



KAY-DEE EDUCARE CENTRE CC

(Registration no. 1996/008545/23)
Registered Address: 1 Richmond Road, Mowbray 7700
Business Address: Hillpark Lane, Mowbray 7700
Telephone: (021) 689 9615
Direct Fax: 086 561 9556 / Cell No. 082 890 0555
Email: kaydee@kaydee.co.za
Website: www.kaydee.co.za



Admission Form Babies to Grade R

(This is an editable PDF document – please type in details if possible or use legible handwriting)

| | | |
|---|---|------------------------------|
| Date Admission form received: | | |
| Date of Commencement: | | |
| Child's Details | | |
| Surname: | | |
| Forenames: | | |
| Known as name: (if applicable) | | |
| Date of Birth: | DAY _____ MONTH _____ YEAR _____ | |
| ID Number / Passport no: | | |
| Age at Entry: | Years: | Months: |
| Allocated Class Name | | |
| Child's Gender | Male | Female |
| Admission Requirements (please indicate with an X next to the applicable requirement) | FULL DAY: 07h00 – 18h00 | |
| | HALF DAY: 07h00 – 12h00 | |
| | CASUAL / PART TIME: (3 days per week or more) | |
| Parent's Details | | |
| | Mother/Guardian | Father/Guardian |
| Surname: | | |
| Forenames: | | |
| Known as names: (if applicable) | | |
| Date of Birth: | YYYY _____ MM _____ DD _____ | YYYY _____ MM _____ DD _____ |
| ID Number / Passport no: | | |
| Occupation: | | |
| Employers Name: | | |
| Home Address: | | |

I/WE ACKNOWLEDGE THAT THIS ADMISSION FORM WILL BE TREATED AS CONFIDENTIAL AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

MOTHER - INITIALS: _____

FATHER - INITIALS: _____

GUARDIAN - INITIALS: _____

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ADMISSION FORM (BABIES TO GRADE R/0) UPDATED 6 February 2022

| Parent's Details (continued) | | | |
|---|-----------------|----|------------------------|
| | Mother/Guardian | | Father/Guardian |
| Postal Address: | | | |
| Email address - work | | | |
| Email address - personal | | | |
| Telephone Home: | | | |
| Telephone Work: | | | |
| Cellphone Number: | | | |
| Emergency Contact – NB! Must be different to Mother and Father | | | |
| Name & Surname: | | | |
| Relationship to the child: | | | |
| Known as Name (if applicable) | | | |
| Landline number: | | | |
| Cell number: | | | |
| Medical and Health | | | |
| | Yes | No | If yes, please specify |
| Has your child ever broken a limb? | | | |
| Does your child have any specific fears? | | | |
| Does your child take regular medication? | | | |
| Do you have a family history of dyslexia, hyperactivity, minimal brain dysfunction or other learning difficulties? | | | |
| Are there any special medical, physical or emotional needs that the school should be aware of? | | | |
| Has your child ever been to the dentist? | | | |
| When last was your child at the doctor? | | | |
| In the event your child is very ill and we cannot get hold of you may we take your child to the local doctor? NB: The name and contact details of the doctors we use are in the Parent Handbook. You will be liable for all the associated charges. | Yes/No | | |
| Is your child potty trained? | Yes/No | | |
| At what age was your child fully potty trained? | | | |
| What terminology does your child use for the words “wee” and “poo”? | | | |

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| Has your child had any of the following | | | | | | | | |
|---|-------------------|----|-----------------------------|--------|----|----------------|-----|----|
| | Yes | No | | Yes | No | | Yes | No |
| Asthma | | | Bladder Infection | | | Chicken Pox | | |
| Croup | | | Encephalitis | | | Eye Infections | | |
| Prone to Thrush | | | Respiratory Tract Infection | | | Rubella | | |
| Scarlet Fever | | | Any others? | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Allergies and Food Intolerances (Written confirmation from a doctor is required as proof) | | | | | | | | |
| | Yes | No | | Yes | No | | Yes | No |
| Analgesics | | | Gluten | | | Bee stings | | |
| Dust | | | Fish | | | Grass | | |
| Preservatives | | | Peanuts | | | Pet Hair | | |
| Feathers | | | Wheat | | | Sand | | |
| Antibiotics | | | If yes, please specify: | | | | | |
| Lactose (Dairy) | | | If yes, please specify: | | | | | |
| Insect Bites | | | If yes, please specify: | | | | | |
| Any others | | | If yes, please specify: | | | | | |
| Has your child had any surgery: Yes / No | | | If Yes - Type of surgery: | | | At what age: | | |
| Medical Aid Details | | | | | | | | |
| Scheme Name: | | | | | | | | |
| Plan: | | | | | | | | |
| Membership No: | | | | | | | | |
| Name of Principal Member: | | | | | | | | |
| Milestones (at what age did your child...?) | | | | | | | | |
| Communication | Start talking | | | | | | | |
| | Laugh | | | | | | | |
| | Smile | | | | | | | |
| | Use baby talk | | | Yes/No | | | | |
| | Stutter / Stammer | | | Yes/No | | | | |

