

## Application for Admission Admission Date: \_\_\_\_\_

We require the following supporting documents:

Copy of Child's Birth Certificate  Copy of parents / Legal guardians ID  Copy of Vaccination record

Age group applied for:  2-3 years  3-4 years

Details of child:  Half Day Care: 08:00am/12:30pm  Full day Care: 08:00am/17:00pm

Surname: \_\_\_\_\_ Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male/Female. How many children in your family? \_\_\_\_\_

Ranking in family: \_\_\_\_\_ Was applicant born Full-Term / Pre-Term.

If pre-term please specify \_\_\_\_\_ weeks? If Applicant and Mother experienced any difficulties OR complications during the Birthing process please specify as this is significant in the development of the child:

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Primary Language: \_\_\_\_\_ Other Language Spoken: \_\_\_\_\_

Religion: \_\_\_\_\_ (We welcome all Religions/Cultures)

Diet: \_\_\_\_\_ Diet Exclusion :( No-Meat/Fish/Eggs/Dairy/Nuts/Sugar/Soy)

Previous school/Day Care: \_\_\_\_\_ Contact: \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

Who will bring the child to school? \_\_\_\_\_

Who will collect the child from school? \_\_\_\_\_

Other person's allowed to collect child from school: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Please mention any family challenges we need to beware of e.g. divorce/separation/any traumatic event: \_\_\_\_\_

***When your little one is having a particularly tough day, kindly send our teacher a message saying "Handle with care" so we can make sure you little one gets all the emotional support they need.***

**Details of Legal Guardian 1:**

Legal Guardian 1 Surname: \_\_\_\_\_ Full Name: \_\_\_\_\_

Title: \_\_\_\_\_ ID Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

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

Postal Address: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Cell: \_\_\_\_\_

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

Parental Status:  Child living with parent/s  Child's legal guardian  Access rights to child

**Details of Legal Guardian 2:**

Legal Guardian 2 Surname: \_\_\_\_\_ Full Name: \_\_\_\_\_

Title: \_\_\_\_\_ ID Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

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

Postal Address: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Cell: \_\_\_\_\_

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

Parental Status:  Child living with parent/s  Child's legal guardian  Access rights to child

We, the undersigned, \_\_\_\_\_, hereby certify that the information given by us in this Application for Admission is complete and accurate.

We also agree to the conditions set out herein. We accept that the School is an Alternative Holistic Playgroup with principles based on natural, family based, learn-by-play education motivated by love, respect and inclusion for ALL children in all aspects of life! We understand that the Play Group number of children per class may increase in the future to no more than 12 per class, with notice.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Contact Details:

Alternative person's residing at a different address, who may be contacted in case of an emergency, to act on your behalf should you not be available immediately.

1. Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

## Child's Medical Information:

Blood Type: \_\_\_\_\_ Doctor: \_\_\_\_\_

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

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

Medical Aid

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Main Member Initials and Surname: \_\_\_\_\_

Main Member ID Number: \_\_\_\_\_ Option: \_\_\_\_\_

Please complete:

Has the child received all necessary immunisations? If no, please state reason?

Yes  No Reason: \_\_\_\_\_

Does the child suffer from any allergies?

Yes  No Details: \_\_\_\_\_

Does the child have any special medical needs? If yes, please give details?

No  Yes Details: \_\_\_\_\_

Does the child suffer from any other illnesses, disabilities or challenges?

No  Yes Details: \_\_\_\_\_

**Indemnity Declaration:**

We acknowledge that in certain situations that there may be insufficient time to contact parents/guardians OR to refer to Medical Records, and consequently Sacred Seeds Holistic Learning Centre representatives are authorised to utilise the most appropriate Medical service available.

Signature of Parent /Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

We the undersigned, \_\_\_\_\_, give authorisation to the Principal or her representatives to act in any emergency medical treatment in their sole discretion deems necessary for the learner, and in doing so agree that the principal or her representatives act in part of the parents or legal guardian.

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

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

**General Indemnity:**

Sacred Seeds Holistic Learning Centre undertakes reasonable and general acceptable safety measures with regard to the safety and well-being of all the children, educators and visitors to the school. Sacred Seeds Holistic Learning Centre does not accept any responsibility for any injury, incident, death, accident, loss or damage that may occur in the classroom or on The Studio premises or on an outing.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Photographs and Videos:**

For Sacred Seeds Holistic Learning Centre at The Studio to publish photographs or videos in which my child appears for electronic or print media. We will never share personal details, address, or last name.

I give permission:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

I do not give permission:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

## Account Holder Details: Payment of Fees

### Details and declaration of Account Holder:

Surname: \_\_\_\_\_ Full names: \_\_\_\_\_

Title: \_\_\_\_\_ ID Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Please note the following payment items:

- Fees are payable monthly in advance on OR before the 2<sup>nd</sup> of every calendar month.
- Fees can also be paid annually in advance on OR before the 31<sup>st</sup> of December.
- The centre reserves the right to charge interest on all accounts in arrears for 30 Days or longer per month.
- Fee increase of 10% will take place in January 2023 and thereafter ( yearly).
- The Enrolment-Fee is a once off non-refundable fee of R500.00
- If the account holder neglects to pay the account, the centre may refuse the child access to the centre.
- Notice. The account holder undertakes to give 30 calendar days notice of termination of the enrolment of the child, failing which the liability be acquired for the full amount of the following month's fee.
- No student may give notice during the last semester of the year.
- Notice given during October or November will require Full 4th Term Fees.

I, the undersigned, \_\_\_\_\_, hereby certify that the information given by the account holder in this application for admission is complete and accurate.

I accept full responsibility and liability for the punctual payment of the once off non-refundable enrolment fee as well as the punctual payment of Sacred Seeds Holistic Learning Centre fees.

Signature of account holder: \_\_\_\_\_ Date: \_\_\_\_\_

### Playgroup Fees

#### Half Day: 08:00am/12:30pm

R3000.00 per month. 10% Discount will be given to Siblings on their monthly fees.

R 36,000 (January to December)

#### Full day: 08:00am/17:00pm

R3800.00 per month

R45,600 per annum ( January to December)

Open Monday till Friday. Closed Public Holidays and School Term Holidays as communicated.

THANK YOU ! We look forward to connecting with you and your little one.