

# **ENROLMENT FORM - AFTERCARE**

Enrolment Date: \_\_\_\_\_

## **Particulars of Child:**

Full Name(s)				Surname			
Known as				Gender			
Date of Birth	dd	mm	yyyy	Home Language	ENG	AFR	OTHER

## **Previous Aftercare / Homework Facility:**

Previous Aftercare / Homework Facility attended				
Name of institution				
Suburb/Town		Duration of attendance	FROM	UNTIL

## **Medical Information:**

Medical Aid Institution		Membership ID No.	
Doctor(s) Name		Doctor's Telephone No.	
Allergies or chronic illness			
Special Medication specifications (as per schools' policy)			

## **Parent(s) Information:**

### **Mother:**

Name		Identity Number	
Surname		Occupation	
Residential Address		Work Address	
Home No.1		Home No.2	
Work No. 1		Work No. 2	
Cell No. 1		Cell No. 2	
E-mail address			

**Father:**

Name		Identity Number	
Surname		Occupation	
Residential Address		Work Address	
Home No.1		Home No.2	
Work No. 1		Work No. 2	
Cell No. 1		Cell No. 2	
E-mail address			

**Family Status:**

Please tick the adequate information applicable to you

Parents	<input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Divorced child stays with Mother
	<input type="checkbox"/> Divorced child stays with Father <input type="checkbox"/> Child stays with legal gurdian
	<input type="checkbox"/> Separated

**Contact details in case of an emergency [not parent(s)]:**

Name		Name	
Surname		Surname	
Relation to Child		Relation to Child	
Contact number		Contact Number	

**List of people who may collect the child:**

Name		Identity Number	
Surname		Relation to Child	
Contact Number 1		Contact Number 2	
Name		Identity Number	
Surname		Relation to Child	
Contact Number 1		Contact Number 2	

## Financial Information:

Details of Person responsible for account held with Little Mozarts Day Care & Activity Centre

Person should be permanently employed, and proof of income should be readily available upon request. **If Self-employed**, person below accepts payment terms of **2 months school fees in advance**. (Please attach a copy of ID document of the person paying the account)

Name		Identity Number	
Surname		Occupation	
Residential Address		Work Address	
Home No.		Work No.	
Cell No.1		Cell No.2	
Personal Email Address			
Professional / Work Email Address			

## Services

Please mark with an "x" the relevant services you would like to make use of:

Aftercare	
R 1 550	

## Checklist for parent before enrolment of child is finalized

- |   |  |
|---|--|
| <input type="checkbox"/> Registration fees paid   | <input type="checkbox"/> Copy of Main Members Medical Aid Card ( <i>attach to enrolment forms</i> )                      |
| <input type="checkbox"/> First Month School Fees Paid   | <input type="checkbox"/> Copy of child's clinic Card / Road to Health Card received ( <i>attach to enrolment forms</i> ) |
| <input type="checkbox"/> Copy of Identity Document received of person responsible for financial feasibility and parents. ( <i>attach to enrolment forms</i> ) | <input type="checkbox"/> Enrolment and indemnity forms signed  |
| <input type="checkbox"/> Copy of child's Birth Certificate ( <i>attach to enrolment forms</i> )   | <input type="checkbox"/> Pages 3-7 initialed   |

Please note that **no admittance of a child** will be made into the school **before both registration fees and the first month's school fees (as applicable) are paid in full**, together with all the above submitted & signed.

Initial
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## Official Use

Registration Fee Paid – R 800.00	YES / NO
Date registration fee paid	
Enrolment form signed	YES / NO
Standard Terms and Conditions signed	YES / NO
Copy of Identity Document received of person responsible for financial feasibility and parents	YES / NO
Copy of: Child's Birth Certificate, Medical Aid Card and Clinic Card Received	YES / NO

## Fee Structure:

2026	
Non-refundable registration fee payable upon enrolment <b>(Non-Little Mozart's Students ONLY)</b>	R 800
Aftercare Monthly Fee - Payable Immediately	R 1 550
Monthly Fee for two children	R 3 000 (less R 100)
Holiday Daily Fee	R 90 per day

## Account Details:

Account Name	Little Mozarts Day Care and Activity Centre (PTY) LTD
Bank	First National Bank
Branch & Branch Code	Woodbridge 20 56 09
Account number	6284 288 2385
Reference	Childs Name and Surname

Initial

## **INDEMNITY FORM**

I, the undersigned,

..... (Full names)

being the father/mother/guardian of

..... (Full name of child)

hereby agree to the terms and conditions below and undertake to abide by them while my child is in the care of Little Mozarts Day Care and Activity Centre.

