



Immanuel Day Care Centre
 159 Roosmaryn Crescent, Geelhoutpark Extension 6
 Where Little Dreams Begin!

Grade R Admission Form | 2025

Application is subject to signing of admission form, emergency release, field trip permission and the indemnity form. Attach certified copies of Parent(s)'s ID, Child's Birth Certificate, Clinic Card and Proof of Residence.



CHILD'S INFORMATION

Full Name(s) :

Surname :

Preferred Name :

ID Number :

Date of Birth : / / Home Phone :

Address Line 1 : Address Line 2 :

Suburb : City :

Province : Postal Code :

PARENT'S INFORMATION (MOTHER)

Full Name(s) : Title :

Surname : ID No :

Employer's Name:

Occupation :

Work Address :

Email :

Work Phone : Extension :

Home Phone : Cellular Phone :

Address Line 1 : Address Line 2 :

Suburb : City :

Province : Postal Code :

PARENT'S INFORMATION (FATHER)

Full Name(s) :	<input type="text"/>	Title :	<input type="text"/>
Surname :	<input type="text"/>	ID No :	<input type="text"/>
Employer's Name:	<input type="text"/>		
Occupation :	<input type="text"/>		
Work Address :	<input type="text"/>		
Email :	<input type="text"/>		
Work Phone :	<input type="text"/>	Extension :	<input type="text"/>
Home Phone :	<input type="text"/>	Cellular Phone :	<input type="text"/>
Address Line 1 :	<input type="text"/>	Address Line 2 :	<input type="text"/>
Suburb :	<input type="text"/>	City :	<input type="text"/>
Province :	<input type="text"/>	Postal Code :	<input type="text"/>

PARENT'S RELATIONSHIP (PLEASE TICK)

Married :	<input type="checkbox"/>	Living Together :	<input type="checkbox"/>	Divorced :	<input type="checkbox"/>
Separated :	<input type="checkbox"/>	Widowed :	<input type="checkbox"/>	Single :	<input type="checkbox"/>

EMERGENCY INFORMATION

Child's Doctor :	<input type="text"/>	Phone :	<input type="text"/>
Preferred Hospital :	<input type="text"/>	Phone :	<input type="text"/>
Regular Medications :	<input type="text"/>	Medicine allergic to:	<input type="text"/>
Food allergies :	<input type="text"/>	Any other allergies :	<input type="text"/>
Any special health conditions :	<input type="text"/>		

EMERGENCY CONTACTS

Primary Emergency Contact (other than parents or guardian)

Name and Surname :			
Relationship to child :			
Home Phone :		Work Phone :	
Address Line 1 :		Address Line 2 :	
Suburb :		City :	
Province :		Postal Code :	

Secondary Emergency Contact (other than parents or guardian)

Name and Surname :			
Relationship to child :			
Home Phone :		Work Phone :	
Address Line 1 :		Address Line 2 :	
Suburb :		City :	
Province :		Postal Code :	

ACCOUNT PAYMENT

I, (Parent/Guardian) agree that I will pay the School account without fail; on or before the due date.

Arrears of 30 days or more will be handed over for collection with all the associated costs (i.e. Attorneys, court etc.)

I (the signatory – Parent/Guardian) understand this is a legally binding document. I have read it and fully understand its contents. All the contents were fully explained to me. I have no objection in signing this contract.

Name & Surname (Mother) :			
ID Number :			
Signature :		Date :	

Name & Surname (Father) :			
ID Number :			
Signature :		Date :	

Persons signing contract is responsible for payment.

(PLEASE ATTACH COPY OF I.D.)

INDEMNITY

In the unlikely and unfortunate event of natural disasters, fires, floods, lighting etc. occurring, Immanuel Day Care Centre shall not be held responsible for any loss suffered as a result.

1. Furthermore, Immanuel Day Care Centre shall not be held responsible (financially, legally or otherwise) for any loss of valuable and personal possessions or personal injury resulting from the participation of the child attending any educational exercise, outing, or daily activities of the School.
2. Solely, by permitting attendance of the child to the Crèche, I acknowledge and agree to abide to the abovementioned conditions.

Mother's Signature :

Date :

Father's Signature :

Date :

EMERGENCY RELEASE

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child,

may be given emergency treatment by a staff member of Immanuel Day care Centre. I also give permission for my child to be transported by car/ambulance, to any emergency Centre for treatment, and I agree to hold Immanuel Day care Centre and its employees harmless.

