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_____

Father or Guardian Information

Full Name_____

Home_____

Work_____

Cell Phone_____

Email_____

Mother or Guardian Information

Full Name_____

Home_____

Work_____

Cell Phone_____

Email_____

Childcare Worker/s Information

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 (Yes/No)? _____

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 in advance via WhatsApp

Initials_____

DEPSOSIT AND ENROLLMENT FEE

Upon acceptance of a place at Hug Bug Playschool, parents are required to pay a **R5,750 deposit** and a **R1,000 non-refundable enrolment fee** to secure the place. These amounts must be paid **before the child's first day of attendance**.

The **R5,750 deposit** is refundable provided that:

- All school fees and other amounts owing are **paid in full** at the time of leaving the school.
- Should the child be withdrawn from the school **before the end of the year in which they turn 4**, written notice of withdrawal must be provided by the **end of the preceding term.** The child **must attend the full term** following the term in which notice is given, and all school fees payable for the child's final term of attendance **must be paid in full.**

No interest will be paid on the deposit.

SCHOOL FEES AND ABSENTEEISM

School fees are payable **in full regardless of attendance**, including during school holidays and periods of absence for any reason.

Days missed due to illness, absenteeism, holidays, or any other reason cannot be made up, transferred, or carried over to a later date for children who do not attend five days per week. No reduction, credit, or refund of school fees will be given for any missed days.

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 or guardians.

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

Initials _____

ATTENDANCE AND PAYMENT OPTIONS

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

A two-day-per-week attendance option is available for the first two months only. Thereafter, attendance will be increased to three days per week.

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#

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.

Initials _____

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 _____