



## ENROLMENT FORM

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of application: \_\_\_\_\_

Date of enrolment: \_\_\_\_\_

### MOTHER

### FATHER

Name: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Tel: \_\_\_\_\_

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

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

Allergies: \_\_\_\_\_



Person who will be collecting child regularly: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_

I.D. Number: \_\_\_\_\_ Signature: \_\_\_\_\_

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## **RULES AND REGULATIONS OF THE SCHOOL**

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1. SCHOOL TIMES: 07h00 - 16h30 Full Day  
07h00 - 13h00 Half Day  
Please ensure your child is collected on time.
2. MEALS: A healthy breakfast, nutritious homemade lunch and snacks will be provided for the children.
3. ABSENTEES: If your child is absent for any reason, please notify the school first thing in the morning as not to disrupt progressing lessons. If children need to leave school early, please notify teachers in advance.
4. SAFETY Please ensure that the gate is closed behind you at all times when entering or leaving the premises.
5. SCHOOL CALENDAR: The school will be closed on public holidays and in December for 15 - 20 working days each year.
6. DISCIPLINE: Children are taught to respect themselves, their Peers and their teachers. Any disrespectful behaviour, bullying and bad language will not be tolerated. Parents will be notified of the child's misdemeanor and will be expected to take the necessary action.
7. EXTRAMURALS: We encourage pupils to participate in one or more form of extramural activity.



8. SCHOOL APP:

We have a school app where all communication about your child's day is recorded (work, toilet routines, meal and liquid intake, incidents, temperatures, illnesses, everything that pertains to your child's day). All communication about school (calendars, birthdays, school happenings, etc.) it is the duty of the parents to view this app on a daily basis.

9. SICK CHILDREN:

If a child becomes ill or injured at school, we will contact you if we feel it is necessary to do so. Please do not send children to school if they seem unwell. They are unable to cope with the work and might infect other children. We are not allowed to administer any antibiotic; children will need to stay home until their course is finished.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CONSENT AND INDEMNITY OF PAM'S PLACE

I, \_\_\_\_\_ (Full Names)

Address \_\_\_\_\_

The Parent/Guardian of \_\_\_\_\_

Hereby give consent for my child/ren to take part in the activities of Pam's Place. I fully understand and accept that all activities shall be undertaken at my child/ren's own risk. I do therefore indemnify Pam's Place and/or its employees against any claim arising of whatsoever nature and from whatsoever cause. Which I or my child/ren may have, or in the future have against Pam's Place and/or its employees.

I hereby agree to enroll the above child/ren at Pam's Place subject to the terms and conditions as laid down.

SIGNED: \_\_\_\_\_ (PARENT/GUARDIAN)

DATE: \_\_\_\_\_ WITNESS: \_\_\_\_\_

ENTRANCE FEE PAID: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

ACCEPTED ON BEHALF OF PAM'S PLACE: \_\_\_\_\_



I, \_\_\_\_\_ Parent/Guardian  
Of \_\_\_\_\_ acknowledge that

- One month's written notice is required on the 1st day of the relevant month of my intention to remove my child/ren from Pam's Place. Failing this, I undertake to pay one month's fees per child in lieu of notice.
- The entrance fee is not refundable under any circumstances.
- The entrance fee and school fees as set out in the fee structure are those applicable at present and I undertake to pay such fees as may be applicable at the date of my child/ren's admission to Pam's Place.
- School fees are due and payable on the first day of each and every month and I undertake to pay such fees as and when they fall due. In the event of late payment, a penalty will be levied.
- In case of absence from Pam's Place owing to illness or holiday the month's fees must still be paid if the child/ren's place is to be kept open.
- No repayments or reductions will be made for absences.

Please note: unless this consent is signed and completed by the parents/guardian the child will not be allowed to attend Pam's Place.

I would like to thank all parents for their understanding and support and would like to re-affirm my commitment to provide your child/ren with the best care, understanding, and fun times possible.

If you have any queries or comments, please do not hesitate to contact me, I would like to keep the lines of communication open at all times.

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

Mother/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

As Witness: \_\_\_\_\_ Print Name: \_\_\_\_\_