

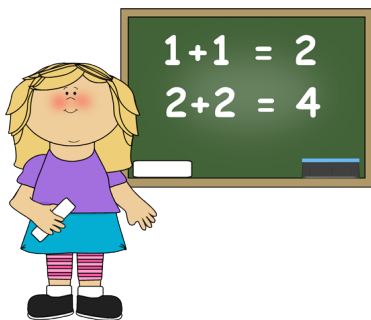


# Little Mozarts Day Care and Activity Centre



## After Care Facility

### Welcome



School is a fun and exciting place to receive the great benefit of education. Learning is a lifelong process, that does not just end when the bell for “after school” rings. For this reason, schools make it a priority to ensure that the respective necessary skills for their learners are being mastered, through the medium of homework.

Your child’s/children’s real learning takes place, when they begin to find their platform of independence, in attempting to completing their work, independently. Here at Little Mozarts, we strongly believe that knowledge is power. Hence, every amount of effort and input from our tutor is ensured to be placed in your child’s personal performance in their academic walk.

Our daily and ongoing routine is aimed in ensuring that adequate study habits are correctly developed. Therefore, we (on assessment of your child’s/ children’s performance) provide a time frame for extra work and support for learners that may find specific subject challenges e.g. mathematics and language.

We do provide a transport facility – STRICTLY FOR AFTERSCHOOL, from their primary school to Little Mozarts.

#### Services

Please note that we only provide aftercare for grades R-7.

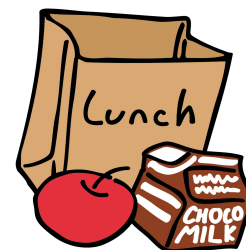
Our services that we offer are for the following categories :

- Homework
  - Our learners are assisted in the completion of their homework, covering all required tasks from the school.
- Study Time
  - During the course of exams, our tutor assists our learners, with different study methods and required respective assistance.
- Project Support
  - A certain degree of assistance is issued, on instruction, by our tutor, to our learners, in assistance to their projects and assignments to be completed during the respective term.



**Times** : Our aftercare facility, opens and closes in accordance and accommodation to the private and public school calendar. Hence, we are able to then accommodate every learner.

**Food** : A lunch will be provided by the school, with a snack and juice later in the day. If, for whatever reason, your child/children do not eat the food provided by us, we do kindly require that you provide the adequate food.



# ENROLMENT FORM

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

**Particulars of Child:**

Full Name(s)				Surname			
Known as				Gender			
Date of Birth				Home Language			
	Day	Month	Year		ENG	AFR	OTHER

**Medical Information:**

Medical Aid Institution		Membership ID NO.	
Doctor(s) Name		Doctor's Telephone NO.	
Allergies or chronic illness			
Special Medication specifications			

**Parent(s) Information:**

<b>Mother :</b>		Identity number	
Name & Surname		(attach a copy)	
Residential Address		Occupation	
		Home No.	
		Work No.	
e-mail address		Cell No.	
<b>Father :</b>		Identity number	
Name & Surname		(attach a copy)	
		Occupation	
		Home No.	
		Work No.	
e-mail address		Cell No.	

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

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

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

Name & Surname		Identity Number	
Name & Surname		Identity Number	

**Financial Information:**

Person responsible for account (Please attach a copy of ID document of the person paying the account)

Name & Surname		Identity number	
Residential Address		Home No.	
		Work No.	
		Cell No.	
Relation to Child			

**Services**

Please mark with an “x” the relevant services you would like to make use of:  
(Attached below kindly find an indication of the relevant fee structure)

Aftercare		Primary School Pick-up destination	
Transport			

**Transport: (ONLY FOR AFTERCARE)**

One-way transport	
In Area	R 200

**Official Use**

Registration Fee Paid – R 350.00 (For non- Little Mozarts Learners ONLY)	R
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

**Cancellation: One full calendar month's notice in writing is required. Kindly note – A learner may not be removed from the aftercare for December and re-admitted in January of the following year. Re- admission will not be permitted.**

**Fee Structure**

2020		
Non-refundable registration fee payable upon enrolment <b>[to be paid in CASH at the front office]</b> R 385 <b>(Non- Little Mozarts Students ONLY)</b>	R 385.00	
Aftercare Monthly Fee Payable Immediately	With Transport IN AREA	Without Transport
	R 908.00	R 708.00
Monthly Fee for two children	R 1 716.00 (less R 100.00)	R 1 316.00 (less R 100.00)

