

ENROLMENT AND INDEMNITY FORM

Thank you for choosing Peak Child pre-schools to take the very first important step on your child's educational journey. We appreciate you taking the time to complete the following **enrolment** and **indemnity** forms. Please note that accurate information is crucial, particularly should we need to contact you in an emergency. The safety and happiness of your child is of primary importance to us.

The completion of this form does not guarantee your child a place at Peak Child. Once we have confirmed that there is space for your child in the appropriate class, and all the documentation has been submitted, and the R500 deposit has been received, we will be able to provide confirmation to you.

WHAT YOU NEED TO ATTACH WITH YOUR APPLICATION FORM

- This enrolment form, fully completed and signed
- A copy of your child's clinic card (to verify vaccination details)
- A copy of your child's birth certificate
- A copy of the parents' ID documents

ENROLMENT DATES

What date would you like your child to start at Peak Child (dd/mm/yyyy)

		/			/				
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What date will your child finish at Peak Child (dd/mm/yyyy)

		/			/				
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Which primary school are you planning to send your child to for Grade R _____

Where did you hear about Peak Child (circle all that apply) Peak Child Parent; Peak Child Teacher; Google; Peak Child website; Peak Child Facebook; Melville Tenant, Other (please give details) _____

LEARNER DETAILS:

Surname: _____

Date of Birth (dd/mm/yyyy):

		/			/				
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First Name: _____

ID or passport number:

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Preferred name: _____

Gender (M or F): _____

Nationality: _____

Religion: _____

Home Language: _____

Does your child understand spoken English: YES / NO (circle your answer)

Previous Day-Care /Crèche: _____

Did your child crawl as a baby: YES / NO (circle your answer)

Known Learning / Adjustment Problems:

Child lives with (tick whichever applies): Parents _____ Mother _____ Father _____ Other _____

If you ticked "Other" what is the persons relationship with the child: _____

DETAILS OF BROTHERS AND SISTERS

Name	Age	Class / Grade	School / Crèche
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL DETAILS

How would you describe your child's general health: _____

Any allergies:

Please describe any Medication/ Treatment / Therapy your child is currently on including the dosage amount and frequency of medication:

Family Doctor: _____ Telephone No. _____

Medical Aid Name: _____ Main Member. _____

Medical Aid number: _____

If, whilst at school, your child has an increased temperature of 38 degrees or higher, you will be contacted to collect your child.

We are not legally entitled to administer medication without written parent consent. If your child requires medication please speak to the class teacher, hand the medicines to her / him and enter the dispensing instruction in the class medicine journal / form.

DETAILS OF PARENTS / GUARDIANS

MOTHER / GUARDIAN

FATHER

Surname:													Surname:												
First Name:													First Name:												
Title:													Title:												
Marital Status:													Marital Status:												
ID number:													ID number:												
Date of birth (dd/mm/yyyy)					/			/				Date of birth (dd/mm/yyyy)					/			/					
Home Address:													Home Address:												
Work Phone:													Work Phone:												
Home Phone:													Home Phone:												
Cell Phone:												Cell Phone:													
Email:													Email:												
Please tick your preferred communication method													Please tick your preferred communication method												
		WhatsApp													WhatsApp										
		Email													Email										
Which Email address must fee statement be sent to:																									
Occupation:													Occupation:												
Employer's Company Name:													Employer's Company Name:												
Employer's Address:													Employer's Address:												

In cases where it is not possible to reach the parent/s please provide the name of person/s to contact:

Name: _____ Relationship to child: _____

Tel. Number (school hours): _____

Any other information you wish us to be aware of including who may or may not collect your child

SCHOOL FEES

Please note the school fees quoted are payable for 11 months of the year, that is January to November, inclusive. **School fees are payable in advance monthly on the 5th of each month.**

Please ensure that the correct bank details are used to pay the account. The bank details are:

Account Holder: Peak Child Education (Pty) Ltd
Bank: FNB
Branch name: Rondebosch
Branch code: 201509
Account number: 62599162478
Reference: Your family account number (on your statement)

The school fees for **2021** are **R2,200** per month from January to November.

The school fees for **2022** will be **R2,300** per month from January to November.

For child safety and security reasons, Peak Child does not accept cash payments.

Should you choose to pay the school fees quarterly in advance, a **5%** discount will be given. There is also a **10%** discount for siblings.

The school day ends at 5:30pm. A late collection penalty will be charged at a rate of R50 for every 15 mins, or part thereof after 5:30pm. This fee will be added to your school fee invoice.

If your child is leaving Class 4 to go to Grade R, or if you are withdrawing your child and you have given the required one month's notice, the R500 deposit will be subtracted from the last month's fees, when your child leaves Peak Child.

We thank you in advance for prompt payment of your child's school fees.

CONTRACT BETWEEN PEAK CHILD – ARDERNE AND PARENT / GUARDIAN / FEE PAYER

- I agree to pay the school fees in full on or before the 5th of each month.
- I understand that payment of fees is required for 11 months (January to November) even if my child is ill or on holiday.
- I understand that if the school fees are not in the Peak Child bank account by the 5th of the month that I may be asked to remove my child until school fees have been paid in full.
- In terms of Family Law, parents are jointly and severally liable for the payment of school fees irrespective of their marital status.
- I/We undertake to give one month's notice in writing before withdrawing my/our child(ren) from the school, failing which, the fees for that month must be paid in full.
- I undertake to inform the centre of any change of address or telephone number.

