

76 Emolweni Road, Kloof, Tel: 0612077998 Email: <u>littlesunbeams@mweb.co.za</u>

REGISTRATION AND DISCLAIMER FORMS

2024

CHILD'S DETAILS

DATE OF REGISTRATION									
NAME									
SURNAME									
DATE OF BIRTH									
HOME LANGUAGE									
ALLERGIES OR SERIOUS ILLNESSES									
DOCTOR'S NAME									
DOCTOR'S PHONE NUMBER									

PARENT'S DETAILS:

MOTHER'S NAME AND									
SURNAME									
MOTHER'S ID									
MOTHER'S OCCUPATION									
TELEPHONE (WORK)									

TELEPHONE (HOME)																
(CELL)																
EMAIL ADDRESS																
ADDRESS 1) Physical 2) Postal																
FATHER'S Name & Surn	ame															
FATHER'S ID																
FATHER'S OCCUPATION																
TELEPHONE (WORK)																
TELEPHONE (HOME)																
(CELL)																
EMAIL ADDRESS																
ADDRESS 1) Physical 2) Postal																
MARITAL STATUS	S		r	VI			D						OTH	IER :		
	S		r	v I			D						ОТН	IER :		AGE
Other Children:	s			M			D						ОТН	IER :		AGE
Other Children:	S			M			D						OTH	IER :		AGE
Other Children: 1 2 3 EMERGENCY DETAILS N CASE OF AN EMERGEN		ONTA			UER 1	THAN		PARE	ENTS A	AND I	FAMI	LY DO				AGE
Other Children: 1 2 3 EMERGENCY DETAILS N CASE OF AN EMERGEN NAME:		ONTA			JIER 1	FHAN		PARE	ENTS A	AND F	FAMI	LY DO				AGE
Other Children: 1		ONTA			JER 1	FHAN		PARE	ENTS A	AND I	FAMI	LY DO				AGE
Other Children: 1 2 3 EMERGENCY DETAILS N CASE OF AN EMERGEN NAME: SURNAME: TELEPHONE (WORK)		ONTA			JER 1	THAN		PARE	ENTS A	AND I	FAMI	LY DO				AGE
Other Children: 1 2 3 EMERGENCY DETAILS N CASE OF AN EMERGEN NAME: SURNAME:		ONTA			IIER 1	THAN		PARE	ENTS A	AND I	FAMI	LY DO				AGE
Other Children: 1 2 3 EMERGENCY DETAILS N CASE OF AN EMERGEN NAME: SURNAME: TELEPHONE (WORK) ADDRESS		ONTA			JIER 1	THAN		PARE	ENTS A	AND I	FAMI	LY DO				AGE

TELEPHONE (HOME)																	
(CELL)																	
EMAIL ADDRESS																	
OTHER IMPORANT INFORMATION				<u> </u>			<u> </u>										
DATE																	
SIGNATURE		<u> </u>		<u> </u>								<u> </u>		<u> </u>			
WHO WILL BRING/COLLECT	YOUR CH	HILD I	IN TH	IE M	ORNI	NG/	AFTE	RNO	ON?								
NAME:																	
TELEPHONE																	
NAME																	
TELEPHONE																	
NAME:																	
NAME:																	
SURNAME:																	
DATE OF BIRTH																	
I D NUMBER																	
(person responsible for acc ittle Sunbeams Pre-primary		sh to	enro	l my	child												a
Sunbeams Pre-Primary and												rule	s and	l pro	cedu	res o	f Little
hereby undertake to pay the very Calendar month.	ie fees of	R	•••••	•••••		•••••	•••••	as	indi	cate	d belo	ow, ii	n adv	ance	by t	he 3r	d day
No subtraction of fees will b	e taken ir	nto co	onsid	erati	ion b	ecaus	se of	abse	nce,	illnes	ss, or	holid	days.				
should I elect to send my chof days above, irrespective c			-								-		-		or th	e set	amoui
hereby also fully understan	ıd that a ı	nenal	ltv of	R30	.00 a	day a	as we	ıll as	inter	est. v	will h	e cha	arged	on c	overd	ue a	ccount

I hereby also fully understand that a penalty of R30.00 a day as well as interest, will be charged on overdue accounts, should I fail to pay by the 3rd of each calendar month.

I understand that if the account goes into 60 days, my child may not return to Little Sunbeams until the full amount outstanding is paid.
In the event that this contract is terminated with Little Sunbeams Pre-Primary for whatever reason one Calendar months' notice and payment is due by me.
Any legal costs incurred to recover school fees/notice payment will be carried by me.
Signature of acknowledgement and understanding of the above.
<u>Method of paying (School fees): (Please select one option in each section)</u>
In Full
Per term 12 months
Electronic banking only please.
DATE: Signature of Parent:
DISCLAIMER
Children attending this school do so at their own risk and we absolve the (school) and/or persons acting on its behalf and hold them harmless against any claim whatsoever may arise following upon injury to or the death of the child in question or any loss or damage to his/her/our property howsoever the same may be caused
DATE: Signature of Parent:
This contract will be null, and void should it be manually altered in anyway.
<u>POPIA</u>
Under the POPI ACT, I give Little Sunbeams Pre-primary permission to use photographs of my child on all their social media pages.
SIGNATURE OF PARENT