- Proof of Payment of Stationary Fee (if applicable)

## CHILD'S PERSONAL DETAILS

NAME & SURNAME: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_

DATE OF BIRTH (expected date): \_\_\_\_\_

AGE: \_\_\_\_\_

GENDER: \_\_\_\_\_

HOME LANGUAGE: \_\_\_\_\_ SECOND LANGUAGE: \_\_\_\_\_

NUMBER OF CHILDREN IN THE FAMILY: \_\_\_\_\_

POSITION OF CHILD IN FAMILY: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

PARENTS MARITAL STATUS: \_\_\_\_\_

IF DIVORCED, WHO HOLDS CUSTODY: \_\_\_\_\_



**CHILD'S MEDICAL DETAILS**

MEDICAL AID: \_\_\_\_\_  
MEDICAL AID NUMBER: \_\_\_\_\_  
MAIN MEMBER: \_\_\_\_\_  
MEDICAL CONDITIONS: \_\_\_\_\_  
MEDICATIONS: \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_  
DIET PREFERENCE: \_\_\_\_\_

**FATHER'S DETAILS**

FATHER'S NAME & SURNAME: \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
WORK NUMBER: \_\_\_\_\_  
CELL NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
(SHOULD IT DIFFER TO \_\_\_\_\_  
WHERE THE CHILD RESIDES) \_\_\_\_\_

**MOTHER'S DETAILS**

MOTHERS NAME & SURNAME: \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
WORK NUMBER: \_\_\_\_\_  
CELL NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
(SHOULD IT DIFFER TO \_\_\_\_\_  
WHERE THE CHILD RESIDES) \_\_\_\_\_



**DETAILS OF ANOTHER CONTACT PERSON IN CASE OF AN EMERGENCY**

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf. A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here.

EMERGENCY CONSENT: It is our policy to notify a parent when a child is ill or needs medical attention while in our care. Occasionally, we cannot contact a parent or the 3 emergency contact numbers and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child. I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD

\_\_\_\_\_ WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY CHILD'S SCHOOL WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT. PARENTS / GUARDIAN

SIGNATURE:

PARENTS/ GUARDIAN SIGNATURE:

NAME & SURNAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**SERVICE INFORMATION**

BEGINNING DATE \_\_\_\_\_

3 DAYS PER WEEK / 5 DAYS PER WEEK \_\_\_\_\_

HALF DAY / FULL DAY \_\_\_\_\_

Are there any siblings? Please name them and specify ages and gender.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

Does your child have any known allergies?

\_\_\_\_\_  
\_\_\_\_\_

Are there any food restrictions?

\_\_\_\_\_



Does your child have any medical conditions which Bright Beginnings Preschool should be made aware of?

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Has your child had the following common childhood illnesses?  
*.(please circle)*

Does your child have any problems with any of these?

Constipation

Convulsions

Diarrhea

Fainting Spells

Frequent Colds

Frequent Ear Infections

Frequent Sore Throats

Lice

Ringworm

Skin Rash

Soiling

Stomach Upsets

Urinary Problem

Worms

Has your child had any of these diseases?

Asthma

Bronchitis

Chicken Pox

Diabetes

Heart Disease

Hepatitis

Impetigo

Measles

Mumps

German Measles

Polio

Scarlet Fever

Tuberculosis

Whooping Cough

Does your child have any speech, hearing or visual problems?

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Would there be any restrictions to play or activities?

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DURING THE SCHOOL YEAR, NUMEROUS PHOTOGRAPHS ARE TAKEN TO DOCUMENT DAILY CLASSROOM ACTIVITIES, EVENTS AND SPECIAL ACTIVITIES. SOME OF THESE PHOTOGRAPHS ARE USED FOR SCHOOL PURPOSES, SUCH AS BULLETIN BOARD, DISPLAYS, ADVERTISING AND NEWSLETTER.

Date: \_\_\_\_\_ Child's First and Last Name: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

#### Parental Contract

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

#### Part 1 FINANCIAL RESPONSIBILITIES

The conditions of this agreement provide protection for our parents, as well as our program. In order to assure that we can provide these services, it is essential that the program be financially stable. Salaries and overhead expenses cannot be reduced because of absentee losses. This contract is a commitment that you will financially support the enrolment space guaranteed for your child. Failure to meet your financial commitment may result in termination of services. A non-refundable family registration fee of R900.00 is required. Refunds will not be made for Statutory Holidays or any absent days (including vacations or illness).

#### Part 2 WITHDRAWAL PROCEDURES

I signed, written notice of permanent withdrawal by you must be given one full term in advance. If the required notice is not received, full program fees will be charged.

II The provision of our service is conditional upon compliance of both you and your child to our Code of Behaviour. Behaviour from a child that poses a safety hazard will not be accepted and may result in immediate withdrawal.

III Should the Supervisor of the program determine that a child cannot adjust to the program, or if the parent had not upheld the Contract, the child will be withdrawn and this agreement will be terminated.



Part 3 CODE OF BEHAVIOR The safety of all children is our primary concern. The following expectations are necessary to promote a happy, safe and comfortable atmosphere. The child and the parents at all times shall:

- Respect the building and equipment as well as the personal property of others.
- Use acceptable language.
- Be courteous of others.
- Resolve conflict in a peaceful manner.
- Conduct them in a manner which allows others to feel safe from verbal and physical abuse.
- Show personal respect for all individuals through behaviour and language.