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| | | | | | | | | |
|---|--|------------|----------------------------|-----|----------------------|----------------------|-----------------|----|
| | Lisp | | Yes/No | | | | | |
| | What was your child's first word | | | | | | | |
| | Battles to "find" words | | Yes/No | | | | | |
| Gross Motor – at what age did your child....? | Roll over | | | | | | | |
| | Pull him/herself up onto their feet | | | | | | | |
| | Sit up | | | | | | | |
| | Take the first step | | | | | | | |
| | Did your child crawl or scoot on his/her bottom? | | | | | | | |
| Feeding – does your child? | | | | | | | | |
| | Yes | No | | Yes | No | | Yes | No |
| Feed him/herself | | | Use a spoon | | | Use a knife and fork | | |
| Drink from a bottle | | | Drink from a cup/sippy cup | | | Suck a dummy | | |
| Any others? | | | | | | | | |
| | | | | | | | | |
| Family History | | | | | | | | |
| Child's place of birth and nationality | | | | | | | | |
| | | | Yes | No | | | | |
| Is your child adopted? | | | | | If yes, at what age? | | | |
| Does your child know about the adoption? | | | | | | | | |
| Names and ages of siblings: | | Sibling 1: | | | Sibling 2: | | | |
| | | Age | | | Age | | | |
| | | Sibling 3: | | | Sibling 4: | | | |
| | | Age | | | Age | | | |
| Child's placement in family | | Youngest | Middle | | Oldest | | | |
| Parents marital status | | Married | Divorced/Separated | | One parent deceased | | Living together | |
| If divorced/separated, who does the child live with? | | | | | | | | |
| What are the visiting arrangements with the other parent: | | | | | | | | |

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| Discipline | | |
|--|--------------------------------|------------------------------|
| | Yes | No |
| Does your child have temper tantrums? | | |
| Do you believe in discipline? | | |
| Briefly describe whether you are strict, firm or fairly free in your attitude towards disciplining your child: | | |
| How do you deal with temper tantrums when they arise? | | |
| Is it easy to console your child once he/she has had a tantrum? | | |
| General Information | | |
| Has your child attended an Early Childhood Development Centre (ECD Centre) before? | | No |
| Name and suburb of previous ECD Centre or playschool attended (if applicable) | | |
| What time does your child go to bed at night: | | |
| What time does your child wake up in the mornings: | | |
| Does your child sleep through the night? | | No |
| Does your child have a nap during the day? | | No |
| If Yes, at what times does your child take a nap? | | |
| Does your child sleep in his/her own bed? | | No |
| Does your child sleep in their own room or share with parents or siblings? | | |
| Security at School | | |
| Who will bring the child to school? | Mother: | Father: |
| Who will collect the child from school: | Mother: | Father: |
| If someone else will drop off/collect your child, please provide details below | Details of person dropping off | Details of person collecting |
| Surname: | | |
| Forenames: | | |
| Known as names: (if applicable) | | |
| ID Number / Passport no: | | |
| Occupation or relationship to child: | | |
| Cellphone Number: | | |

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| Billing Information | | |
|--|--|---|
| Person responsible for payment of school fees (NB: A Third-Party nomination will not absolve the Parent or guardian from liability for any fees or charges in the event of default by the Third Party). | Name & Surname: | |
| | Relationship to child: (If not a parent this will be considered a Third Party) | |
| | Postal Address: | |
| | Residential Address: | |
| | ID Number / Passport no: | |
| | Office Landline: | |
| | Home Landline: | |
| | Cellphone Number: | |
| | Employer Name: | |
| | Occupation: | |
| Email for bill to be sent to | Email address: | |
| Next of kin not living with you | Name & Surname | |
| | Residential Address | |
| | Telephone Numbers: | Home: _____ Office: _____ Cellphone: _____ |
| | | |
| Please supply <u>three</u> credit references: | Name 1: | Address: |
| | Telephone: | |
| | Name 2: | Address: |
| | Telephone: | |
| | Name 3: | Address: |
| | Telephone: | |

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| Communication | | |
|--|--------|----------|
| Accounts to be sent by Email via Accounting System | YES | NO |
| Accounts will be requested at the office (if required) | YES | NO |
| Letters to be sent by D6 Connect (All parents are required to install the D6 Connect App on their mobile phones) | YES | NO |
| Letters to be sent by Email | YES | NO |
| Email address to be used for Emails: | Mother | Father |
| | | Guardian |
| Confirm Email address for communication: | | |

Signatures

Father/Guardian:

I, _____, ID Number _____,
hereby confirm that all the information supplied on this form is true and correct at the time of signing this document.

