



Heritage House Preschool

For Office use:

Date received					
Surname & Name					
Date of birth					
Group	R	RR	RRR	3	2 <
Male	Female				

88 Main Street, Howick, 3290 : 033 330 2017 : heritagehouseps@gmail.com : www.heritagehousepreschool.com

Admission and Contract 2020

This document consists of the following sections:

- Child's information, including health record
- Family information
- Emergency contact information
- Indemnity form
- Fees schedule and agreement to adhere to the payment structure

Please ensure that you have read, understood and completed all sections as this is a legally binding document.

Where required, please indicate your choice with a tick.

Checklist of items required

✓	Item	Office
	A certified copy of your child's UNABRIDGED birth certificate	
	Immunisation Card	
	Certified copies of parent(s) ID document(s)	
	A copy of both sides of your medical aid membership card	
	Proof of residence, i.e. a water or electricity account, a store card, a letter from the bank, etc.	
	Financial clearance certificate. This can be obtained from your child's previous school. If your child has not previously attended a school, you do not need to submit this certificate.	
	Reports by any professionals who have worked with your child, e.g. speech therapists, occupational therapists, etc. (if applicable)	

Child's details

Child's name and Surname								
Date of Birth	D	D	M	M	2	0	Y	Y
Home language				Gender:		Male		Female
If home language is not English, please rank your child's English ability	Excellent		Very good		Good		Basic conversation	Understands very little
Child's t-shirt size <i>One shirt is provided and other shirts may be purchased from the school office.</i>	2-3 years		4-5 years		5-6 years		7-8 years	

Medical Information

Does your child have any medical condition that we need to be aware of? <i>e.g. asthma, eczema, epilepsy, etc.</i> Please provide details.	
Does your child have any allergies that you are aware of? <i>e.g. nuts, dairy, bee stings, etc.</i> Please provide details.	
Should hospitalisation or medical care become necessary, please provide the following details. Please also provide a copy of both sides of your medical aid membership card.	
Medical Aid Provider and Plan	
Medical Aid number	
Principle member	
<u>Name</u> and <u>contact details</u> of your family doctor should they need to be contacted for medical history	

In order for us to provide the best possible care for your child, please read the sections below carefully. Please tick each box to show that you agree to these conditions.

- Should my child have a minor injury (e.g. a grazed knee), I give permission for you to clean and dress the wound. When I collect my child, you will then share the details of the injury with me.
- Should my child fall ill; you will contact me immediately.

- In the case of a minor illness (e.g. a cold), I give you permission to administer child-safe, over-the-counter medication such as Panado. Any medication which is dispensed will be discussed with me telephonically before it is given to the child.
- In the case of a more serious injury or illness, please take my child directly to the nearest hospital (Howick Private Hospital) even if you are unable to reach me by phone.
- If my child is on medication, I will communicate this to the school so that they may monitor my child's condition.
- Should my child have a contagious disease; I will keep him/her at home until s/he is no longer contagious.
- My child's immunisations are up-to-date and I will ensure that they remain so for the safety of both my child and the other children at Heritage House Preschool

Previous school / Educational History

Up until now, where has your child been?	Home schooling	Preschool	Play group	At home with a caretaker	Other
Previous or current school	<p>_____</p> <p style="text-align: center;"><i>Name of school</i></p> <p>From <u> M M / 2 0 Y Y </u> to <u> M M / 2 0 Y Y </u></p> <p>Phone number: _____</p> <p>Email address: _____</p>				
Please attach a copy of your child's most recent school report					

Has your child received Learning or professional support e.g. Occupational Therapy, Speech or Play Therapy, etc. If yes, please provide details	
Does your child have particular emotional or social needs? e.g. divorce, relocated, difficulty forming friendships?	
Are there any behavioural issues that the school should be aware of?	
If your child has received professional support, please consider attaching reports or letters they might have sent you in order for us to best understand your child's needs.	

Family details

Where does the child live? <i>Residential Address</i>			
With whom does the child live? <i>e.g. parents, guardians, grandparents, siblings, etc.</i>	_____	_____	_____
	<i>Relationship to child</i>	<i>Name</i>	<i>Age (if sibling)</i>
	_____	_____	_____
	<i>Relationship to child</i>	<i>Name</i>	<i>Age (if sibling)</i>
	_____	_____	_____
	<i>Relationship to child</i>	<i>Name</i>	<i>Age (if sibling)</i>
	_____	_____	_____
	<i>Relationship to child</i>	<i>Name</i>	<i>Age (if sibling)</i>

Parent and Guardian details

Relationship to Child	
Full Name	
ID Number	
Email Address	
Cellphone number	
Employer	
Employer's address and contact details	

Relationship to Child	
Full Name	
ID Number	
Email Address	
Cellphone number	
Employer	
Employer's address and contact details	

Emergency Contact List

In an emergency, please list the people in the order you would like us to contact.

	Name	If contact details <u>not</u> listed above, please provide cellphone number
1st		
2nd		
3rd		

Preferred Method of Communication

Our newsletters and non-urgent news will be sent via your child's notebook. All urgent news will be sent to you by WhatsApp/sms/email.

Please tick this box to acknowledge that you've read this information.

School hours

Please select the option you will be utilising by marking with a X in the box provided.

Mornings 07h00 – 12h15	Option 1: 5 days per week for all ages	Option 2: 3 days per week available for 12 months – 3yrs only
Aftercare 12h30 – 17h00	If you will be making use of our aftercare, approximately what time would you like to collect your child? Aftercare includes time prior to 07h00	

Please note: Our school uses the same term dates as the KZN government schools.

