



# KINGS ACADEMY

'THE ACADEMY'

ENROLMENT FORM

5 Jasmine Street  
Brackenhurst  
(011) 868-5274

## CHILD'S DETAILS

Surname : \_\_\_\_\_ First Names : \_\_\_\_\_  
 Date of Birth : \_\_\_\_\_ Gender: \_\_\_\_\_ Age : \_\_\_\_\_ Grade : \_\_\_\_\_  
 Residential/Home Address : \_\_\_\_\_  
 \_\_\_\_\_  
 Home Language : \_\_\_\_\_ ID Number : \_\_\_\_\_  
 Previous School (if Applicable) : \_\_\_\_\_  
 Dietary Requirements (Medical Condition/Allergies only.) : \_\_\_\_\_

Details of Sibling/s (if Applicable) :

| NAME | DATE OF BIRTH | SCHOOL CURRENTLY ATTENDING |
|------|---------------|----------------------------|
|      |               |                            |
|      |               |                            |
|      |               |                            |

## MEDICAL HISTORY & INFORMATION

Family Doctor : \_\_\_\_\_ Tel No. : \_\_\_\_\_  
 Medical Aid Name : \_\_\_\_\_ Number : \_\_\_\_\_  
 Allergies : \_\_\_\_\_

## PREVIOUS ILLNESSES

| ILLNESS        | YES | NO | APPROXIMATE AGE / DATE |
|----------------|-----|----|------------------------|
| Measles        |     |    |                        |
| German Measles |     |    |                        |
| Chicken Pox    |     |    |                        |
| Scarlet Fever  |     |    |                        |
| Mumps          |     |    |                        |
| Hepatitis      |     |    |                        |

Other Medical Conditions (Epilepsy / Diabetes / Asthma / ADHD etc.) : \_\_\_\_\_

If any of the above mentioned is applicable to your child, please supply a medical certificate from your Doctor.  
 We also need written instruction of how to deal with the condition on a daily basis. If your child was sick the previous night, please inform a staff member/teacher on duty.

All medication must be marked with your child's name, surname and dosage.

In compliance with health regulations, children suffering from a contagious ailment or fever, must be kept at home.

Is there any other information we need to know about your child (medical / emotional etc. )

\_\_\_\_\_

\_\_\_\_\_

**MOTHER / GUARDIAN DETAILS**

Surname : \_\_\_\_\_ First Names : \_\_\_\_\_  
 Home/Residential Address : \_\_\_\_\_  
 \_\_\_\_\_  
 Tel No. (H) : \_\_\_\_\_ Tel No. (W) : \_\_\_\_\_  
 Cell No. : \_\_\_\_\_ Email: \_\_\_\_\_  
 Postal Address : \_\_\_\_\_  
 \_\_\_\_\_  
 Employer : \_\_\_\_\_ Occupation : \_\_\_\_\_  
 ID Number : \_\_\_\_\_

**FATHER / GUARDIAN DETAILS**

Surname : \_\_\_\_\_ First Names : \_\_\_\_\_  
 Home/Residential Address : \_\_\_\_\_  
 \_\_\_\_\_  
 Tel No. (H) : \_\_\_\_\_ Tel No. (W) : \_\_\_\_\_  
 Cell No. : \_\_\_\_\_ Email: \_\_\_\_\_  
 Postal Address : \_\_\_\_\_  
 \_\_\_\_\_  
 Employer : \_\_\_\_\_ Occupation : \_\_\_\_\_  
 ID Number : \_\_\_\_\_

**CLOSE RELATIVE / FRIEND**

Surname : \_\_\_\_\_ First Names : \_\_\_\_\_  
 Home/Residential Address : \_\_\_\_\_  
 \_\_\_\_\_  
 Tel No. (H) : \_\_\_\_\_ Tel No. (W) : \_\_\_\_\_  
 Cell No. : \_\_\_\_\_  
 Relationship to Child : \_\_\_\_\_

**FETCHING ARRANGEMENTS**

Should you not be able to fetch your child on any particular day, it is the responsibility of the parent/guardian to notify 'The Academy' staff accordingly and also to advise who will be fetching your child. Should 'The Academy' not be notified by the parent/guardian, the child will not be released from our care.

