



☎ 069 533 8102

APPLICATION FOR ADMISSION

Age group applied for:

- 1-2 years
 2-3 years
 3-4 years
 4-5 years

We require the following supporting documents:

- Copy of child's birth certificate
 Copy of child's vaccination record

For office use:

Appointment date:	Approved:	Class group:
Notes:	Date:	Family code:
	Start date:	

SECTION A: PERSONAL INFORMATION

Child's personal details:

Surname: _____ Full names: _____
 Preferred name: _____ ID number: _____
 Date of birth: _____ Age: _____ Gender: Boy Girl
 Home and other spoken languages Home: _____ Other: _____

Family:

Number of children in family: _____

Name(s) of children who previously attended CHILDSPLAY:

Residence: Parents Guardian Other

Person dropping child at school: Name: _____ Relationship: _____

Person collecting child at school: Name: _____ Relationship: _____

Child's medical details:

Blood type: _____

Doctor: Name: _____ Tel. no.: _____

Address.: _____

Medical aid: Name: _____ Member number: _____

Main member initials and surname: _____

Main member ID number: _____ Option: _____

Has the child received all the necessary immunizations? If no, please state reason:

Yes No Reason: _____

Does the child suffer from any allergies? If yes, please give details:

No Yes Details: _____

Does the child have any special medical needs? If yes, please give details:

No Yes Details: _____

Does the child suffer from any other illnesses or disabilities? If yes, please give details:

No Yes Details: _____

Medication Policy:

Childdisplay Educare cannot administer any dosage of medications to any child unless proper protocol is followed.

- When applicable, parents must fill in the medicine chart, indicating times and dosages of medication to be given to the child.
- Medication containers are to be clearly labeled indicating the content and name of your child.
- No medication will be given to a child, unless the medicine chart has been completed and signed by the parent.

Medical consent:

In a critical medical situation the school reserves the right to utilize the quickest medical service available.

Hereby I, _____, parent/guardian of _____ agree that a medical practitioner may provide emergency treatment as necessary.

Signature of parent/guardian: _____

Details of father/legal guardian:

Surname: _____ Full names: _____

Title: _____ ID number: _____

Relationship: _____ Marital status: _____

Occupation: _____ Employer: _____

Home address: _____

Postal address: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Email address: _____

Parental status: Child living with parents Child's legal guardian Access rights to child

Details of mother/legal guardian:

Surname: _____ Full names: _____

Title: _____ ID number: _____

Relationship: _____ Marital status: _____

Occupation: _____ Employer: _____

Home address: _____

Postal address: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Email address: _____

Parental status: Child living with parents Child's legal guardian Access rights to child

Additional contact:

Surname: _____ Full names: _____

Relationship: _____ Email address: _____

Tel (H): _____ Tel (W): _____ Cell: _____

We, the undersigned, _____, hereby certify that the information given by us in this Application for Admission is complete and accurate.

Signature of parent/guardian

Date

Signature of parent/guardian

Date

SECTION B: ACCOUNT HOLDER

Details and declaration of account holder:

Surname: _____ Full names: _____

Title: _____ ID number: _____

Relationship: _____

Please note the following payment terms:

- Fees are payable monthly in advance on or before the 2nd of every calendar month
- Fees can also be paid annually in advance on or before the 31st of December
- The school reserves the right to charge interest on all accounts in arrears for 30 days or longer
- Fee increases will take place in January - starting from 2026.
- The enrolment fee is a once-off and non-refundable fee
- If the account holder neglects to pay the account, the school may refuse the child access to the school
- Notice: The account holder undertakes to give 30 calendar days notice of termination of the enrolment of the child, failing which the liability be occurred for the full amount of the following month's fee.
- No notice may be given for the last semester of the year. If you give notice for October or November you will be liable for the full terms fee's until the end of December.

I, the undersigned, _____, hereby certify that the information given by the account holder in this application for admission is complete and accurate.

I accept full responsibility and liability for the punctual payment of the once-off non-refundable enrolment fee as well as the punctual payment of CHILDSPLAY school fees.

Signature of account holder

Date

SECTION C: SCHOOL HOURS

- Monday - Friday: 06:45 - 17:30
- The attendance register is to be signed everyday.
- Parents collecting their children after the school closing time, must inform the school in due time. The daycare centre will then arrange to have the child supervised by a child minder at an additional minimum fee of R100.00.
This penalty is to be paid the next day that the child attends the daycare.

SECTION D: GENERAL INDEMNITY

CHILDSPLAY undertakes to implement reasonable and generally acceptable measures with regard to the safety and well-being of all children, educators and visitors to the school. CHILDSPLAY does not accept any responsibility for accidents that may take place in the class or on the school terrain.

Please complete the following:

Herewith I, _____, parent/legal guardian of _____ indemnify CHILDSPLAY of any losses or damage in general whilst participating in school activity, except if such loss or damage arises as a consequence of the gross negligence or willful misconduct of the school.

Signed at _____ on _____ (date)

Parent/legal guardian

Witness 1

Witness 2

SECTION E: PERMISSION TO USE PHOTOS

I understand and acknowledge that, from time to time, informal photographs are taken of the school and its children, and that these photos may be used in electronic or print media which has been approved by CHILDSPLAY.

Parent/legal guardian

SECTION F: FEE SCHEDULE

Monthly fees are R2800.00 per month, payable in advance for each month.
Once off non-refundable registration fee of R300 is payable upon acceptance of a learner.
Sibling discount of R150 per learner.

Banking Details: ***Please note that this is a business account, please select Capitec Business and not Capitec Bank.**
Capitec Business
Capitec Business account # 1052 677 096
Reference: Childs Full Name

THANK YOU FOR TAKING THE TIME TO FILL IN
THE APPLICATION FOR ADMISSION.

Regards,
Kim Bergstedt
Head Principal and Co-Owner