#### Part 4 ADDITIONAL OPERATIONAL POLICIES

I The forms listed below are required upon application and before admission. These forms must be updated annually and as changes take place to ensure that we have the correct information on file. –

- Application Form
- Child Health & Immunization Record
- Parental Contract

II The hours of operation are 6:30 a.m.- 6:00 p.m. These hours will be posted throughout the Centre. A late fee of R100.00 after the first 10 minutes will be charged for the time that a staff member is required to stay with your child after closing. This late fee is paid immediately to the staff member in charge at the time. If we are unable to reach you or your emergency contact by 7:00 p.m., the police and Children’s Aid Society will be contacted. If the late fees are not paid they will be added to your monthly payment.

III Our exclusionary policy, due to illness, is established by Public Health Services.

IV Regulations require daily outdoor play for each child. Our policy states that children too ill to play outdoors should remain at home. If a child becomes ill during the day, temporary care will be provided until you or your emergency contact can be contacted and your child taken home.

V The Centre will administer prescription drugs to children, in accordance with Provincial legislation. This requires that parents provide:

- Written medical authorization, including the dosage and times any drug is to be given.
- Medication must be received in the original container, clearly labelled with the child’s name, name of drug, dosage, the date of purchase and instructions for storage and administration of the drug. Non-prescription medications must be accompanied by a doctor’s note.
- Medication is to be given directly to a staff member.
- If medication has expired, staff will refuse to administer.

VI If your child will be absent from school due to sickness, holidays etc., please inform the staff in person or by phone.

VII If your child is involved in a custody dispute, please inform the Supervisor in writing, providing a copy of the legal custody papers.

VIII Children will only be released to the care of authorized persons listed on the Child’s Application Form.



IX Once you have picked up your child at the end of the day, please note that your child's well-being is now your responsibility. Should your child be injured on Centre property, while in your care, you are responsible.

X Your child should be dressed in clothing suitable for physical activity, the weather and the season. A second set of clothes in a labelled bag should be brought to the centre in case of accidents. Clothing and all personal articles should be labelled with your child's name. The Centre is not responsible for lost clothing and articles.

XI Daily contact with parents and staff will be supplemented by individual interviews, group meetings and workshops. Parents are encouraged to visit and participate in our program.

Part 5 PRIVACY INFORMATION I hereby consent to the collection, use and disclosure of my parental and my child(ren)'s personal information by the Centre for the purposes of providing child care services to my child(ren) enrolled in the Centre programs. I understand that the Centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation and in accordance with the Centre's privacy Policy.

Part 6 PERMISSION TO ENGAGE IN PROGRAM ACTIVITIES I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the program.

Part 7 EMERGENCY MEDICAL ATTENTION I hereby grant permission for staff to take whatever steps may be necessary to obtain medical care, if warranted. These steps may include but not limited to, the following:

- Contact a parent or guardian/emergency contact
- Contact the child's physician
- Call an ambulance
- Administer reasonable First Aid measures

I HAVE READ, UNDERSTAND AND AGREE TO BIDE BY ALL POLICIES

\_\_\_\_\_  
(Print)      Date (D/M/Y)      \_\_\_\_\_ Parent Name

\_\_\_\_\_  
Signature      Date (D/M/Y)      \_\_\_\_\_ Parent's



## **TERMS OF PAYMENT**

- 1.1 It is recorded that fees are determined at the beginning of the year and that the Account Holder is informed of the result in writing.
- 1.2 The Account Holder shall immediately inform the School if he / she has not received an invoice at the start of the academic year.
- 1.3 Fees for 12 (twelve) months are payable monthly in advance on or before the 1<sup>ST</sup> (first) day of each calendar month or annually in advance by 31 December, depending on the fee payment option exercised by the Account Holder in the Application. There will be a discount of 10% passed on fees paid 12 months in advance.
- 1.4 The School reserves the right to charge interest of 15% (fifteen per cent) annually on all accounts that are in arrears by 30 (thirty) days or longer.
- 1.5 In the event where an existing account is / has not been managed in the proper manner, no further Applications will be considered.

## **BREACH OF CONTRACT**

In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of this Agreement, the School may in its sole discretion:

- 1.7 Refuse the child entry to the School's premises until the breach has been remedied; or
- 1.8 Claim damages from the Account Holder and / or the surety and legal guardian; or
- 1.9 Take necessary legal steps that may be necessary.

## **LEGAL FEES**

In the event where the School takes legal action against the Account Holder, he / she will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

## **CANCELLATION OF THE CONTRACT**

The Account Holder undertakes to give one full term's written notice of termination of the enrolment of a child either by email or a letter. Should an email cancellation be sent, it will only be accepted as a cancellation once a return email is sent from the school administrator, failing which the liability be incurred for the full amount of the following term's fees. The School shall be entitled to terminate the enrolment of any child under the following circumstances: Summarily, and with immediate effect, if the child is guilty of an offence which, in the sole opinion of the School, renders his / her continued enrolment at the School impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the School, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such child.

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SIGNATURE OF ACCOUNT HOLDER & DATE