

**WISHING WELLS NURSERY SCHOOL**

271 BEYERS NAUDE DRIVE  
BLACKHEATH  
2195

TEL: 476-3649 FAX: 476-3648  
wishingwell@mweb.co.za

P O BOX 48478  
ROOSEVELT PARK  
2129

**ENROLMENT FORM - 2011**

**REGISTRATION FEE:** . R 180-00      **Fees are strictly payable over 11 months.**

**Fees July 2010 to June 2011:**

Half Day: 7.00 - 1.30 (Includes Lunch) R4,125.00 Per Term or R1,500.00 Per Month

Full Day: 7.00 - 5.30 (Includes Lunch) R4,774.00 Per Term or R1,736.00 Per Month

**Fees July 2011 to June 2012**

Half Day: 7.00 – 1.30 (Includes Lunch) R4537.50 Per Term or R1650.00 Per Month

Full Day: 7.00 – 5.30 (Includes Lunch) R5225.00 Per Term or R1900.00 Per Month

DATE OF APPLICATION:..... DATE OF COMMENCEMENT:.....

**FULL NAME AND SURNAME OF CHILD:** ..... ( M / F )

DATE OF BIRTH: .....PREVIOUS SCHOOL/BABY CARE ATTENDED: .....

RESIDENTIAL ADDRESS: .....

POSTAL ADDRESS: .....

HOME TEL. NO: ..... FAX NO: .....E-MAIL : ..... HOME LANG: ....

**FULL NAME OF MOTHER:** .....

I.D. NUMBER: ..... CELL NO: .....

WORK ADDRESS:..... TEL. NO.....:.....FAX: .....

OCCUPATION: ..... COMPANY NAME.....

**FULL NAME OF FATHER/ GUARDIAN:** .....

I.D. NUMBER: ..... CELL NO.: .....

WORK ADDRESS:..... COMPANY NAME :.....

OCCUPATION:.....TEL. NO:.....FAX NO: .....

MOTHER’S WORKING HOURS:.....

NAME OF PERSON TO BE CONTACTED IN AN EMERGENCY (OTHER THAN PARENTS):

..... TEL. NO:.....

NUMBER OF OTHER CHILDREN IN THE FAMILY:..... AGES:.....

WHO WILL COLLECT HIM/HER FROM WISHING WELLS?.....

(PRIOR NOTICE IS REQUIRED SHOULD ANY OTHER PERSON COLLECT)

**NO CHILD WILL BE ALLOWED TO LEAVE THE PREMISES WITH PERSONS UNKNOWN TO THE TEACHING STAFF UNLESS THE PARENT OR LEGAL GUARDIAN HAS GRANTED WRITTEN PERMISSION.**

WHERE DID YOU HEAR ABOUT US?.....

WILL YOUR CHILD ATTEND FULL DAY / HALF DAY ? .....

FOR OFFICE USE: ACC NO. .... REG. FEE .....REC. NO ..... MONTHS FEE: .....REC .....