1. I hereby waive all claims I may have against Little Mozarts Day Care & Activity Centre, its owner and/or staff arising from injury, accident, illness or any other cause involving the above-mentioned child, and hereby indemnify the Little Mozarts Day Care and Activity Centre against all such claims.
2. I hereby authorize Little Mozarts Day Care and Activity Centre to take all steps, which at its absolute discretion may deem necessary, to have the said child admitted to a hospital, and treated by a doctor or other medical attendant. I further understand that I shall be held responsible for the payment of the medical doctor and/or hospital accounts arising from the treatment of the child.
3. I hereby give permission for the transportation of said child in the school's vehicle for school & home runs where applicable arranged during the course of the education of the abovementioned child whilst in the care of Little Mozarts Day Care & Activity Centre.
4. I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia and any other medical and /or hospital procedures may be performed or prescribed by the attending physician and /or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent / guardian can be reached in the case of an emergency.

.....

Signature of parent or legal guardian

.....

Date

Initial

## **OUR TERMS AND CONDITIONS**

1. I \_\_\_\_\_ the undersigned parent / guardian of the child under section “Particulars of Child” on page 1 of the enrolment form do hereby acknowledge that he/she attends Little Mozarts Day Care, Activity Centre at his/her own risk.
2. I undertake to pay the day care fees, **a month in advance**, by the **1<sup>st</sup>** day of each month (fees need to reflect in the school account on this date).
3. I understand that:
  - a. Upon the successful enrolment of my child, which will be confirmed by the principal on email, an account will be opened under the name of the person responsible for account mentioned under section “Financial Information”.
  - b. I will be required to pay a **R 250.00 late payment penalty**, if the applicable fees, as per the fees chosen under section “Services”, do not reflect in the school’s account **AND a 0 balance does not reflect on my account** on the **1<sup>st</sup>** day of any given month.
  - c. I will be required to pay **additional follow-up & admin fees** if my **account does not reflect a 0 balance** as per point 3.a. above. I accept that the additional fees will be invoiced to me as follows:
    - i. **R 20** for every follow up Call / WhatsApp/ Text message / Email from Little Mozarts Day Care, Activity Centre.
  - d. **Legal action** will be taken should there be a default in monthly payments.
  - e. In the event of legal proceedings for the recovery of an unpaid account, the parents and/or person responsible for the account will be liable for the payment of legal fees at a rate between attorney and own client. All parties named herein consent to the jurisdiction of the magistrate’s court should legal proceedings be necessary for collection of outstanding amounts on my account.
4. The **person responsible for account** mentioned under section “Financial Information” acknowledges that they are permanently employed and is able to present proof of employment upon request from Little Mozarts Day Care, Activity Centre.
  - a. **Should the person responsible for account** mentioned under section “Financial Information” **be self-employed**, said **person accepts liability for 2 months applicable fees payable upfront** before enrolment and monthly thereafter.
5. Should my account not reflect a 0 balance as per 3.a. above, I accept that **my child will not be allowed on the school premises** & that I would need to keep my child at home until my account has been settled in full.

Initial

6. I furthermore give consent that Little Mozart's Day Care and Activity Centre may use a national credit bureau database for tracing purposes if necessary.
7. In any event, I as the account holder or acting on behalf of the child's parent/s accept that **failure to settle our account in full by 30<sup>th</sup> November each year** at Little Mozart's with the applicable fees for that year; will result in **Little Mozart's Day Care and Activity Centre recording** myself & the parents of the child who are deemed responsible for the **account default with a Credit Bureau**.
8. I the parent / guardian give permission to be **ITC checked** and understand should I default on my monthly payments or fail to give proper notice in writing, legal action will be taken against me.
9. I accept liability for **30 days' notice in writing from the 1st of any given month** should my child no longer attend Little Mozarts Day Care, Activity Centre. **No notice** will be accepted **in the last quarter of a calendar year i.e. October/November/December**.
  - a. If notice is given in November / December of any calendar year, I am liable for the **fees to be paid** through **to the end of January the following year**.
10. I understand that I will be liable to pay a **late penalty pick-up fee of R 80** for **every 10 minutes after 17h30** on any given day, I arrive to collect my child from Little Mozarts Day Care, Activity Centre.
11. I will pay the **non-refundable** deposit fee **(R 800.00)** & the **non-refundable** first month's school fee before my child attends Little Mozarts Day Care, Activity Centre.
  - a. I furthermore fully acknowledge and/or condone that **all monies paid** to Little Mozart's Day Care and Activity Centre on/from the date of signing this enrollment form **are non-refundable** for whatever reason.
12. I have read, understood, and will abide by the "Rules and Regulations" & "Terms and Conditions" of Little Mozarts Day Care, Activity Centre.
13. I understand that these terms and conditions are subject to change at any given time.

I **fully place acknowledgement** concerning my reading of Little Mozarts Day Care, Activity Centre Terms and Conditions applicable to the school at large, and **declaring my understanding binding thereto:**

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

Initial