**PAYMENT ARRANGEMENTS**

Payment is to be made by Cash, Cheque or EFT. Cheques must be made payable to Kings Academy. No post-dated cheques will be accepted.

**NOTIFICATION ARRANGEMENTS**

If your child will not be attending aftercare for any reason whatsoever, it is the responsibility of the parent/guardian to notify 'The Academy' accordingly. Should you wish to discontinue the services of the aftercare, one month's written notice must be given.

**I declare all information on this form to be correct and undertake to inform the aftercare immediately should my details change. I understand and agree to abide by the contents contained herein.**

\_\_\_\_\_  
 NAME OF PARENT / GUARDIAN

\_\_\_\_\_  
 SIGNATURE

|  |
|--|
| <b>UNDERTAKING &amp; ACCEPTANCE OF THE ACADEMY'S RULES &amp; REGULATIONS</b> |
|--|

I, the parent/guardian of \_\_\_\_\_ accept to undertake and abide by the following :

1. As the natural guardian of the above mentioned child, on behalf of myself, my assign, heirs and executors, hereby indemnify the owners and employees of Kings Academy from any liability or damage caused whatsoever, any legal expenses or costs which may arise from any claim as a result of the death of the above child arising from sickness or injury which the said child may have contracted or sustained during his/her time at/with 'The Academy'.
2. To have the above child immunized against all infectious diseases and children's diseases before admission.
3. Any other conditions which may be specified by The Management Body of 'The Academy', namely :
  - 3.1. Times :
 

School Term : 12:30 - 18:00  
School Holidays : 07:00 - 18:00
  - 3.2. Fees :
    - 3.2.1. The fees will be increased annually.
    - 3.2.2. The fees are stipulated on the Fees Agreement Form. December fees are to be paid, in full, by no later than 05 December.
    - 3.2.3. A late collection levy of R100-00 per child for every half an hour (or part thereof).
    - 3.2.4. Should your account be more than 30 days in arrears, your child will not be allowed to continue using 'The Academy' facility until the account is settled.
    - 3.2.5. A fee of R80-00 per day (term time) and R100-00 per day (school holidays) will be levied for part-time users (fewer than 3 days per week).
    - 3.2.6. Any bank charges or RD cheques are to be paid by the parent/guardian. Thereafter, only cash or bank guaranteed cheques will be accepted.
    - 3.2.7. **A registration fee of R300-00 is payable on enrolment of your child at The Academy'. Thereafter, an annual admin, stationery and maintenance levy of R250, will be charged per family every year. This amount will be added to your January invoice.**
  - 3.3. Rules and Regulations :
    - 3.3.1. The learner rules, code of conduct and policies which are in place may be altered, at any stage, without prior notification.
    - 3.3.2. I agree that should my child display disruptive or problematic behaviour, he/she may be asked to leave, immediately ceasing enrolment.
    - 3.3.3. I endeavour to give my support to 'The Academy' and will assist in teaching my child responsibility, good manners and respect for others. Furthermore, I will teach my child to care for his/her and other's belongings and to respect 'The Academy' property.
    - 3.3.4. All items of clothing are to be clearly marked with the owner's name.
4. General :
  - 4.1. I grant the management and/or staff of 'The Academy' my consent to obtain whatever medical treatment which may be necessary in the event of an emergency where I shall not be immediately or timeously able to grant consent in person.
  - 4.2. Should my child not be attending 'The Academy' during the school holidays, I will notify 'The Academy' as this influences the preparation of meals.
  - 4.3. 'The Academy' Management reserves the right to change or amend any of the above terms and conditions at it's sole and absolute discretion. This contract remains valid until such time as one party gives notice.

**I accept and agree to undertake and abide by the rules and regulations stipulated above.**

NAME OF PARENT / GUARDIAN

SIGNATURE

|                       |
|-----------------------|
| <b>INDEMNITY FORM</b> |
|-----------------------|

Form to be completed in respect of (child's name) : \_\_\_\_\_

I, \_\_\_\_\_ (full name and surname) the parent/guardian of  
 \_\_\_\_\_ (full name and surname),  
 Identity Number \_\_\_\_\_, hereby give permission for my child to participate  
 in activities organised by 'The Academy'.

