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

Application for Admission Form - Babies to Grade R

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

Date Application form received (Office use):	
Date of Commencement: (Office use)	
Child's Details	
Surname:	
Forenames:	
Known as name: (if applicable)	
Date of Birth:	DAY_____MONTH_____ YEAR_____
ID Number / Passport no:	
Age at Admission:	Years: Months:
Appropriate Class Age Group	
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:		

The information required above is collected and used to care for the health of the children properly. By signing the form you consent to the processing of the personal information for the intended purpose

Parent's Details (continued)		
	Mother/Guardian	**Father/Guardian**
Postal Address:		
Email address - work		
Email address - personal		
Telephone Home:		
Telephone Work:		
Cellphone Number:		

Next of Kin Not Living With You	
Name & Surname:	Email:
Physical Address:	Postal Address:
Cellphone number:	Landline number:

Emergency Contact – NB! Must be different to Mother and Father (If possible please provide two emergency contacts)		
Name & Surname:		
Relationship to the child:		
Known as Name (if applicable)		
Landline number:		
Cell number:		

Family Doctor		
Name of Doctor	Telephone Number	Physical Address
When last was your child at the doctor?		
Briefly specify cause		
In the event your child is extremely ill, and we cannot get hold of you, may we take your child to the local doctor? **(NB: Parents will be liable for all associated charges(**		Yes No

Medical Aid	
Scheme Name	
Plan	
Membership N	
Principal Member	

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General Health and Medical History			
	Yes	**No**	**If yes, please specify**
Has your child ever been to the dentist?			
Does your child take regular medication?			
Has your child's vision been screened or tested?			
Has your child's hearing been screened or tested?			
Has your child ever broken a limb?			
Does your child wear corrective shoes?			
Does your child have any specific fears?			
How do you feel your child is speaking for his/her age?			
Do you have a family history of Dyslexia, hyperactivity, minimal brain dysfunction, or barriers to learning?			
Are there any special medical, physical, or emotional needs that the school should be aware of?			
How is your child's overall health?			
Is your child potty trained?			Yes No
What terminology does your child use for the words "urinate" and "bowel movement"?			

Has your child had any of the following Illnesses?								
	Yes	**No**		**Yes**	**No**		**Yes**	**No**
Asthma			Bladder Infection			Chicken Pox		
Croup			Colds (frequently)			Convulsions		
Diabetes			Epilepsy			Earaches		
Encephalitis			Meningitis			Heart Disease		
Kidney Diseas			Meningitis			Mumps		
Measles			Nosebleeds (frequently)			Nappy rash (prone to)		
Pneumonia			Rubella (German Measles)			Respiratory Tract Infections		
Rheumatic Fever			Thrush (frequently)			Tonsillitis		
Scarlet Fever			Vomiting (frequently)					

Allergies and Food Intolerances (May require written proof from your medical practitioner)								
	Yes	**No**		**Yes**	**No**		**Yes**	**No**
Dust			Fish			Bee stings		

Allergies (continued)	**Yes**	**No**		**Yes**	**No**		**Yes**	**No**
Lactose (Dairy)			Nuts			Pet Hair		
Preservatives			Wheat Gluten					
Feathers			Wheat					
Analgesics			If yes, please specify:					
Anti-biotics			If yes, please specify:					
Any others			If yes, please specify:					

Any surgery your child has had: Yes / No	If Yes - Type of surgery:	At what age:

Milestones (at what age did your child…?)

Communication	Start talking	
	Laugh	
	Smile	
	Does your child use baby talk?	Yes No
	Does your child stutter / stammer?	Yes No
	Does your child lisp?	Yes No
	What were your child's first words?	
	Does your child struggle to "find" words	Yes No
Gross Motor – at what age did your child….?	Roll over	
	Pull up onto the feet	
	Sit up	
	Take the first step	
	Did your child crawl? At what age?	Yes No Age

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?

Family History (continued)	**Yes**	**No**	
Does your child know about the adoption?			

Names and ages of siblings:	Sibling 1: Age	Sibling 2: Age
	Sibling 3: Age	Sibling 4: 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:				

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?		

Security

Who will bring the child in the morning:
Who will collect the child in the afternoon:

General Information

		Yes	**No**
Has your child attended any Early Learning Centre before?			
What does your child do with Dad for fun?	What does your child do with Mom for fun?		
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?		**Yes**	**No**
Does your child have a nap during the day?		**Yes**	**No**

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General Information (continued)		
If Yes, at what times does your child take a nap?		
Does your child sleep in his/her own bed?	**Yes**	**No**
Does your child sleep in their own room or share with parents or siblings?		
Do you have any Religious restriction?	**Yes**	**No**
If any, please specify eg holidays, etc.		

Billing Information (Please provide details of the person responsible for payment of school fees)

(NB: The parents are ultimately responsible for payment of the school fees, even if a third party has undertaken to pay the fees and defaults).

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 address for bill to be sent to	

Credit References (Please supply three credit references)

Contact Name and Designation	**Organisation / Individual Name**	**Telephone number**	**Email Address**

Communication

Please confirm if you do not have an Email address	Confirmed
How should accounts and notices be provided to you if you do not have an Email address?	
All General Letters & Notices will be sent by D6 Connect	(**All parents/guardians are required to install the D6 Connect App on their mobile phones and will therefore receive all communications via D6. Failure to do so may result in your not being informed timeously of important communications.**

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SIGNATURES

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**

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**

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) _____

☐ Other (please specify) _____

COMPULSORY DOCUMENTATION REQUIRED TO ACCOMPANY YOUR CHILD'S APPLICATION FOR 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.

1. Child's immunisation certificate / Road to Health Booklet
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 <u>any</u> 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 Educare's Admission Agreement will be emailed to parents/guardians, or a hard copy provided, after receipt of this Application for Admission form and payment of the Registration fee (which is not refundable) and must be completed in full and submitted *<u>before</u>* your child's first day of commencement at Kay-Dee Educare.

PARENT(S) / GUARDIAN(S) REMARKS:

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

<u>For OFFICE USE only:</u>

Receipt no for registration fee paid: _____

Date registration fee paid: _____

REGISTRATION APPROVED:	REGISTRATION NOT APPROVED:
Date: Signature:	Date: Signature:

NOTES

OFFICE TO:	**√**	**Date actioned**	**COMMENTS**
Signed copy of this form given to the parents			
Original filed in the child's file			

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INDEMNITY FORM

1. This is a *legal document* and forms the basis of a contract between Kay-Dee Educare and the said parent(s) / 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(s) / guardian 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;

4.5 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.
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 Application for Admission and the Admission Agreement forms, 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 confirm that all the information supplied on the Application for Admission form is complete and accurate.

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.

I/We further confirm that I/we agree with the price and method of payment as stipulated in the Annexure and/or Application for Admission form.

I/We hereby agree to accept and abide by the terms and conditions governing Kay-Dee Educare Centre, 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 KAY-DEE EDUCARE CENTRE CC