



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 R5500 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: First National Bank

Branch Code: 250655

Account Number: 63083707449

Reference: Childs name/INV#

Initials _____

In the unfortunate event of default by the parents in respect to school fees, enrolment 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 or 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 _____