Name & Surname (Mother) :

ID Number :

Signature :

Date :

Name & Surname (Father) :

ID Number :

Signature :

Date :

FIELD TRIP PERMISSION

I hereby request that my child,

be permitted to participate in fields trips, to the park, or any other activities that would involve taking the child outside of the day care for his/her benefit in attendance at this facility, and agree to hold Immanuel Day Care Centre and its employees harmless.

Name & Surname (Mother) :

ID Number :

Signature :

Date :

Name & Surname (Father) :

ID Number :

Signature :

Date :

PHOTOGRAPHY & MEDIA CONSENT

I, the undersigned parent/guardian of

hereby grant permission to Immanuel Day Care Centre to photograph, record, and use images and/or videos of my child for the purpose of displaying on the school's website, social media pages, newsletters, and any other promotional or educational materials related to the school.

I understand that these images/videos may be used publicly for the purpose of showcasing activities, achievements, and events at Immanuel Day Care Centre. I acknowledge that no personal information (such as full names) will be disclosed alongside the images without additional consent.

I acknowledge that this consent is voluntary and that I may withdraw it at any time by providing written notice to Immanuel Day Care Centre.

By signing below, I confirm that I have read and understood this consent and voluntarily agree to allow the school to use my child's images as described above.

Name & Surname (Mother) :

ID Number :

Signature :

Date :

Name & Surname (Father) :

ID Number :

Signature :

Date :

GRADUATION

Graduation Fee Package R [REDACTED] including meals.

- We provide children with 3 meals per day: breakfast, lunch and Snacks
- Our Uniform: [REDACTED]
- A 3 (three) months notice is required when you remove your child from the centre.
- We also cater for children with special needs, those HIV positive and Aids infected or affected.
- NB NO REFUND OF ANY PAYMENT OR TOILETRIES WILL BE GIVEN AND / OR ANY DISCOUNT

RULES AND REGULATIONS

1. A registration fee of R200.00 is payable before admission of the child. school fees is paid monthly.
2. No refund will be payable during the period which the child does not attend the school.
3. Your child must be collected from school not later than 17h00, unless special arrangements have being made.
4. Should parents wish to remove the child from Immanuel Day Care a Centre, three months written notice is required.
5. Parents must undertake to attend meetings as requested by the school, if unable to attend send a representative.
6. A photocopy of the immunization (clinic card) card and birth certificate must be submitted.
7. Children must be presentable and clean when brought to the day care centre.
8. Parents must report any problem the child may have to the teacher, e.g. refusing feed, unwell at night or over the weekend, doctors order etc.
9. Registration is subject to signing of application form (attach copy of ID) emergency release, field trip permission and the indemnity form.
10. No sick child should be brought to the day care centre.
11. All trips are compulsory even if you are not attending, due to fundraising.
12. Parents must undertake to buy a cake, sweets, juice, chips etc. for the class on their children's birthdays.
13. No child/children are to be dropped at the gate.

CONDITIONS OF ENROLMENT

I, the undersigned, (Hereinafter referred to as the Applicant).....
(Full Names) of (Physical Address).....

do hereby agree, personally and for and on behalf of my minor son/daughter to be bound by the following terms and conditions of enrolment in the event of (hereinafter referred to as the Pupil)

..... (Full Names)
being admitted to and enrolled as a pupil to Immanuel Day Care Centre (hereinafter referred to as the School), that:

1. The Applicant and the Pupil will be bound by the rules, regulations, policies and procedures of the School as laid down by the School Council, its Executive Committee and/or its Headmaster from time to time. The Applicant confirms that he will read and discuss the school rules contained herewith with his/her son/daughter.

In particular, the Applicant will ensure that the pupil's attention is specifically drawn to the rules relating to Headmaster's Offences, which prohibit the following:

- (a) Any form of initiation or bullying, be it psychological or physical.
- (b) Unacceptable sexual behaviour or activity including the possession or circulation of pornography.
- (c) Theft; the borrowing of articles without owner's permission shall be construed as theft.
- (d) Cheating.
- (e) Possessing firearms, other dangerous weapons, or inflammable liquids.
- (f) Purchasing, possessing or drinking alcohol.
- (g) Purchasing, possessing or using any prohibited drug.
- (h) Purchasing, possessing or smoking tobacco.
- (i) Bunking school or Chapel.
- (j) Breaking bounds.

A contravention of one or more of these rules may lead to the pupil's expulsion from the School at the sole discretion of the Headmaster. In the event of a pupil's expulsion from the School, the Applicant understands that he/she will nevertheless be liable for fees and disbursements up to the end of the month in which the expulsion takes place.

