APPLICATION FORM

STUDENT INFORMATION	
Surname	
First Names	
Date of Birth	
Age	
Gender	
Previous School	
Reason for leaving	
Any Illness/allergies, please specify	
Any Chronic medication, please specify	
Home Doctor	
Contact Number of Home Doctor	

PARENT/ GUARDIAN INFORMATION	
Mother	
Surname	
First Names	
Home Address	
Mobile Contact	
Email	
Occupation	
Employer Name	
Work Contact	

PARENT/ GUARDIAN INFORMATION	
Father	
Surname	
First Names	
Home Address	
Mobile Contact	
Email	
Occupation	
Employer Name	
Work Contact	

MEDICAL AID DETAILS	
Scheme Name	
Plan	
Membership Number	
Primary Member	

EMERGENCY CONTACT DETAILS	
Surname	
First Names	
Home Address	
Mobile Contact	
Email	
Relationship to Learner	

PERSONS AUTHORISED TO FETCH LEARNER		
Name and Surname	Relationship	Contact Details

SCHOOL FEES STRUCTURE 2024		
Age group	Half Day per Month	Full Day per Month
3 Months – 5 years	R 2400	R 2850
Aftercare grades R-3	R 1000	

INDICATE OPTION		INDICATE PAYMENT METHOD	
Half Day – 06:30-12:30	☐	Cash	☐
Full Day – 06:30-17:30	☐	Eft	☐
Aftercare – 13:00-17:30	☐		
Age group	……		

INDEMNITY

Although every precaution necessary will be taken to prevent accidents, by signing below, the parent/guardian of said child agrees to hold harmless, release, defend and indemnify Chem Kids Carbon Daycare, the staff, guests, representatives and owners of 166 Villiers Road, Walmer, Port Elizabeth for any liability, claim, suit, expense, or loss arising from the said child whilst in the care of Chem Kids Carbon Daycare. I hereby waive and abandon any claim of whatsoever nature which I might have or believe I have against any of the above-mentioned parties arising out of the care and supervision of my said child.

SCHOOL FEES

I/We understand and agree that we are personally responsible at all times for the payment of school fees under any circumstances.

I/We accept that all signatories of this agreement are jointly and severally liable for payment of school fees by signing below. Liability for Fees where Child is withdrawn from the school.

I/We agree to inform the Principal, in writing, of the intent to remove a child from the school, giving ONE FULL MONTHS notice. In the event of the school having to institute legal proceedings for the recovery of fees, the full outstanding balance of such fees shall immediately become due and payable.

I/we shall be liable for costs on the scale as between attorney and client.

Fees are calculated for the year and divided into 12 equal monthly payments. No reduction is given for absenteeism and the month of December.

Age group 4-5 learners who are enrolled in 2024, fees will be calculated and divided in a manner whereby all fees for the year will be paid and settled by the 1st November 2024.

By signing this document, you are indicating that you have read, understood, accepted and agree to be legally bound by the terms of this Agreement

FATHER: _____ MOTHER: _____

DATE: _____ DATE: _____

Enrolment in the School is for the entire 2024 school year, unless a shorter period is specifically agreed to.

Enrolment is only confirmed after payment of a non-refundable enrolment fee of R 500.00.

The enrolment fee is only applicable to new students.

Acceptance into the school shall be made at the school's discretion, in accordance with our Admissions Policy.

The termination of the contract shall be made at the school's discretion, if learners display uncontrollable unruly behaviour and affects the other learners and teaching taking place.

Meetings will be held with parents should a case like this arise.

DOCUMENTS TO BE ATTACHED
1. Copy of the child's birth certificate
2. Copy of the clinic card (immunisation page only)
3. Copy of mother and father's ID document
4. Copy of Medical Aid Card
5. Copy of your child's most recent school report if applicable
6. Any charges or fees that are related to your enrolment