



ENROLMENT FORM

Enrolment Date:

Collection Time:

Child's Details

SURNAME:FIRST NAMES:.....

GENDER:DATE OF BIRTH.....

HOME LANGUAGE: NATIONALITY.....

ID.HOME ADDRESS:

RELIGION:

PREVIOUS SCHOOL:

NAME THE CHILD IS KNOWN BY

Parent Details

SURNAME:FIRST NAMES:

RELATIONSHIP TO CHILD.....

IDENTITY NUMBER: GENDER:.....

HOME TEL NO:CELL NUMBER:.....

WORK TEL NO:OCCUPATION.....

EMPLOYER.....EMAIL:

POSTAL ADDRESS:

Parent Details

SURNAME:FIRST NAMES:

RELATIONSHIP TO CHILD.....

IDENTITY NUMBER: GENDER:.....

HOME TEL NO:CELL NUMBER:.....

WORK TEL NO:OCCUPATION.....

EMPLOYER.....EMAIL:

POSTAL ADDRESS:

Person responsible for the account

NAME:

EMAIL:TEL:

PAYMENT OPTION:(Annually, Termly, Monthly)

FEE OPTION : Option 1:.....

Option 2:.....

Option 3:

Banking Details

Mi Kinder Educational Centre (PTY) LTD
FNB (First National Bank)
Account Number: 628 046 82103
Branch code: 255355
Reference: Your Child’s Name



CHECKLIST- FOR ADMIN USE ONLY

- Birth Certificate ☐
- Copy Mother's ID ☐
- Copy of Father's ID ☐
- Proof of Residence ☐
- Immunization Record ☐
- Registration Fee ☐
- Development Fund ☐
- Signed Contract ☐

CONTRACT

- I understand and accept that any registration fee paid to Mi Kinder Educational Centre is non - refundable for any reason and an annual levy is due at the beginning of each year
- School fees are payable monthly in **advance by the 1st of each month** and are due during holidays or , illness . I understand that fees are not refundable under any circumstances.
- I acknowledge that school fees will increase in January every year.
- I understand that Non-payment of fees may result in the exclusion of my child and my account will be handed over to a debt-collection agency of Mi Kinder Educational Centre's choice.
- I also acknowledge and understand that any and all costs incurred by Mi Kinder in the pursuit of payment which I have not paid on time or at all within the agreed payment guidelines to Mi Kinder may be billed as an additional charge or service fee and that I am fully aware of this and provide my uncontested consent to these charges.
- Mi Kinder Educational Centre agrees that these bills and or charges will not be more than 10% of the monthly fee for late and non-payments as set out in this document and whatever costs are incurred by the use of a debt collection agency. These fees usually amount to 25% of the collection amount but may at the discretion of the agency increase due to the nature of their industry, which I agree to and unconditionally accept.
- I have read and accept Mi Kinder Educational Centre School Calendar.
- I understand that my child will be in the care of a teacher assistant from 6:30am until the class teachers and principal arrive at 7:30am and from 5:00pm to 6:00pm during aftercare.
- I agree to the collection times specified. I will pay a fine for late collection as stipulated in the information brochure and I understand that my child will be in the care of a teacher assistant from 5:30pm in the case of late collection.
- I understand that March, April, July, October and December (holiday months) will be seen as full months.
- A notice period of one full School Term is required for termination of contract (or 3 months) and the school fees will be due for this period. A notice period at the end of the year must include the month of December. (Children can not finish at the end of November) _____ (sign)

I _____ have read and accept the Terms and Conditions of Mi Kinder Educational Centre as set out in the contract and Enrolment form I/we have received.

Signature Parent /Guardian

Signature Parent /Guardian

INDEMNITY

I _____ accept and agree without conditions that I will be responsible for the payment of medical and/or hospital accounts should an injury be sustained by my child _____.

I hereby authorize the Directors or their representatives, should an emergency medical treatment/surgery be deemed necessary for my child, to act on my behalf and perform any and all necessary functions in my absence.

I agree that the “deemed emergency medical treatment/surgery” will be at the sole discretion of Mi Kinder Educational Centre and its representatives as set out earlier being the Directors and their representatives, I further acknowledge that although I may have temporarily authorized the Directors or their representatives to act on my behalf as set out and agreed to earlier, I will still be fully responsible for any and all bills in whatsoever nature during the authorization period that relates to my child/children under the care Mi Kinder Educational Centre. Mi Kinder EC agrees that the authorization period will end once the child’s /children's parent, legal guardian or an acknowledged representative has willingly taken responsibility after the fact.

