



## Hug Bug Playschool

Welcome to the Hug Bug Playschool ☺

### INFORMATION SHEET

Child 1 Name \_\_\_\_\_

Child 2 Name \_\_\_\_\_

Child 3 Name \_\_\_\_\_

Surname \_\_\_\_\_

Sex Male/Female

Child 1 \_\_\_\_\_

Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_

Child 1 Date of Birth \_\_\_\_\_ Exact age at admission \_\_\_\_\_ years \_\_\_\_\_ months

Child 2 Date of Birth \_\_\_\_\_ Exact age at admission \_\_\_\_\_ years \_\_\_\_\_ months

Child 3 Date of Birth \_\_\_\_\_ Exact age at admission \_\_\_\_\_ years \_\_\_\_\_ months

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

\_\_\_\_\_

Home Language \_\_\_\_\_

Parents or Guardian(Names)

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Contact Details

Home \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Housekeeper Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Nanny/Au Pair \_\_\_\_\_ Cell Phone \_\_\_\_\_

Initials \_\_\_\_\_

**MEDICAL INFORMATION**

Name of Doctor \_\_\_\_\_

Telephone Number \_\_\_\_\_

Medical Aid Scheme \_\_\_\_\_

M/A Number \_\_\_\_\_

Name of main member \_\_\_\_\_

Number of third person if there should be an emergency

Name \_\_\_\_\_ Tel \_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Additional Medical Information

Please state any special medical/allergy conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child's immunisations up to date?

Please attach a copy of the immunisation

Please state briefly any developmental strengths, or possible areas of concern-e.g. premature birth, delayed milestones, strong language skills, slow speech development, hearing difficulties, great memory, separation anxiety, etc.

Who MAY fetch your child from Hug Bug Playschool?  
\_\_\_\_\_

**Note** In the event that you want your child to be collected with anyone other than those mentioned above, please inform Anja Fockema either in the morning or via phone/SMS

Initials \_\_\_\_\_

### **Enrolment Fee, Deposit and Notice Period**

Parents are obliged to pay R5000 deposit and R950 enrollment fee (Non-Refundable) on acceptance of place offered to secure place at Hug Bug Playschool. The **deposit** is only refundable if your child attended for the full duration of the Hug Bug program (**attending up to the end of the year they turn 3**) and all fees are up to date on leaving. No interest will be paid on the deposit refund.

Should you have no choice to remove your child from the school before the end of the school program (reasons for example emigrating), we require proof of reason and ONE TERM'S NOTICE PERIOD in writing, to the Hug Bug Playschool Principal in order to receive the deposit refund.

A full term's payment is due each term regardless of attendance due to school holidays or absenteeism for any reason whatsoever.

### **CONSENT AND INDEMNITY**

It is a condition of acceptance for your child that all forms, including the Waiver and Indemnity form, are signed by both parents.

This agreement is binding and cancellation is subject to the standard cancellation conditions set out.

### **Attendance options and payment of fees**

Please mark X on the options below (Refer to Hug Bug School Fees page):

Two days a week option available for the first two months of attendance only and will be adjusted to 3 days a week after the first two months.

2 days a week(2 months only)\_\_\_\_3 days a week\_\_\_\_4 days a week\_\_\_\_5 days a week\_\_\_\_

Monthly payment\_\_\_\_Termly payment\_\_\_\_Yearly payment\_\_\_\_

The person/people who undertook the responsibility of signing this form is responsible for payment to the below bank account:

Name: Hug Bug Playschool

Bank: Standard Bank

Branch Code: 007205

Account Number: 402269152

Reference: Childs name/INV#

Initials \_\_\_\_\_

In the unfortunate event of default by the parents in respect to school fees, enrollment charges, bank charges or any other money due, Anja Fockema shall have the right to institute legal action against the parents, for which legal fees the parents shall be liable.

**WAIVER AND INDEMNITY**

We, \_\_\_\_\_ the father/guardian,  
and \_\_\_\_\_ the mother/guardian  
of \_\_\_\_\_ (child)

fully understand and accept that all the Hug Bug Playschool activities, or any excursion of which we shall be notified, are undertaken at our and our child's own risk.

Whilst our child is in the care of Anja Fockema trading as Hug Bug Playschool ("Anja Fockema") or her assistants or employees, neither Anja Fockema nor her assistants or employees shall be liable for any damages arising out of injuries however caused.

We waive and abandon any claims which may at any time arise as aforesaid, both in our personal capacities, and in our capacities as the parents/guardians of the child, and we expressly indemnify Anja Fockema and her employees or assistants against any claim which may arise or be instituted.

We consent to our child being treated in the case of emergency by our own doctor, or at any hospital or doctor which Anja Fockema may choose. In the case of emergency we agree that Anja Fockema, or in her absence her assistants or employees, after reasonable effort to contact us has proved unsuccessful, may give the required permission and sign the necessary written consent for the child to be subjected to surgery or other medical treatment, executed on the advice, and under the supervision, of a medical doctor. We also agree to accept responsibility for any and all medical costs incurred.

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

\_\_\_\_\_

Signature of Father/Guardian

\_\_\_\_\_

Signature of Mother/Guardian

\_\_\_\_\_

Signature of Anja Fockema trading as Hug Bug Playschool

Initials \_\_\_\_\_