



WISHING WELLS BABY CARE

271 BEYERS NAUDE DRIVE
BLACKHEATH
2195

TEL: (011) 476-3649 FAX (011) 476-3648
wishingwellsinfo@gmail.com

P O BOX 48478
ROOSEVELT PARK
2129



ENROLMENT FORM - 2020

CHILD'S PERSONAL INFORMATION

Full Name of Child:	
Name the Child goes by	
Date of Birth	
ID. Number	
Religion	
Gender	
Home Language	
Home Address	

PARENT'S DETAILS:

	Mother	Father
Full Name		
ID. Number		
Home Telephone Number		
Work Telephone Number		
Cell Number		
Occupation		
Business Name		
Email Address		
Marital Status		
Home Address		
Postal Address		
Work Address		

Date of Application: _____

Date of Commencement: _____

Service Required: Half Day or Full Day: _____

Name of Person Responsible for Account: _____

Name of Person to Receive Email Correspondence: _____
(E.g. newsletters, etc.)

Schools previously attended and reason for leaving: _____

Who lives at home with the child? _____

How did you hear about Wishing Wells? _____

Other People who may fetch the child from school or be contacted in emergencies:

Name: _____ **Relationship:** _____

Contact Numbers: _____

Name: _____ **Relationship:** _____

Contact Numbers: _____

**Prior notification if required should any other person collect your child from school.
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.**

MEDICAL DETAILS:

DOCTOR'S NAME:	
TELEPHONE NUMBER:	
ADDRESS:	
MEDICAL AID:	
MEDICAL AID NUMBER:	

DETAILS OF ANY ALLERGIES & TREATMENT	
DESCRIPTION OF GENERAL HEALTH	
SPECIAL INSTRUCTIONS OR INFORMATION	

FEE STRUCTURE 2020

Initial Registration Fee: R 500-00

Fees are strictly payable in advance per month and are not refundable. Late payments will be charged interest.

**Half Day: 6.30 – 2.00 (Inc. Lunch) R 2,610.00 per month over 12 Months
R 7,830.00 per term / R31, 320.00 per year**

**Full Day: 6.30 – 6.00 (Inc. Lunch) R 2,980.00 per month over 12 Months
R 8,940.00 per term / R 35,760.00 per year**

School Fees may increase in January 2021.

A new enrolment form will need to be completed at the end of each year, together with a R500 re- registration fee which will be deducted off your fees in January.

A full terms written notification is required if your child leaves Wishing Wells Nursery School. 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 calendar months’ notice. Any Notice after October is not accepted for that year.

Date of Application: _____ Date of Commencement: _____

DETAILS OF PERSON RESPONSIBLE FOR SCHOOL FEE PAYMENT:

ID. Number: _____ + Copy of ID.

**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.

Email: _____ Cell no: _____

**Tel. (w): _____ Tel. (h) _____ Fax no: _____
_____**

Current employer: _____

Business Address: _____

A full terms written notification is required of intention to remove a child from Wishing Wells Nursery School or Baby Care.

Signed: _____ at Black heath this _____ day of _____

Name: _____

Relationship to child: _____

OUR BANKING DETAILS ARE AS FOLLOWS:

First National Bank Sandton Branch Code: 254605
Account Number: 62703667678
Wishing Wells Nursery School

Ref: Child's Name in Full

I, the responsible party for the account of the abovementioned child, hereby confirm that I have read and understood the conditions of enrolment for my child at Wishing Wells Baby Care contained herein and agree to pay the amount of R per month or R per term. Fees are subject to an increase each year.

Signed at Black heath this _____ day of _____ year: _____

Wishing Wells Representative: _____

Payee's signature: _____

Witness: _____

TERMS, CONDITIONS AND SCHOOL REGULATIONS

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 parents or legal guardian of the child. There will be a 30% collection charge on any accounts handed over.

Arrival and Departure Times

School opens at 6.30am and closes at 6.00pm

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 collection fee of R50.00 will be charged from 6.00 to 6.30 pm. thereafter an additional fee, from 6.30 pm onwards, will be charged at a rate of R100.00 per hour, or part thereof.

Security

Wishing Wells is protected by ADT Security and a part time security guard is hired to prevent car theft and hijackings.

On entering and leaving the property it is each parent's responsibility to ensure that the 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:

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.

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 as they can be dangerous.

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.

Communication Book

A book will be supplied by Wishing Wells wherein all information regarding your child's daily activities will be recorded. This will go home in your child's bag every day and it would be appreciated if you could please write any requests or comments in this book.

Items Required for First Day of School

Disposable Nappies and Wet Wipes
Sterilized bottles with boiled water
Container with formula measured out for each bottle
Sterilized dummies, if used
Creams and Powders
Change of clothing
Clean blanket and pillow slip
Bibs

We, the parents of: _____ (block letters)

- 1) As parent/guardian of said applicant, do hereby grant permission for our child to participate in all school activities, which form part of the daily routine.
- 2) We hereby agree that on behalf of ourselves, executors and applicant to indemnify and absolve Wishing Wells Baby Care 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 our child, or for any other unfortunate event that may occur whilst in the care of, or on the property where Wishing Wells Baby Care & Nursery School operates.
- 3) Hereby undertake to pay the fees as stipulated in the fee structure.
- 4) Hereby consent that the school or its appointed agent may carry out a credit enquiry and may transmit details to the credit bureau of how I have performed in meeting my obligations in terms of this agreement and in the event that I fail to meet my obligations, may record my non-performance with the applicable credit bureau.
- 5) Hereby undertake and bind myself to pay interest compounded monthly, at the maximum rate permissible by law on all outstanding school fees.
- 6) I consent to the jurisdiction of the Magistrates Court in any action instituted against me in the event that I fail to pay as per this agreement and will be liable for all collection fees on an attorney/client scale and will be liable for all tracing costs.
- 7) Hereby confirm that the child's immunizations are up to date. (Please kindly supply copy of vaccination records.)
- 8) Hereby authorize Wishing Wells Baby Care to:
Seek any medical attention which the child may require where I could not be reasonably contacted and I accept full responsibility for all costs incurred.
Administer pain relieving or fever reducing medications such as Calpol or Panado should the need arise.
- 9) I consent to photographs being taken of my child at school. These photos may be available to parents or appear on our website or Facebook or for advertising but will not be distributed in any other form without informing parents.
- 10) Hereby acknowledge that I have read and accepted all the school rules and conditions of enrolment.

Father:

Signed: _____

Name: _____

Date: _____

Mother:

Signed: _____

Name: _____

Date: _____

Please attach a copy of both parents ID.