As far as I know my child is physically capable of participating in the activities and is in good health. I hereby indemnify and hold harmless Mi Kinder Educational Centre for all damages and/or injury to property, person, theft or loss, in the knowledge that the directors and their paid or unpaid representatives will, nevertheless, take all reasonable precautions for the safety and welfare of my child.

PEOPLE THAT ARE ALLOWED TO COLLECT YOUR CHILD FROM SCHOOL:

.....

.....

.....

.....

Signed at _____ on this _____ Day of _____ 202_____

SIGNATURE OF PARENT /GUARDIAN

SIGNATURE OF PARENT /GUARDIAN



LEARNERS HEALTH QUESTIONNAIRE

Contact information:

Organization Name: Mi Kinder Educational Centre
Managers Name: Tessa Mc Enery
Email Address: admin@mikinderpreschool.co.za
Tel: 011 705 2483
Cell: 076 7379916
Physical Address: 33 Robin Drive, Fourways.

Name and Surname of the student: _____

Date of birth: _____

Medical House Doctor's Contact Information- Dr's Name: _____

Medical Doctors Tel Number: _____

In the event of a medical emergency, my preferred hospital for my child is: _____

Medical Aid name: _____

Medical Aid number: _____

Emergency contact # 1: _____ Tel: _____

Emergency contact #2: _____ Tel: _____

Emergency contact #3: _____ Tel: _____

Does your child have any allergies? _____

Food _____

Insects _____

Medication _____

Other _____.

Did your child experience any seizures with a high fever or any other conditions? _____ when? _____

Was your child born prematurely? _____ Were there any complications at birth? _____
_____;

Are you currently concerned about or aware of any developmental delays? _____

Is your child currently receiving Occupational Therapy or any other form of therapy? _____

Does your child have any of the following pre-existing medical conditions?

Heart disease or heart condition _____

Chronic respiratory disease (e.g. Asthma) _____

Poor immune system _____

Other condition _____

- I acknowledge and agree that I will be required to collect my child from school if they present with a fever, appear too lethargic to participate in school activities, experience diarrhoea / vomiting more than once or sustain an injury requiring medical attention. In the event of an emergency, an ambulance will be called, and my child will be taken to the nearest hospital or to a hospital specified by the parents or guardians.
- I acknowledge and agree that the emergency contact numbers provided to Mi Kinder must remain reachable and available to respond promptly in the event of an emergency.
- I agree that if my child is taking antibiotics, they must stay at home for a minimum of 72 hours and may not return to school if they still have a fever.
- If it is necessary for my child to take specific medication at school, I will provide the medication to the teacher in a labeled ziplock bag along with written instructions and permission to administer.
- I acknowledge that all Mi Kinder children aged 3 years and older undergo a hearing and speech screening at the beginning of the year. This service is offered at an additional cost of R250.00.
- I understand that if my child shows any signs of significant developmental delays, I will be informed and may be advised to seek further assessment from a medical or developmental specialist.
- If my child has any medical condition, I will obtain a medical certificate from my doctor and attach it to this form.

Mi Kinder Educational Centre operates in accordance with health and safety procedures set out by government regulations. Although every precaution is taken to prevent the spread of illnesses, the owner and staff of this premises cannot be held liable for any illnesses contracted.

Should any pupil or member of their immediate family be confirmed to have contracted COVID-19, or any other contagious illness, it is imperative that the school be informed promptly so that appropriate measures can be taken to prevent further spread, and vice versa.

Completed and accepted by _____

Signature _____

Date: _____.



MEDIA PERMISSION FORM

Children love to see photographs of themselves and their friends. Teachers use photos to record their projects , events or special moments at school. Please indicate if you give permission for your child's photos or videos to be taken at Mi Kinder Educational Centre for the ClassDojo App. ClassDojo is an App where school parents are able to see and download photos or videos.

_____NO, I do not give permission for my child to be photographed or filmed for the ClassDojo App.

_____YES, I give permission for my child to be photographed or filmed for the ClassDojo App..

I understand that I am not allowed to share or use my child's classmates or Mi Kinder staff pictures or videos on any social media platform for any reason. _____ (sign)

Please let us know if you give consent for your child's photographs or videos to be used to promote our School. The images may be used in print publications, online publications, presentations, websites or social media. Mi Kinder EC will not pay any royalty, fee or other compensation to parents for such use.

_____NO, I do not give permission for photos of my child to be used to promote the school.

_____YES, I give permission for photos of my child to be used to promote the school.

You may change your selection at any time by notifying the Principal of Mi Kinder EC in writing.

Child (s) name (s)_____

Parent / Guardian name _____

Parent / Guardian signature_____

Date_____