**INDEMNITY**

- 1) AS PARENT/GUARDIAN OF SAID APPLICANT, I DO HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL SCHOOL ACTIVITIES, WHICH FORM PART OF THE DAILY ROUTINE.
- 2) THE SCHOOL RESERVES THE RIGHT TO SEEK MEDICAL ASSISTANCE FOR A SICK OR INJURED CHILD, ALTHOUGH EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT IN THIS EVENT. THE PARENT OR LEGAL GUARDIAN WILL BE LIABLE FOR ANY COSTS RESULTING FROM MEDICAL ASSISTANCE SOUGHT BY WISHING WELLS NURSERY SCHOOL. FOR YOUR CHILD.
- 3) I, THEREFORE UNDERTAKE ON BEHALF OF MYSELF, SPOUSE, EXECUTORS AND APPLICANT TO INDEMNIFY AND ABSOLVE WISHING WELLS NURSERY SCHOOL AND ITS STAFF MEMBERS AGAINST AND FROM ANY AND ALL CLAIMS WHATSOEVER THAT MAY ARISE IN CONNECTION WITH ANY LOSS AND / OR DAMAGE TO THE PROPERTY OR INJURY TO MY CHILD AT ALL TIMES.
- 4) I CEDE MY POWERS AS PARENTS/GUARDIAN TO THE PRICIPAL OR HER RESPRESENTATIVES SHOULD ANY MEDICAL TREATMENT/SURGERY BE DEEMED NECESSARY FOR MY CHILD IF NEITHER PARENT / GUARDIAN CAN BE CONTACTED IN TIME.
- 5) I ACCEPT THAT THIS GENERAL INDEMNITY SHALL REMAIN IN FORCE FOR THE FULL DURATION OF MY CHILD'S REGISTRATION AT WISHING WELLS NURSERY SCHOOL. I FURTHER UNDERTAKE TO FURNISH THE SCHOOL WITH ANY ALTERATIONS TO THE REQUIRED INFORMATION.
- 6) I AGREE TO ABIDE BY THE RULES OF THE SCHOOL.

SIGNATURE OF PARENT:.....DATE: .....

I.D NUMBER : .....

\_\_\_\_\_

**CONDITIONS OF ENROLMENT**

THE REGISTRATION FEE IS PAYABLE IN ADVANCE OVER AND ABOVE THE FIRST TERMS FEES. THIS AMOUNT IS NOT REFUNDABLE.

SCHOOL FEES ARE PAYABLE IN ADVANCE BEFORE THE 5<sup>TH</sup> DAY OF EACH TERM. THERE ARE 4 TERMS A YEAR. WE INVOICE PER TERM. ACCOUNTS ARE SENT OUT EACH MONTH

SCHOOL FEES MAY BE PAYABLE MONTHLY OVER A PERIOD OF 11 MONTHS BY THE 5<sup>TH</sup> DAY OF THE MONTH. HOWEVER, ALL FEES ARE TO BE FULLY PAID UP BY THE LAST DAY OF OCTOBER.

PLEASE NOTE THAT **NO REDUCTION IN FEES** WILL BE GIVEN DURING A CHILD'S ABSENCE DUE TO ILLNESS OR THROUGH BEING AWAY ON VACATION.

THE SCHOOL WILL OPERATE ACCORDING TO THE GOVERNMENT SCHOOL TERMS BUT A FACILITY WILL BE PROVIDED FOR THE CHILDREN DURING THE SCHOOL HOLIDAYS, EXCEPT DURING OUR DECEMBER BREAK WHEN THE SCHOOL WILL BE CLOSED COMPLETELY.

PLEASE TRY TO ENSURE THAT THE EXACT AMOUNT IS PROVIDED WHEN PAYING CASH. THE PAYMENT MUST BE PLACED IN AN ENVELOPE THAT IS CLEARLY MARKED WITH THE CHILD'S NAME. A RECEIPT MUST BE OBTAINED UPON ALL PAYMENTS.

WISHING WELLS WILL NOT BE HELD RESPONSIBLE FOR MISLAID FEES IF PROOF OF PAYMENT CANNOT BE FURNISHED.

**PLEASE NOTE THAT NON-PAYMENT OF FEES IS VIEWED VERY SERIOUSLY. UNPAID SCHOOL FEES MAY RESULT IN YOUR ACCOUNT BEEN HANDED OVER AND YOUR CHILD WILL BE ASKED TO BE WITHDRAWN FROM WISHING WELLS. ANY COSTS ARISING FROM THE COLLECTION OF OUTSTANDING FEES ARE PAYABLE BY THE PARENT OR LEGAL GUARDIAN OF THE CHILD.**

**ARRIVAL AND DEPARTURE TIMES**

SCHOOL OPENS AT 7.00AM AND CLOSES AT 5.30PM

CHILDREN MUST PLEASE BE DROPPED AT SCHOOL BY 8.15 AM AND COLLECTED ON TIME. LATE COLLECTIONS WILL BE CHARGED FOR. UNDER NO CIRCUMSTANCE MAY CHILDREN BE DROPPED AT THE GATE. THEY MUST BE TAKEN TO THE CLASSROOM AND HANDED OVER TO THE TEACHER.