\* 'Parent' means collectively the natural parent or guardian of a child, the person legally entitled to custody of the child or the person who undertakes to fulfill the obligations of any of these persons towards the child's education at 'The Academy'.

In addition to the above, I accept that :

1. All reasonable precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for the payment of the medical and/or hospital accounts where applicable.
2. 'The Academy' will not be held responsible for any injury sustained by my child on the grounds, or its immediate outer perimeter.
3. I cede my powers as parent/guardian to a management member of 'The Academy' or his/her representative should medical treatment/surgery be deemed necessary for my child.

Please state any medical requirements that 'The Academy' should be aware of :

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I also accept that 'The Academy' will not be held responsible for any loss, damage or theft of any personal property, should the above take place on the grounds or nearby.**

**The following information is essential in case of medical treatment or hospitalisation :**

Name of person responsible for medical account : \_\_\_\_\_

Residential/home address : \_\_\_\_\_  
 \_\_\_\_\_

Is this person a member of a medical aid?

 **Yes**
 **No**

Medical Aid Name : \_\_\_\_\_

Medical Aid Number : \_\_\_\_\_

Principal Member : \_\_\_\_\_

**Please attach a copy of the Medical Aid card to this form.**

Residential address of parent/guardian : \_\_\_\_\_  
 \_\_\_\_\_

Tel No. (H) : \_\_\_\_\_

Tel No. (W) : \_\_\_\_\_

Cell No. : \_\_\_\_\_

\_\_\_\_\_  
 NAME OF PARENT / GUARDIAN

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 IDENTITY NUMBER OF PARENT / GUARDIAN

\_\_\_\_\_  
 DATE

|                       |
|-----------------------|
| <b>FEES AGREEMENT</b> |
|-----------------------|

I, \_\_\_\_\_ (full name and surname of person responsible and liable for payment of school fees)

Parent/Guardian of \_\_\_\_\_ (child/children's names)

Physical address : \_\_\_\_\_  
 \_\_\_\_\_

Identity Number : \_\_\_\_\_

**Acknowledge that I am indebted to Kings Academy for the fees as detailed below. Should my account be more than 30 days in arrears, my child will not be allowed to continue using 'The Academy' facilities until the account is settled. I further acknowledge that the fees are to be paid, in full, by no later than the 5th of each month and that should I decide to discontinue the service of 'The Academy', I am obliged to give (in writing) one calendar months notice or I shall be liable for the payment of fees for that month. No resignations may be submitted in October, November or December. This contract is binding indefinitely, until such time as 'The Academy' receives notice in writing.**

I hereby undertake and bind myself to pay any costs, including legal fees, tracing fees and collection costs which may be incurred by 'The Academy' in its recovery of any outstanding amount due by me. Furthermore, I hereby undertake and bind myself to pay interest in respect of any amount not paid by the due date, at the maximum rate permissible by law (interest compounded monthly).

**Late Collection Fines**

\* There will be a levy of R100-00 charged for every half an hour late (or part thereof), should I collect my child later than 18:00.

**Fees per child : (Please note - Fees are payable for 12 months of the year)**

- |   |  |
|---|--|
| <b>Once-off, non-refundable registration fee of R300 per child due on enrolment of your child</b> |  |
| 1. Grade R Tuition :  | R 2 800,00 per month (if collected before 14:00)<br>R 400,00 annual excursion and outing fee to be paid by 31 January 2019   |
| 2. Grade R & Aftercare :  | R 3 100,00 per month (if collected between 14:00 and 18:00)<br>R 400,00 annual excursion and outing fee to be paid by 31 January 2019  |
| 3. Aftercare :  | R 1 550,00 per month (Subject to annual fee increase on 1 March)<br>R 250,00 annual admin, stationery and maintenance levy (charged per family, every year with January's invoice) |

**Payment to be made by cash, cheque or EFT. Cheques to be made payable to Kings Academy.**

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE

**Banking Details :**

**Name:** Kings Academy  
**Bank :** First National Bank  
**Branch :** Bracken City  
**Branch Code :** 252 242  
**Account Number :** 6243 0502 676 (current account)