The safety of your child is our main priority. Please complete the lists below

These people MAY collect my child
<i>If anyone other than the people listed above will be collecting your child, please communicate this to the principal as otherwise we will not allow them to collect your child.</i>

The following people MAY NOT collect my child under any circumstances
Should any of these people attempt to collect your child we will notify you immediately and (if necessary) contact the security company and police services.

Payment

Enrolment Fee

If your child is accepted, a non-refundable deposit of **R500** will be required. This is a once-off payment. This will cover enrolment in the school, a school T-shirt, a school bag, and a communication notebook.

School fees

Please tick each box to show that you agree to these conditions.

- School fees are due in advance and are charged over 10 months January - October.
- In the case of aftercare, your total charge will be calculated up to the last day of the month and be charged on the following month's statement. Aftercare fees are, therefore, charged in arrears.
- An annual group accident insurance levy is charged at the start of each school year or on enrolment.
- If fees are not fully paid by the end of each month, your child may be restricted from attending school the next month.
- Four (4) school weeks' written notice is required should you wish to terminate the Admission Contract or payment of four (4) school weeks' fees will be liable in lieu of written notice.

Fees for 2020	Mornings <i>07h00 – 12h15</i> R 2 260.00 per month 5dpw or R1 600.00 per month 3dpw (optional for 12mnths – 3yrs)	Aftercare <i>12h30 – 17h00</i> R11.00 per hour <i>(and prior to 07h00)</i>
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If the person responsible for fees is not the parent/guardian(s) listed above, please provide their details below.

Relationship to Child	
Full Name / Company Name	
ID Number	
Email Address	
Cellphone number	
Employer	
Employer's address and contact details	

I/We confirm that I/we have read and agreed to the information on the payment of school fees included in this form and that I/we jointly and severally am/are responsible for the payment of these school fees.

FULL NAME

SIGNATURE

DATE

FULL NAME

SIGNATURE

DATE

Indemnity

I/We, _____ (Full names of Parent / Legal Guardian of pupil)
and _____ (Full names of Parent / Legal Guardian of pupil)
hereby consent to my/our child(ren), _____ (Full names of child(ren))
participating in the various activities (including, but not limited to, sports activities and educational shows) arranged,
organised or offered by the School and further agree to the condition that, while every precaution will be taken for the
safety and welfare of my child(ren) and for the care of his/her/their possessions, I will hold blameless and indemnify all
persons, Heritage House Preschool and all other organisations associated with the activity, should any prejudice, loss,
damage, illness or injury occur to my child(ren). This includes an indemnity against recovery of costs resulting from
damage, loss and/or medical conditions or hospitalisation, unless such loss is caused by the negligence, wilfulness or
deliberate act of the School or one or more of its employees.
I furthermore appoint the school staff supervising any activity organised by the School, to act in loco parentis in respect
of my child(ren) should the need therefore arise.

Parent/Guardian

*I confirm that I have read and agreed to the information included in this form, including the indemnity
and that all the information I have provided above is correct.*

FULL NAME

SIGNATURE

DATE

Parent/Guardian

*I confirm that I have read and agreed to the information included in this form including the indemnity
and that all the information I have provided above is correct.*

FULL NAME

SIGNATURE

DATE

Principal

FULL NAME

SIGNATURE

DATE

Witness 1

FULL NAME

SIGNATURE

DATE

Witness 2

FULL NAME

SIGNATURE

DATE

2020

SCHOOL FEES

- **INVOICING** will be done on the 1st of each month January – October at the monthly rate unless otherwise notified. (Where possible try to pay January prior to the end of the preceding year.)
- **YEAR UP FRONT:** Please arrange with Angela should you wish to pay year upfront.
- **STOP ORDER:** We highly recommend that you set up a monthly stop order with your bank for:
Heritage House Preschool: **FNB - BRANCH 220725 - ACC 6266 135 0810**. Please use your child's NAME and SURNAME as Ref.
- **EFT** is preferable to cash payment.
- **CASH:** Please do not make individual cash deposits into the bank account as these incur high bank charges which will be charged to your school account.
- If paying with cash, please bring to the school office.
- **AFTERCARE:** From 12h30 – 17h00 @ **R11.00** per hour or part thereof, including time prior to 07h00.
- **COMPULSORY SCHOOL INSURANCE:** 2020 fee is **R215.00 (to be confirmed)** per learner for the year.

ENROLMENT FEE: **R500.00** (this covers Enrolment Admin, the initial School bag, School T-shirt and Communication Notebook)

PAYMENT OPTION 1

MONTHLY IN ADVANCE x 10 equal payments beginning of January – beginning of October. By arrangement with the school, we are willing to ÷ over 11 months = R2 055.00

Please pay at the start of each and every month from **January – October**

Value per week (42 school weeks per year)

- | | | |
|--|-----------|---------------------------|
| A. Monthly Fees: | R2 260.00 | R538.10 (R107.62 per day) |
| B. For RED and PURPLE GROUPS only (12 months - 3yrs only)
3 days per week: | R1 600.00 | R380.95 (R76.19 per day) |

PAYMENT OPTION 2

C. **YEAR IN ADVANCE** payable in full no later than **Wednesday 4th December 2019**

Discounted Rate: R22 600.00 -7% = R21 018.00 (saving of R1 582.00)

For **RED and PURPLE GROUP** (12 months – 3yrs only) 3 days per week option

R16 000.00 -7% = R14 880.00 (saving of R1 120.00)

D. **YEAR IN ADVANCE** payable in full no later than **Thursday 28th February 2020**

Discounted Rate: R22 600.00 -5% = R21 470.00 (saving of R1 130.00)

For **RED and PURPLE GROUP** (12 months – 3yrs only) 3 days per week option

R16 000.00 -5% = R15 200.00 (saving of R800.00)

CASUAL/VISITOR RATE is R120.00 per day attending