CHILDREN MAY ONLY BE FETCHED BY THEIR PARENTS, LEGAL GUARDIAN OR NOMINEE AS SPECIFIED ON THE ENROLMENT FORM. NO CHILD WILL BE ALLOWED TO LEAVE THE PREMISES WITH PERSONS UNKNOWN UNLESS THE PARENT OR LEGAL GUARDIAN HAS MADE PRIOR ARRANGEMENTS.

**LATE COLLECTIONS**

WISHING WELLS MUST BE NOTIFIED AS SOON AS POSSIBLE IF A CHILD IS TO BE COLLECTED LATE SO THAT STAFF ARRANGEMENTS CAN BE MADE. A LATE COLLECTIONS WILL BE CHARGED FOR AT A RATE OF R50 FOR EVERY 15 MINUTES OR PART THEREOF.

**SECURITY**

WISHING WELLS IS PROTECTED BY COIN SECURITY AND CRITICARE WHO WILL RESPOND WITHIN MINUTES IN THE EVENT OF AN ACCIDENT OR OTHER CIVIL MATTER. A FULL TIME SECURITY GUARD IS HIRED TO PREVENT CAR THEFT AND HIJACKINGS. ON ENTERING AND LEAVING THE PROPERTY IT IS EACH PARENTS RESPONSIBILITY TO ENSURE THAT THE FRONT GATE IS SECURELY CLOSED BEHIND THEM. IN ADDITION, NO CHILD IS PERMITTED TO LEAVE THE PROPERTY BEFORE THE PARENT/GUARDIAN OR AUTHORIZED PERSON HAS SIGNED THEM OUT ON THE DAILY REGISTER.

**ILLNESS**

CHILDREN SUFFERING FROM COUGHS, COLDS OR ANY OTHER INFECTIOUS DISEASES MUST BE KEPT AT HOME UNTIL THEY HAVE FULLY RECOVERED. PLEASE INFORM THE SCHOOL IF A CHILD IS TO BE ABSENT.

**MEDICINE**

MEDICINE PRESCRIBED BY A DOCTOR MUST BE HANDED TO THE CLASS TEACHER SO THAT IT CAN BE ENTERED INTO THE MEDICINE REGISTER. THE SCHOOL DOES NOT ACCEPT MEDICINE OR INSTRUCTIONS FROM A CHILD UNDER ANY CIRCUMSTANCES.

PLEASE MENTION ANY SPECIAL PROBLEMS, IF ANY, I.E. ALLERGIES, (E.G. PENICILLIN, BEE STINGS, ETC), SPEECH DEFECTS, LEARNING PROBLEMS AND THE TREATMENT REQUIRED:

.....  
.....

**MEDICAL ASSISTANCE**

THE SCHOOL RESERVES THE RIGHT TO SEEK MEDICAL ASSISTANCE FOR A SICK OR INJURED CHILD ALTHOUGH EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT IN THIS EVENT. THE PARENT OR LEGAL GUARDIAN WILL BE LIABLE FOR ANY COSTS RESULTING FROM MEDICAL ASSISTANCE SOUGHT BY WISHING WELLS FOR YOUR CHILD.

NAME OF MEDICAL AID: \_\_\_\_\_

MEDICAL AID NUMBER: \_\_\_\_\_

**IMMUNISATIONS**

CITY HEALTH REGULATIONS REQUIRE THAT THE RECORDS OF IMMUNISATIONS ARE KEPT IN OUR FILES. KINDLY SUPPLY US WITH A PHOTOSTAT COPY OF YOUR CHILD'S IMMUNISATION CERTIFICATE UPON ENROLMENT.