Signed at _____, on this day _____ of _____, 2_____

Father/Guardian Name

Father/Guardian Signature

Mother/Guardian:

I, _____, ID Number _____,
hereby confirm that all the information supplied on this form is true and correct at the time of signing this document.

Signed at _____, on this day _____ of _____, 2_____

Mother/Guardian Name

Mother/Guardian Signature

Witness 1

Witness 2

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MARKETING FEEDBACK:

Where did you get to hear about Kay-Dee Educare Centre?

- ☐ Kay-Dee billboard ☐ Word of mouth (please specify name) _____
☐ Kay-Dee website ☐ Internet search (e.g., Google, please specify) _____
☐ Kidz World website ☐ Other (please specify) _____
☐ Yellow Pages website ☐ Connecting Kidz website

COMPULSORY DOCUMENTATION REQUIRED TO ACCOMPANY YOUR CHILD'S ADMISSION FORM

****All documents are required from both parents. Where one of the parents undertakes to be held solely responsible for the payment of fees (in the event of parents who are divorced or are single and not living together), an affidavit to this effect must be provided.**

Certified Documents Required:

1. Child's health / immunisation booklet or card
2. Recent photograph of the child (do not send via email – **hard copy** only)
3. Any assessments made by doctors, psychologists, etc. (if applicable)
4. Last progress report from previous school (if applicable)
5. Copy of the child's unabridged birth certificate (or passport if foreigners)
6. Copies of both parents (mother and father) / guardian's identity document (or passport if foreigners)
7. Permits ie study permits, work permits, etc (applicable to foreigners only)
8. Proof of residential address not older than 2 months
 - 8.1 If parents are divorced and/or separated, proof of residential address of both parents is to be submitted
 - 8.2 Proof of residential address must be in the form of a lease agreement or utility bill.
9. Proof of both parents/guardian's current employment / student status (eg letter from employer, university, college or company on a letterhead confirming employment / student status. This must include either party's period of employment / student status, position held and proof of income and/or confirmation of study course and duration thereof).
- 9.1 If either parent/guardian is self-employed or owns their own business, an affidavit is required stating the business name, address and business registration number, or a letter from the registered auditors or registered tax practitioner, confirming the above.
10. Please notify the Principal via email or in writing of any changes to the above information provided, in order for an addendum to be drawn up and attached to the Admission contract to record the relevant changes. The addendum will be sent to all the relevant parties for signature and until the fully signed addendum is received, the original information provided will remain applicable.
11. Parents are to provide a consent form to give consent to enrol their child at Kay-Dee if the person enrolling the child is not a legal guardian
12. All the above-mentioned documents are required from the guardian if the child is not living with his/her biological parents.

Kay-Dee's Admission Contract will be emailed to parents/guardians, or a hard copy provided, after receipt of this Admission form and payment of the Registration fee (which is not refundable) and must be completed in full **before** your child's first day of commencement at Kay-Dee.

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PARENT(S) / GUARDIAN(S) REMARKS:

Please provide any information that Kay-Dee Educare should be aware of that is not mentioned on this Admission Form.

| |
|--|
| |
| |
| |
| |

For OFFICE USE only:

Receipt no for registration fee paid: _____

Date registration fee paid: _____

| | |
|--|--|
| REGISTRATION APPROVED: | REGISTRATION NOT APPROVED: |
| <div>Date: _____</div> <div>Signature: _____</div> | <div>Date: _____</div> <div>Signature: _____</div> |

NOTES

| |
|--|
| |
| |
| |
| |
| |
| |

| | | |
|--|----------|-----------------|
| Office to: | √ | COMMENTS |
| Give a signed copy of this form to the parents | | |
| File the original in the child's file | | |

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PICK-UP PERMISSION FORM

THIS FORM MUST BE COMPLETED IN FULL WITH MOTHER, FATHER, GUARDIAN AND NAMES OF FRIENDS AND/OR FAMILY MEMBERS WHO ARE ALLOWED TO COLLECT YOUR CHILD FROM KAY-DEE EDUCARE CENTRE

I/We hereby grant permission for my/our child, (name/s in full)

to leave Kay-Dee Educare premises with the following person/s named below.