2. The Applicant, in his/her capacity as parent and/or guardian of the pupil consents to the exercise of the necessary parental powers by the Headmaster, Deputy Headmaster, Housemaster or nominated teacher over the pupil whilst the pupil is on the School premises and/or engaged in any activity in connection with or incidental to the School, whether academic, sporting, recreational or otherwise and they shall be deemed to be in loco parentis, having all necessary authority and without limiting the generality of the foregoing, the following:

- (a) in case of emergency, to give any consent that may be required for any medical treatment, operation, anaesthetics or blood transfusions.
- (b) to take any decision or furnish any consent or perform any act that they may be considered to be in the best interests of the pupil in the prevailing circumstances.

3. (a) (i) All tuition fees shall be due and payable monthly in advance on the first day of each Month. Fees may be paid by way of a debit order or stop order provided prior arrangements have been made with the School and any costs relating thereto shall be debited against the Applicant's account. Cash payments will be accepted.
- (ii) An admission fee, in such amount as may be determined by the School Council from time to time, shall be payable upon acceptance of the Application for enrolment.
- (b) All incidental expenses incurred shall be due and payable by the Applicant as and when charged.
- (c) In the event that the School is obliged to institute legal action for outstanding tuition and related expenses due by the Applicant then, and in that event, the Applicant shall be liable to the School for all expenses incurred in collecting any amount owing by the Applicant, which expenses shall include all legal charges on the scale as between Attorney and own client, collection commission and tracing fees.
- (i) Without limiting or detracting from the School's rights to enforce payment of any and all monies due to the School by the Applicant, the School may, in its sole discretion:
- (i) refuse the return of the pupil to the School or send the pupil home.

4. Once the pupil has entered the School a clear 3 Month's written notice of withdrawal must be given to the Headmaster, if the Applicant wishes to terminate this Contract for any reason and to withdraw the pupil prior to the end of the year. If such notice is not given, a full 3 Month's fees at the rate applicable for the next 3 Months in which the pupil would have been, shall be paid in lieu thereof. Likewise, if the School elects for any reason to terminate this Contract, then it may do so, on giving the Applicant a clear Month's written notice of its decision to terminate the Contract at the end of the Month in question, at which time the Applicant must withdraw the pupil.

5. The Applicant accepts that the state of health of the pupil is of a material nature to his attendance at the School and undertakes to furnish the School, at the School's request, with a certificate certifying his good health, the acceptance whereof shall be in the sole discretion of the School.

6. The Applicant understands that the School will constantly endeavour to take such steps as may be reasonably required in the circumstances to do what it can to keep the pupil out of harm and free from loss, taking into account what can be reasonably foreseen and provided for in each case. Subject to the above, the Applicant and co-signatory hereto jointly and severally waive their own claims and indemnify the School, its employees and agents (for whom it may be found to be vicariously liable) against any claim of the pupil in respect of the event in question, howsoever it arises and including any loss, damage, costs or expense including legal costs suffered as a result of the pupil's enrolment or attendance at the School. The Applicant accepts liability for any loss or damage suffered by the School relating to the enrolment of the pupil, howsoever caused.

7. For the purposes hereof, the School nominates as its address for service of all documents and notices, Immanuel Day Care Centre, 159 Roosmaryn Crescent, Geelhoutpark Extension 6, Rustenburg, 2999 and the Applicant nominates as an address for service of all documents and notices, the address set out in Parent's Information above. All notices required to be given in terms hereof shall be delivered to the nominated address or shall be sent by email or by hand and shall be deemed to have been received seven days after posting.

8. Any relaxation or deviation from the terms of this agreement shall not be deemed to be a waiver of the School's rights to enforce strict compliance with these conditions without further notice.

9. This agreement shall be deemed to be concluded upon the enrolment of the pupil by the School, and on the payment of the application fee stipulated by the School and shall constitute the whole of the agreement between the parties and no amendment, alteration, addition or variation will be of any force or effect unless reduced to writing and signed by the parties.

10. The Applicant understands that the information contained in the application for admission form constitutes a material representation relevant to the acceptance of the enrolment of the Applicant's child as a pupil and the Applicant warrants that all information contained in the Application for Admission is true and correct.

11. The Applicant understands that by signing this form he/she consents to Immanuel Day Care Centre conducting whatever enquiries may be considered necessary to verify any information given in this Application for Admission.

The information requested in the Application for Admission and in the Conditions of Enrolment must be fully completed and the original Application Form returned to the School before acceptance of the pupil can be considered.

Incomplete forms will be returned for proper completion.

Dated at..... this..... day of.....(Month) (Year)

Signed:(Father) (Full name in block capitals)

.....(Mother) (Full name in block capitals)

(Parent — both Father and Mother or Guardian/Custodian/Other to sign) whose liability in terms hereof shall be joint and several.