**CLOTHING**

PLEASE ENSURE THAT YOUR CHILD HAS A SPARE SET OF CLOTHING. A JERSEY MUST ALSO BE SENT EVERY DAY. ALL CLOTHING IS TO BE CLEARLY MARKED WITH YOUR CHILD'S NAME.

**BLANKET, SHEET AND SMALL PILLOW FOR REST TIME**

PLEASE PROVIDE YOUR CHILD WITH A SMALL BLANKET, A SHEET MADE INTO A PILLOW CASE SIZE 1.100M X .600M AND A PILLOW. PLEASE BE AS QUIET AS POSSIBLE WHEN FETCHING CHILDREN DURING REST TIME.

**TOYS AND SWEETS**

PLEASE DO NOT ALLOW YOUR CHILD TO BRING TOYS AND SWEETS TO SCHOOL. NO FOOD OR DRINK FROM HOME WILL BE ALLOWED TO BE CONSUMED ON THE PROPERTY, EXCEPT BY PRIOR ARRANGEMENT.

**BIRTHDAYS**

A BIRTHDAY IS A GREAT EVENT IN EVERY CHILD'S LIFE. YOUR CHILD'S TEACHER WILL ARRANGE FOR A BIRTHDAY RING. MANY PARENTS LIKE TO SEND CAKES AND SWEETS TO SCHOOL. PLEASE REFRAIN FROM SENDING SUCKERS ON STICKS, THEY CAN BE DANGEROUS.

**OUTINGS**

OUTINGS TO PLACES OF INTEREST MAY BE UNDERTAKEN DURING THE YEAR. NO CHILD WILL BE ALLOWED TO ACCOMPANY THE GROUP WITHOUT A WRITTEN INDEMNITY SIGNED BY THE LEGAL GUARDIAN. WISHING WELLS WILL NOT ACCEPT LIABILITY FOR INDIRECT OR DIRECT DAMAGES ARISING FROM THE OUTING. THESE OUTINGS WILL BE CHARGED FOR IN ORDER TO COVER COSTS.

**INTERVIEWS**

PARENTS ARE ALWAYS WELCOME TO DISCUSS PROBLEMS WITH THE TEACHER. PLEASE MAKE AN APPOINTMENT IN ADVANCE IN ORDER TO ALLOW A DISCUSSION TO TAKE PLACE UNDISTURBED.

**PROGRESS REPORTS**

PROGRESS REPORTS ARE SENT TO PARENTS TWICE A YEAR, IN JUNE AND DECEMBER.

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**ITEMS REQUIRED FOR THE FIRST DAY OF SCHOOL**

If in a younger class – nappies, wet wipes & cream  
Extra panties if potty training

**All Classes Require:-**

1. Extra clothing in case of accidents
2. Bedding for rest time – either a cot sheet, small pillow & light blanket OR a sleeping bag
3. Toiletries for the term – all accounts will be **invoiced for R 90.00 per child** at the beginning of each term (i.e. R30 per month) to cover the purchase of toiletries viz. :-
  - a) Box of tissues
  - b) Paper towel
  - c) Liquid soap
4. Stationary Packs are also required for the Green Frog & Blue Dolphin Groups. Your child's teacher will inform you of what items are required.

**\*\* IMPORTANT NOTICE! \*\***

**FEES**

FEES ARE PAYABLE 4 TERMS OF THE YEAR. FEES WILL INCREASE EACH YEAR BY ± 10%. THIS INCREASE IS EFFECTIVE FROM 01 JULY EACH YEAR. TO TERMINATE ENROLMENT AT WISHING WELLS, **ONE FULL TERMS WRITTEN NOTIFICATION IS REQUIRED**, FAILING WHICH, A FULL TERMS FEE WILL BE CHARGED. PAYMENT IN LIEU OF NOTICE WILL BE ACCEPTED. WISHING WELLS DOES NOT ASSUME THAT A CHILD HAS LEFT IF HE OR SHE IS ABSENT FOR A PROLONGED PERIOD.