It is my/our responsibility to notify Kay-Dee Educare personally, in writing, of any future changes.

I/We understand that Kay-Dee Educare will not allow my/our child to leave the premises with anyone that is not mentioned below.

My/our child will be picked up daily by:

| NAME/S OF RESPONSIBLE PERSONS WHO HAVE THE AUTHORITY TO COLLECT MY/OUR CHILD | RELATIONSHIP TO CHILD | CONTACT NUMBERS |
|--|-----------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| MY/OUR CHILD WILL BE TRANSPORTED BY A DRIVER | FULL NAME OF DRIVER | IDENTITY NUMBER OF DRIVER (a copy of driver's licence is required) |
| | | |

If there is a separation, divorce, step mom and/or step dad or custody problem of which we should be aware, please explain below:

Thus done and signed at _____ (Place) on the ____ day of _____ (Month) 20____ (Year)

Mother / Guardian Signature

Father / Guardian Signature

ODETTE LEACH
PRINCIPAL / OWNER
KAY-DEE EDUCARE CENTRE CC

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ADMISSION FORM (BABIES TO GRADE R/0) UPDATED 6 February 2022



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INDEMNITY FORM

| | | |
|---|---|----------------------------|
| FULL NAME OF CHILD: | DATE OF BIRTH: | DATE OF ADMISSION : |
| FULL NAME(S) OF PARENT(S) / LEGAL GUARDIAN/S (if applicable): | MOTHER: _____ FATHER: _____ GUARDIAN: _____ | |

1. This is a **legal document** and forms the basis of a contract between Kay-Dee Educare and the said parent / guardian.
2. The parent(s) / guardian shall be responsible for all damages caused by their child/ren to any property of the Educare Centre, fair wear and tear excluded.
3. The parties recognise and acknowledge the impetuous and impulsive nature of children.
- 3.1 In view of this, all persons in charge of the child at Kay-Dee Educare have been instructed to take every precaution to the best of his/her ability to ensure the child's safety.
- 3.2 However, neither they nor any persons connected to Kay-Dee Educare will accept any liability for any claims arising from any accident or injury to the child due to criminal acts or acts of negligence by outsiders or incidents that fall outside the responsibilities and duties of the acting person with due diligence and care and in the course and scope of their duties.
4. Whilst it is understood that Kay-Dee Educare shall take reasonable care, Kay-Dee Educare shall **not be** held liable for any damages suffered, by way of theft, injury, excursions, and travel or sport activities or otherwise, by the child, the parent or any other person (this includes personal possessions and burglaries), or in the case of injury or damages arising from:
 - 4.1 any extra mural activity or other activities whatsoever in which the child participates whilst attending Kay-Dee Educare;
 - 4.2 any defect in the condition of the food served on the premises of Kay-Dee Educare, or anything or any object belonging to or situated on Kay-Dee Educare's premises;
 - 4.3 from the fetching and taking of the child to or from outing destinations in a vehicle belonging to or being used by Kay-Dee Educare;
 - 4.4 on collecting and/or taking the child to or from Kay-Dee Educare's premises in a vehicle belonging to or being used by transport helpers for Kay-Dee Educare;Unless the occurrence of such damages or injury can be related to any circumstances within Kay-Dee Educare's reasonable control.
5. Kay-Dee Educare will not be held liable for children who contract contagious diseases either at home and/or at Kay-Dee Educare, unless the contracting of such contagious disease should have been prevented by Kay-Dee Educare taking reasonable precautionary measure in the circumstances.
6. For not notifying Kay-Dee Educare about children's allergies in writing and completing Kay-Dee Educare's medical form correctly.

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ADMISSION FORM (BABIES TO GRADE R/0) UPDATED 6 February 2022

