



Paulshof Educare Centre



Application for Admission to Paulshof Educare Centre

Learner's Name and Surname: _____

Learner Information:

<u>Surname:</u>	
<u>First Name/s:</u>	
<u>Name to which learner responds:</u>	
<u>Gender:</u>	<u>Male:</u> _____ <u>Female:</u> _____
<u>Age on Admission:</u>	
<u>Date of Birth:</u>	
<u>I D Number:</u>	
<u>With whom does learner reside?</u>	<u>Both Parents:</u> _____ <u>Mother:</u> _____ <u>Father:</u> _____ <u>Other:</u> _____
<u>Previous School:</u>	
<u>Commencement Date at PEC:</u>	
<u>Programme learner enrolled for:</u>	<u>Morning Programme:</u> _____ <u>Extended Day:</u> _____ <u>Full Day Care:</u> _____

Parents' Information:

<u>Information:</u>	<u>Mother:</u>	<u>Father</u>
<u>Surname:</u>		
<u>First Name/s:</u>		
<u>I D Number:</u>		
<u>Marital status:</u>		
<u>Residential Address:</u>		
<u>Postal Address:</u>		
<u>Contact Number:</u>		
<u>Mobile:</u>		
<u>Occupation:</u>		
<u>Name of Employer:</u>		
<u>Address of Employer:</u>		
<u>Work Telephone Number:</u>		
<u>E-mail Address:</u>		

Family Information:

Please list the names and ages of any siblings the learner might have.

<u>Name:</u>	<u>Age:</u>

Please list the names of any other members of the household, for example, domestic helpers, au pairs, child minders and grandparents, etc. who reside with you.

<u>Name:</u>	<u>Capacity:</u>

Emergency Information:

Persons to be contacted in the event of an emergency:

<u>Name:</u>	<u>Contact Number:</u>	<u>Relationship to Learner:</u>


Medical Information in the event of an emergency:

<u>Name of Family Doctor:</u>	
<u>Address of Family Doctor:</u>	
<u>Contact Number of Family Doctor:</u>	
<u>Preferred Hospital:</u>	
<u>Name of Medical Aid:</u>	
<u>Medical Aid Membership Number:</u>	
<u>Name of Principal Member:</u>	

Please list any allergies, health problems or dietary requirements of which the school should be aware.

<u>Allergies:</u>	<u>Health Problems:</u>	<u>Dietary Requirements:</u>

Administration of Medicine:

 I, _____, parent/guardian of _____, hereby consent to the administration of medication by the staff of Paulshof Educare Centre, after I have telephonically given permission, should the need arise.

Signed: _____ Date: _____

Administration of CPR:

👤 I, _____, parent/guardian of
_____, hereby grant the staff of Paulshof
Educare Centre permission to administer CPR to my child in the event
of an emergency should the need arise.
Signed: _____ Date: _____

The following are included in the monthly school fee payment:

- 👤 Stationery requirements
- 👤 Entertainment
- 👤 Consumables such as soap, loo paper, hand towels, tissues, hand sanitizer, linen, etc.
- 👤 Morning and afternoon snacks, a cooked lunch and dessert.
- 👤 Introduction to Robotics and Decoding
- 👤 Baking and Cooking
- 👤 Singing, Music and Movement
- 👤 KidzKoaching - an extra-mural activity

The following are excluded from the monthly school fee payment:

- 👤 Any external extra-mural activities in which your child participates
- 👤 Any auxiliary/remedial services your child might require
- 👤 Monthly haircuts, school photographs, transport, holiday care
- 👤 Auditory and Visual screening

Other Charges:

- 👤 Enrollment fee of R500.
- 👤 Uniform fee for T-shirt is R100 and pupils will supply their own hats.
- 👤 Late pick-up fee of R100.

Banking Account Details:

Paulshof Educare Centre cc
ABSA Bank
Account Number: 9272716735 (Savings Account)
Branch Code: Rivonia

Please use your child's name and surname as a reference

School Fee Agreement:

- 👤 School fees are due and payable, in advance, on the first day of each month.
- 👤 The account, into which the school fees are paid, is with ABSA. Should you bank with another bank, please ensure that the fees are paid in timeously, so that they reflect in the school's banking account by the first day of the new month. This normally takes two to three working days.
- 👤 Pupils will be denied access to school should the school fees not reflect in the school's banking account by the morning of the third day of the month.
- 👤 School fees are an annual commitment and are calculated over a twelve-monthly period in order to make the monthly school fees more affordable.
- 👤 No refunds will be considered for any periods of absence during the year.
- 👤 One calendar month's written notice is required should your child be leaving the school. Notice of the intention to withdraw your child from the school will only be accepted in November or December if the school fees are paid up in full up to and including December.
- 👤 We accept the following methods of payment for school fees: cash, electronic funds transfer or a monthly debit order.
- 👤 Discounts will be granted to those parents who wish to settle the school fees for the year or for those parents who choose to settle their fees on a termly basis. These discounts will only be granted provided that the fees are settled by the given date. Discounts only apply to the school fees.
- 👤 A discount of 7% will be granted should you wish to settle the school fees for the year. The full amount must reflect in the school's banking account by 31 December.
- 👤 A discount of 5% will be granted should you wish to settle the school fees on a termly basis. In order to qualify for this discount, fees must reflect in the school's banking account by 31 December, 31 March, 31 May and 30 September respectively.
- 👤 A discount of 10% on school fees will be granted to the siblings of pupils already enrolled at the school.

We have read and agree to adhere to the school fee agreement.

(Mother)

(Father)

(Guardian)

Consent and Indemnity Form:

- 👤 I, the undersigned, hereby agree to the terms and conditions below and undertake to abide by them while my child is in the care of Paulshof Educare Centre.
- 👤 I agree to ensure that my child is correctly immunized and will furnish records to this effect.
- 👤 I consent to the full participation of my child in the academic, internal and external extra-mural programme presented by Paulshof Educare Centre.
- 👤 I hereby waive all claims I may have against Paulshof Educare Centre, its owner or staff, arising from injury, accident, illness or any other cause involving the above-mentioned child, and hereby indemnify the Educare Centre against all such claims.
- 👤 I hereby authorize Paulshof Educare Centre to take all steps, which it in its absolute discretion may deem necessary, to have the said child admitted to a hospital and be treated by a doctor or another medical attendant. I further understand that I shall be held responsible for the payment of medical and/or hospital accounts arising from treatment.
- 👤 I hereby give permission for the transportation of said child in a staff member's vehicle for abovementioned purposes, school and home runs where applicable, study trips and other outings arranged during the course of the school year.
- 👤 I confirm that this Consent and Indemnity form shall be valid and binding for as long as my child/ward is enrolled at Paulshof Educare Centre.

(Signature of Mother) (Signature of Father) (Guardian)

For any further information, kindly contact Jenny on 083 687 1413 or at jenny@langford.co.za