I/We declare that the particulars given on this application form are true and correct

Signature of Parent / Guardian _____

Name in block letters _____

Dated at _____ on this the _____ day of _____ 20__

Signature of Parent / Guardian _____

Name in block letters _____

Dated at _____ on this the _____ day of _____ 20__

CONSENT, INDEMNITY AND PROTECTION OF PERSONAL INFORMATION

I/We _____ the parent(s) / guardian(s) of
parent(s) name(s) and surname(s)

child's name and surname

do hereby give consent for my child to take part in all the activities offered at Peak Child – Arderne (including classroom and playground activities) as well as such educational excursions as may be arranged by Peak Child. I appoint staff member(s) to act “in loco parentis” during the course of such activities.

On behalf of myself, my executors, my wife/husband and my child, I hereby indemnify, hold harmless and absolve the owners and staff of Peak Child and any person who has been appointed by Peak Child to transport my child, against any claims whatsoever that may arise in connection with damage to property or injury to the person of my child in the course of the activities in the knowledge that all responsible precautions will nevertheless be taken for the safety and welfare of my child.

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

- 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;
- 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 Peak Child for School-related purposes to the extent required for the purpose of managing relationships between Peak Child, parents/guardians, and current learners as well as providing references and communicating with the body of former learners;
- include photographs, with or without name, of your child in pre-school publications, online on the Peak Child website, Facebook page, in press releases to celebrate Peak Child's or your child's activities, achievements or successes, or in any other Peak Child publication or Peak Child space online;
- 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, Peak Child 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
- inform any other school or educational institution to which you propose to send your child of any outstanding fees or your fee payment record at Peak Child.

Signature of Mother _____ Signature of Father _____

Signed at _____ on this the _____ day of _____ 20____
(place) (day) (month) (year)

Telephone: 021-671 7046
Email: arderne@peakchild.co.za



PARENTS' COVID INDEMNITY FORM

As we welcome you back to Peak Child, it is important for parents to note that the decision to return their children to pre-school is voluntary and the sole decision of a parent or legal guardian. Therefore, as parents/guardians, by signing this letter, you confirm that you have been informed of the following before you decided to return your child/ren to Peak Child:

1. The procedures and measures that Peak Child will follow to address, prevent and combat the spread of COVID-19.
2. That no child may be refused readmission, proving their school fees are up to date, and that your child is not currently ill.
3. That a child with a known underlying health condition(s) that may place that child at a higher than normal risk category as defined by the Department of Health may not return to Peak Child unless a medical practitioner has given written authorization that it will be safe for such a child to return to do so.
4. That you have been provided with information regarding procedures and measures to address, prevent and combat the spread of COVID-19 at the Peak Child available at <https://www.peakchild.co.za/coronavirus>

Although all parents have signed an Indemnity Form on enrolment, we find ourselves in unprecedented times. The Gauteng High Court ruled on Monday 6 July 2020 that all private pre-schools could reopen at Level 3, provided they complied with the relevant Health and Safety measures.

The purpose of this Indemnity form is to ensure that all Peak Child Parents and Guardians who send their children to Peak Child during this time are aware of the risks that we all face, as well as the Policies that we have to apply.

This indemnity form will apply while we are at Levels 1, 2, 3, 4 and 5 of COVID lockdown and thereafter for all incidents relating to COVID.

CONSENT, INDEMNITY AND UNDERSTANDING OF PEAK CHILD'S COVID POLICIES AND PRACTICES

I/We _____ the parent(s) / guardian(s) of
parent(s) name(s) and surname(s)

child's name and surname

Confirm that I/We:

- understand that Peak Child is reopening its pre-schools in terms of the Gauteng High Court's ruling of 6 July 2020
- have read and agree to abide by the Peak Child COVID Policies and Practices which can be found on the Peak Child website at <https://www.peakchild.co.za/coronavirus>
- acknowledge that the new policies and practices place a responsibility on both parents/guardians and the Peak Child staff to follow certain restrictive rules, and that I/we will support Peak Child in the implementation of these rules
- will engage with the Peak Child staff in a courteous and professional manner during these times
- will use the proper channels if I/we would like to discuss the merits of a particular Policy or Practice, but acknowledge that Peak Child will have the final say as to whether Policies and Practices are amended
- understand that if I/we do not abide by the COVID Practices, I/we may be asked to remove my/our child from Peak Child
- understand that if I/we do not abide by the COVID Practices Peak Child may be required to again close a pre-school for period determined by the authorities
- understand and acknowledge that, whilst the Peak Child staff will do everything in their power to keep the children healthy, the Peak Child staff and owners will take no responsibility if a child is diagnosed with the Coronavirus or if an infected child infects someone else with the virus, either within our pre-schools or outside.
- hereby indemnify Peak Child against any claims for damages or healthcare costs resulting from a child being exposed to COVID in any of our pre-schools.

Signature of Mother / Guardian _____ Signature of Father _____

Signed at _____ on this the _____ day of _____ 20____
(place) (day) month) (year)