ANY CHANGE IN YOUR CHILD’S SCHEDULE, I.E. FULL DAY TO HALF DAY, REQUIRES **ONE TERMS WRITTEN NOTIFICATION**.

I,.....(I.D NO ..... ) BEING THE

LEGAL GUARDIAN/PARENT OF.....ACCEPT THE

CONDITIONS OF ENROLMENT OF WISHING WELLS NURSERY SCHOOL AS LAID OUT IN PAGES 2 TO 5 OF THIS DOCUMENT.

SIGNED..... WITNESS.....

DATE.....

**OUR BANKING DETAILS ARE AS FOLLOWS:**

FIRST NATIONAL BANK        NORTHCLIFF  
BRANCH CODE                :        253 705  
ACCOUNT NUMBER            :        504 000 54884  
ACCOUNT HOLDER            :        WISHING WELLS

I, THE RESPONSIBLE PARTY FOR THE ACCOUNT OF THE ABOVE MENTIONED CHILD, HEREBY CONFIRM THAT I HAVBE READ PAGES 1 - 6 AND HAVE UNDERSTOOD THE CONDITIONS OF ENROLMENT FOR MY CHILD AT WISHING WELLS NURSERY SCHOOL CONTAINED HEREIN AND AGREE TO PAY THE AMOUNT OF R ..... PER MONTH **OR R**                PER TERM. FEES ARE SUBJECT TO A 10% INCREASE IN JULY.

SIGNED AT BLACKHEATH THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ YEAR \_\_\_\_\_

PRINCIPAL        : \_\_\_\_\_                PAYEE’S SIGNATURE: \_\_\_\_\_

WITNESS        : \_\_\_\_\_

**PLEASE ENSURE THAT EACH PAGE HAS BEEN INITIALED.**

**DETAILS OF PERSON RESPONSIBLE FOR SCHOOL FEE PAYMENT**

NAME: .....

I.D. NUMBER: .....+ COPY OF I.D.

POSTAL ADDRESS: .....

.....

PHYSICAL ADDRESS: .....

.....

FOR THE PURPOSE OF ALL LEGAL PROCESS IN THIS MATTER, I ELECT MY PHYSICAL ADDRESS, AS STATED ABOVE, AS MY DOMICILIUM CITANDI ET EXECUTANDI

E MAIL: .....

TEL. (W): ..... TEL. (H) .....

CELL NO: .....FAX NO: .....

CURRENT EMPLOYER: .....

BUSINESS ADDRESS: .....

.....

ONE TERM'S NOTICE IS REQUIRED OF INTENTION TO REMOVE A CHILD FROM THE NURSERY SCHOOL OR BABY CARE.

SIGNED:.....AT BLACKHEATH THIS.....DAY

OF .....2011

NAME: .....

RELATIONSHIP TO CHILD:.....

**WISHING WELLS NURSERY SCHOOL**  
**271 BEYERS NAUDE DRIVE**  
**BLACKHEATH EXT.1**  
**TEL: (011) 476-3649**  
**FAX: (011) 476-3648**

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**INDEMNITY FORM**

I \_\_\_\_\_ (full names), the undersigned being  
the parent/legal guardian of \_\_\_\_\_ (child's name in full)  
\_\_\_\_\_ (child's name in full),

hereby declare that I shall not hold Wishing Wells Nursery School, or any representative / staff member liable or responsible for any injury to my child/children or any damage, loss or theft of his/hers/their belongings, or for any other unfortunate event that may occur while in the care of, or on the property where Wishing Wells Nursery School operates.

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature for Wishing Wells

\_\_\_\_\_  
Date