



Western Cape Education Department
 REG 13/1/4/H2316 PVT School
 CK 2010/138864/23

Child's Name:		Dep:	
Siblings at Educare:		Receipt No:	
Arrive:	Leave:	CEMIS	

Full Name of Pupil:				
Date of Birth:	Day:	Mnth:	Yr:	Boy Girl
CHILDS ID				
Home language:	English: <input type="checkbox"/>	Afrikaans: <input type="checkbox"/>	Other:	
No of children in family:	Position:	1st	2nd	3rd 4th 5th
Children attending Educare House:				

Name of Previous school:
Reason for leaving:
Date of leaving above school:

Parent Particulars (please print)

Mother's Name:	ID No:
Address: (home)	Address: (postal)
Telephone: (h) (w) (c)	Employer & Address:
Father's Name:	ID No:
Address: (home)	Address: (postal)
Telephone: (h) (w) (c)	Employer & Address:
Marital Status:	Religion:
Any relevant information you would like to bring to our attention:	
E-mail Address (for school correspondence):	

Designated Family / Friend (in event of parents being unavailable)

Name:	ID No:
Address: (home)	Telephone: (h) (w) (c)

Details of those who may fetch child without prior notification by parent/s

Name:	Relation:	Contact Tel:
Name:	Relation:	Contact Tel:

Name:	Relation:	Contact Tel:
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Signature of mother	Signature of father
Date	Date

The signatory of this form takes responsibility to ensure that school fees are paid to the school when due.

The following must please accompany this form:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Copy of your child/ren's clinic card • Latest report from previous school • HIV /AIDS Policy available from Office | <ul style="list-style-type: none"> • Other relevant reports, eg. O.T., hearing, etc • Copy of Birth Certificate |
|--|---|

Child's Name:

Medical Details

Doctor's Name:

Doctor's Tel:

Address:

** Please note that we use Tokai Medicross as our closest center in the event of an emergency**

Children's illnesses and other transmittable diseases that your child has had as well as the date thereof:

** Please supply a copy of your child's clinic card and Birth certificate*

General state of health:

Allergies and other conditions (eg asthma, epilepsy, diabetes):

Other information:

Declaration by parent / legal guardian

I/We the Parents / Guardians of

Medical Emergencies

I hereby empower the supervisor or teacher at Educare House to act in loco parents in the event of a medical emergency in the knowledge that every effort will be made to contact me/us immediately.

Payment of School Fees

I/We accept our responsibility to pay the school fees in full as revised annually by Educare House.

Fees are due in full by the **4th of the month** and are payable in advance even when the child is absent due to illness, vacation, or any other reason.

I/We agree that should it become necessary, the outstanding account may be handed over for collection.

All costs of the attorney as well as collection commission and tracing agents fees will be payable by us.

In the event of an outstanding account, your child will be asked to stay at home till the account has been brought up to date

I/We understand that two written calendar month's notice is required to withdraw my child/ren from Educare House. Should this not be received, I/we shall be liable for the fees for the notice period.

On acceptance a deposit is required, R120 will be retained for security tags to gain access to the school.

The deposit is non refundable should you not accept the placement.

Indemnity

I/we hereby confirm, being the parent/s / legal guardians for the child/ren being enrolled at Educare House.

It is hereby understood and agreed to, that the owners of the business and property, and all of the staff of Educare House, are hereby indemnified against any harm, whether being physical, emotional or mental, that may befall my child/ren, and that the owners of the business and property and the staff of Educare House will not be held liable for, under any circumstances, for any such harm/injury whatsoever, irrespective of the cause of the harm/injury. This being said, all due and reasonable care will be exercised by the centre in the attempt to provide a safe and comfortable environment for the children whilst in our care.

Mother: (name) (signature) (date)

Father: (name) (signature) (date)

For Educare House: (name) (signature) (date)