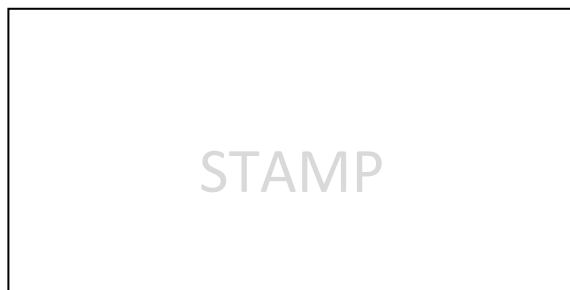
**Account Details**

Account Name	Aftercare Facility
Bank	Standard Bank
Branch & Branch Code	Woodbridge 2056 09
Account number	628 4288 2385
Reference	Childs Name and Surname

\_\_\_\_\_  
Signature of person responsible for the account

\_\_\_\_\_  
Date

**(I fully place acknowledgement concerning my reading of Little Mozarts Terms and Conditions applicable to the school at large, and declaring my binding thereto)**



# INDEMNITY FORM

I, the undersigned,

..... (Full names)

being the father/mother/guardian of

..... (Full name of child)

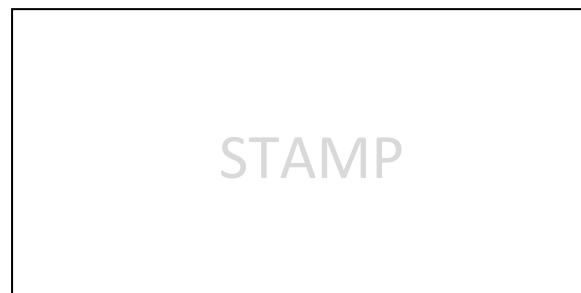
hereby agree to the terms and conditions below and undertake to abide by them while my child is in the care of Little Mozarts.

1. I hereby waiver all claims I may have against Little Mozarts Day Care and 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 Nursery School 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 medical doctor and/or hospital accounts arising from treatment of the child.
3. I hereby give permission for the transportation of said child in the school's vehicle for abovementioned purposes, school and home runs where applicable, study trips and other outings arranged during the course of the education of the abovementioned child whilst in the care of Little Mozarts Day Care and Activity Centre

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

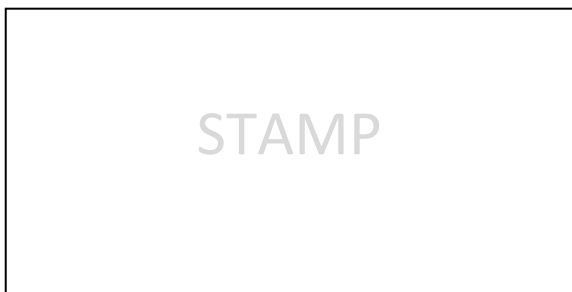
\_\_\_\_\_  
Date

\_\_\_\_\_  
School



## Terms and Conditions of Little Mozarts Day Care and Activity Centre

- I the undersigned parent / guardian of the above-mentioned child do hereby acknowledge that he/she attends Little Mozarts Day Care and Activity Centre at his/her own risk.
- I undertake to pay the day care fees by the 3<sup>rd</sup> day of each month.
- I understand that I will be required to pay a **R 250.00 late payment penalty**, if the day care fees are not paid by the 3<sup>rd</sup> day of the month.
  - Legal action will be taken should there be a default in monthly payments
- I have read, understood and will abide by the rules and regulations / terms and conditions of Little Mozarts Day Care and Activity Centre. These rules and regulations / Terms and conditions are subject to change at any given time. Refer to attached terms and conditions.
- I accept liability for 30 days' notice in writing from the 1st of any given month should my child no longer attend the Little Mozarts Day Care and Activity Centre - Aftercare facility. If notice is given in October/November I accept that I am liable for the fees to be paid through to the end of the year.
- I 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.
- I will pay the non-refundable registration (**R350.00 if child/children have not previously been a learner at Little Mozarts Day Care and Activity Centre - Aftercare facility**) before my child attends the Little Mozarts Day Care and Activity Centre - Aftercare facility, unless payment terms are agreed upon or waived by the management of Little Mozarts Day Care and Activity Centre.
- Emergency medical attention will be provided if required and an account will be sent to you directly.
- 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.



Applicant Initials: \_\_\_\_\_

**The gaining of knowledge is in our hands!**