7. Furthermore, the parent(s) / guardian agrees to waive and abandon any claims which may, at any time, arise as aforesaid, both in the parent(s) / guardian's personal capacity and in the parents' capacity as a parent or as guardian of the child, unless the occurrence of such claim can be attributed to any circumstances within Kay-Dee Educare's reasonable control.
8. The parent(s) / guardian expressly indemnifies the supervisor or such authorised person against any claim which may arise or be instituted unless gross negligence is proven against such supervisor or authorised person in a court of law.
9. The parent(s) / guardian unreservedly accepts full responsibility as the parent(s) / guardian to ensure that the child has been properly immunised against Whooping Cough, Diphtheria, Tetanus and Polio, and vaccinated against Tuberculosis, German Measles, Measles, Chickenpox, and all other childhood diseases as requested on the child's clinic / health card immunisation schedule, prior to admission, proof of which must be furnished by the parent(s) / guardian upon request.
10. The parent(s) / guardian agrees that in an emergency requiring medical attention or hospitalisation, the supervisor of the group, or, in his/her absence, any other responsible person connected with it, may give the required permission and sign the necessary consent for the child to be subjected to reasonable surgery or other medical treatment, provided that this will be executed on the advice, and under the supervision, of a medical doctor.
11. Furthermore, the parent(s) / guardian accepts full responsibility for and agrees to bear all reasonable medical costs and expenses in relation to the parent(s) / guardian's child under these circumstances.
12. No parent(s) / guardian is allowed to make any demands or to request a replacement of any object or item whatsoever from any other child, parent(s) / guardian or staff member.
13. Kay-Dee Educare, its members, agents, servants, employees and owners / officers accept no liability whatsoever, and without prejudice to the generality of the aforesaid, for any damages (whether consequential or otherwise), unless the occurrence of such damages can be attributed to any circumstances within Kay-Dee Educare, its members, agents, servants, employees and owners / officers reasonable control.
14. The signatory/ies to this agreement, by his/her signature confirms that he/she accepts that Kay-Dee Educare and the persons aforesaid accept no liability as aforesaid and indemnifies and holds Kay-Dee Educare and the persons aforesaid absolved from any such liabilities, unless the occurrence of such liabilities can be attributed to any circumstances within Kay-Dee Educare's reasonable control.
15. This agreement, together with the Admission Contract, shall constitute the entire agreement between the parties, and no representation by any of the parties or their agents, whether made prior or subsequent to the signing of this agreement shall be binding on any of the parties unless in writing and signed by the parties. I/We hereby certify that all the information supplied on the Admission form is complete and accurate.
16. I/We hereby confirm that I/we have read and understood the terms and conditions of the document and accept and agree to be bound by them.
17. I/We further confirm that I/we agree with the price and method of payment as stipulated in the Admission Contract form.

I/We the Mother / Father /Guardian of the child (name/surname of child) _____ hereby agree to accept and abide by the terms and conditions governing Kay-Dee Educare Centre CC, with which I/we declare myself/ourselves fully acquainted.

Thus done and signed at _____ (place) on the ____ day of _____ (month) 20____ (year)

Mother / Guardian Signature

Father / Guardian Signature

ODETTE LEACH
PRINCIPAL / OWNER
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PHOTO RELEASE FORM

THIS FORM MUST BE COMPLETED IN FULL BY THE PARENT(S) / GUARDIAN(S)

I/We hereby grant permission for Kay-Dee Educare, its agents (eg. extra mural coaches/teachers), servants, employees and owners / officers to take and/or use my/our photographs of my/our child, (name/s in full)

on the Kay-Dee Educare website, any fliers, brochures, advertising, social media (such as Facebook, d6 school communicator, etc.), or any other publication relative to Kay-Dee Educare (such as shows, etc.), as well as various other crafts.

I/We realise that my/our child's name and surname will not be used in such publications.

Kay-Dee Educare will honour the parent(s) / guardian(s) and child's personal information relating to the race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the person as stipulated under the South African Constitution - Protection of Personal Information Act (POPIA).

I/We allow Kay-Dee Educare to upload my/our child's photos onto the following resources:

| | | | | | |
|---|-----------------------------|--|-----------------------------|---|-----------------------------|
| d6 school communicator (internal with parents) | Yes / No (please circle) | Facebook / Twitter (external with public) | Yes / No (please circle) | Website (external with public) | Yes / No (please circle) |
| Newsletters (internal with parents) | Yes / No (please circle) | Advertising (external with public) | Yes / No (please circle) | Other (eg. shows, etc.) (external with public) | Yes / No (please circle) |

Please give a reason, if you had circled "**no**" to the above mentioned:

Thus done and signed at _____ (place) on the ____ day of _____ (month) 20____ (year)

Mother / Guardian Signature

Father / Guardian Signature

ODETTE LEACH
PRINCIPAL / OWNER
KAY-DEE EDUCARE CENTRE CC

I/WE ACKNOWLEDGE THAT THIS ADMISSION FORM WILL BE TREATED AS CONFIDENTIAL AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

MOTHER - INITIALS: _____

FATHER - INITIALS: _____

GUARDIAN - INITIALS: _____

The information required is collected and used to admit and then correctly educate children into our ECD Center. By signing the form you consent to the processing of the personal information for the intended purpose

ADMISSION FORM (BABIES TO GRADE R/0) UPDATED 6 February 2022