



# Little Lighthouse Enrolment Contract

## Clearwater Branch

Photo of your child

SURNAME	
FULL NAMES	
PREFERED NAMES	
REQUIRED YEAR TO START	
CHILD'S CURRENT AGE	

	Please ensure that the following below is provided and handed over to registrar along with signed contract	Check list for internal use only
1.	A recent passport size photo of child	
2.	A copy of child's birth certificate	
3.	Copy of clinic card	
4.	Immunisations up to date?	
5.	Photocopies of both parents Identity documents	
6.	Copy of medical aid card along with Doctors details, allergies, passport size photo of child and emergency contact info on same page. (SEE PAGE 2 OF CONTRACT )	
7.	Copy of payments – Non-refundable annual levy of R1500nas per current fee structure and	
8.	First months school fees in advance	

**PLEASE READ THE ENTIRE DOCUMENT, INITIAL EACH PAGE, SIGN IN FULL AND RETURN TO WILLOW View PVT DAY CARE CENTRE**

INITIAL	
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Little Lighthouse ♥ 1058 Dariek Street, Wilgeheuwel ♥ 17 Tranzo ave, Helderkruijn ♥ Delia Hendrikz

0849519999 ♥ Info@littlighthouseinfo@gmail.com &  Little Lighthouse Clearwater



**EMERGENCY AND CONSENT FORM**

COPY OF MEDICAL AID CARD

CHILD'S NAME AND SURNAME	
GENDER	
MEDICAL AID SCHEME	
PRINCIPAL MEMBER	
MEMBERSHIP NUMBER	
DOCTOR'S NAME AND NUMBER	

DOES YOUR CHILD HAVE ANY ILLNESS, ALLEGIES, AND DIETRY REQUIREMENTS, MEDICAL OR PSYCHOLOGICAL CONDITION WE SHOULD BE AWARE OF? PLEASE CIRCLE - YES OR NO

IF YES, PLEASE SPECIFY	
ANY CHRONIC MEDICATION FOR ABOVE, PLEASE SPECIFY.	

**[ALL PRESCRIBED MEDICATION MUST BE ACCOMPANIED WITH A LETTER FROM DR WITH DOSAGE REQUIREMENTS AND CHILDS INFO AND MUST BE ATTACHED TO THIS FORM]**

The applicant/s, in his/her/their capacity as parent/s/guardian/care taker of the said child consent to the exercise of the necessary parental powers by the Head , Deputy, or nominated teacher over the child whilst the child is on **Little Light Houses** property /premises and/or engaged in any activity in connection with or incidental to **Little Light House**, its academic, recreational or otherwise and herewith confirm their appointment in loco parentis, having all necessary authority and without limiting the generality of any emergency.

I also herewith, give **Little Light House** and its representative's permission to administer Panado/Panado infant drops if needed for pain or fever.


The Applicant/s accept/s full responsibility for any payments of all medical/hospital and related costs and undertake/s to refund Willow view baby centre immediately on demand, such funds as dispersed by **Little Light House** .

Any other medication that needs to be given, the applicant/s must give written permission for the administration of any medication given /taken during school hours. Medication book available with Manager as well that needs to be filled in.

This done/agreed in full and signed at .....this the.....day of  
.....(Month).....(Year)

	FATHER/LEGAL GARDIJAN	MOTHER/LEGAL GUARDIAN
SIGNED		
FULL NAMES		

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**PERSONAL INFORMATION**

CHILD'S DETAILS

D.O.B	
GENDER	
NATIONALITY	
HOME LANGUAGE	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	
ID NUMBER	
RELIGION	
PREVIOUS SCHOOL	

PARENTS / GUARDIAN DETAILS

FATHERS DETAILS		MOTHERS DETAILS	
TITLE		TITLE	
FIRST NAMES		FIRST NAMES	
SURNAME		SURNAME	
MARITAL STATUS		MARITAL STATUS	
ID NUMBER		ID NUMBERER	
OCCUPATION		OCCUPATION	
EMPLOYER		EMPLOYER	
WORK NUMBER		WORK NUMBER	
HOME NUMBER		HOME NUMBER	
CELL NUMBER		CELL NUMBER	
EMAIL ADDRESS		EMAIL ADDRESS	
RESIDENTIAL ADDRESS		RESIDENTIAL ADDRESS	
POSTAL ADDRESS		POSTAL ADDRESS	

LIST OF PEOPLE WHO MAY COLLECT YOUR CHILD/REN

NAME	RELATION TO CHILD	ID NUMBER	CONTACT NUMBER

***PLEASE PROVIDE A COPY OF ID OF EACH PERSON WHO MAY COLLECT YOUR CHILD/REN AND ATTACH TO THIS FORM***

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**ENROLMENT CONTRACT**

**Little Lighthouse**

I /We the parent(s) /legal guardian(s) ("applicant")(s) of  
 ..... Child's full names (Pupil)

Herby confirm the admission of the Pupil named above to  
**Little Lighthouse**

I/We hereby confirm that the information provided by us in this agreement is complete and accurate. I/We have read, understood and fully agreed to the rules and conditions as stipulated in the enrolment contract. Conditions of admission, code of conduct of **Little Lighthouse** , medical information and consent form and indemnity declaration and appointment in *loco parentis*. **Little Lighthouse** holds right of admission at all times.

This agreement shall take effect immediately upon signature hereof and shall continue for the duration of the enrolment of the pupil at **Little Lighthouse** .

1. **Relation to Pupil** **Full name**

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**ID number** **Nationality**

--	--

**Date** **signature**

--	--

2. **Relation to Pupil** **Full name**

--	--

**ID number** **Nationality**

--	--

**Date** **signature**

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**For Admin:**

**Name** ..... **Sign** ..... **Date**.....



## School fee structure for 2023

### **SCHOOL FEES ARE OVER 12 MONTHS- INCLUDING DECEMBER UNLESS ANOTHER ARRANGEMENT HAS BEEN MADE**

School fees include the following: 2 meals and 1 snack per day PLUS stationery from age 12 months +

School is open all year, other than holidays stipulated in calendar.

Half day hours -Children may be collected by 1:00

Full day by 17:45

NON REFUNDABLE ANNUAL LEVY	R1500 ONLY			
<b>SCHOOL FEES OVER 12 MONTHS PRE SCHOOL TO GRADE 5 PRE SCHOOL – FULL DAY ALL INC.</b>	<u>Over 12 months</u> R3500pm	<u>Over 11 months</u> R3820pm	<u>Over 12 months in full discounted</u> R42 000 -10% =R37 800	<u>Siblings over 12-month x 2 kids pm</u> Sibling discount amount is R6400pm
<b>Half day fees</b>	<u>Over 12 months</u> R2200 pm	<u>Over 11 months</u> R2500pm	<u>Over 12 months in full</u> R26 400 -10% =R24 000	<u>Siblings over 12 months</u> With sibling discount R4000pm

- School fees will be billed over a 12month period –January to December, unless arrangements have been made with the Principal to pay it over 11 months. December school fees are to be paid at the beginning of December, even though school closes most of December.
- Non-refundable levy and school fees are to be paid before child starts at **little Ligh House**. Proof of payment to be attached to enrolment contract.
- School fees are payable/due by the 1<sup>st</sup> of each month – ***PLEASE NOTE THAT SCHOOL FEES ARE PAID IN ADVANCE***
- If payment is received later than the 3<sup>rd</sup> of the month, a penalty fee per day of R100 will be billed to applicant/s
- Failure to pay school fees for a month will result in immediate notice of Pupil attending **Little lighthouse**
- One (1) months written calendar notice is to be given to **Little Lighthouse**, which has to be acknowledged, in writing, by the principal.
- Notice letters are to be given directly to the principal or via email (wvbabycentre@gmail.com) and NOT in the child's school bag or to the Educator.
- For Any child collected after 6:00, the applicant/s will be billed a R100 for every 30 min late.
- **NOTICE CANNOT BE GIVEN AND WILL NOT BE ACCEPTED OVER THE MONTHS OF OCTOBER, NOVEMBER OR DECEMBER.**

**BANKING DETAILS:**

**Cash – PLEASE PLACE CASH IN AN ENVELOPE AND HAND TO TEACHER WITH YOUR CHILDS NAME ON ENVELOPE**

Little Light House Day Care

Delia Hendrikz – Nedbank business

Account number: 1220280887

Branch 198765

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**INDEMNITY DECLARATION AND APPOINTMENT IN LOCO PARENTIS DECLARATION**

I/We, the undersigned ..... (Parent's/Guardian's Full Names)

Of ..... (Child's full names/surnames)

Acknowledge that in certain situations there may be insufficient time to contact Patents/Guardians or refer to medical records, and consequently the school representatives is authorised to utilise the most appropriate medical services available.

And we therefore:

1. Delegate to the Principal or his/her representative, the power to authorise whatever medical treatment he/she in their sole discretion deems necessary for the Pupil, and in so doing agree the Principal and/or his/her representatives should act in loco parentis.
2. Indemnity and hold **Little Lighthouse** , its shareholders, directors, employees, agents and The owner harmless in respect of all loss, damage, death, injury ,illness and diseases weather to person/pupil or property, from any cause howsoever arising, which may be sustained by the Pupil herein stipulated or his/her property, to sold (pupil) or possessions, whilst on the school property or under school control during and during school excursion, transportation to or from school that has been arranged from transport company or a staff member, activity or outing, or as a result of medical treatment administered under paragraph 1 above.
3. Agree that this indemnity an appointment in loco parentis shall commence on the date of signature hereof and remain in force and effect for the duration of the Pupils enrolment at **Little Lighthouse**.

**This done and signed at .....this the.....day of..... (Month)..... (Year)**

	FATHER/GUARDIAN	MOTHER/GUARDIAN	WITNESS 1	WITNESS 2
SIGNED				
FULL NAMES				

**NOTE: WITNESS SIGNATURES TO BE OBTAINED BY FATHER/MOTHER/GUARDIAN**

**Media:**

Social media, including via internet, web site and print are utilised. Unless notified in the contrary in writing by the parent/guardian, consent is granted for photographs which may include your child to be utilised on the web site, face book page, flyers and the press. Please indicate in writing should this be a problem.

Please circle below your option:

**Yes my child may be used in Social media**

**NO my child may not be used**

<b>INITIAL</b>	
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We declare that we have also read the aforementioned documents and understood the contents of the **INFOMATON BOOKLET** and the **ENROLMENT CONTRACT** provided along with is enrolment contract. We, the parents/legal guardians are fully aware what is expected of us at Willow View Day Care. We found ourselves bound to each and every term as indicated in the contract and the information booklet received for me to keep on hand.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

### **LITTLE LIGHT HOUSE DAY CARE CENTRE.**



*Were little light shine bright.*

Name and surname of child

\_\_\_\_\_

Father signature

\_\_\_\_\_

Mother Signature

\_\_\_\_\_

Witness name

\_\_\_\_\_

Identity number

\_\_\_\_\_

\_\_\_\_\_

Identity number


\_\_\_\_\_

signature

\_\_\_\_\_



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