

Aftercare



De Jager Academy (Pty) Ltd

Tiny Kids Academy

☎ 082 569 5031

Reg.No: 2016/463738/07

☎ 082 576 7891

🏠 15 Strauss St • Universitas • Bloemfontein • 9301

Email: tinykidsacademy@gmail.com

Play, learn and grow together

Please indicate whether or not your child will require Transport from School to Tiny Kids Aftercare:

Transport: Yes No

Application for Admission

1. Full Name of Pupil.....
2. School attending.....
3. GRADE.....

4. Date of Birth of Pupil.....
5. Full Name & Surname of Father.....
6. Full Name & Surname of Mother.....
7. Identity Number of Father.....
8. Identity Number of Mother.....
9. Contact details of Father: Home:
Business:
Cell:
Email:.....
10. Contact details of Mother: Home:
Business:
Cell:

Email:.....

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11. Person responsible for School fees:
Name:
ID no:
Address:.....
Contact detail:.....
9. Home Language of Pupil:.....
10. Employer : Father:: Mother.....
11. Occupation: Father.....:Mother.....
12. Religious Denomination:
13. Name and Telephone Number of Family Doctor:
14. Allergies, if any, to which child is prone:
15. Emergency contact number:
16. Person who will collect child after school:

Please note that any **changes** to the person who will collect the child must be communicated on the Whats app group before the child is collected. The Tiny Kids Teachers will not allow your child to go with someone should they not be advised.

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DECLARATION

1. I request that my child or ward be admitted as a pupil at The Tiny Kids Academy, and I undertake to conform to the rules and regulations enforced from time to time.
2. I hereby undertake to pay all school fees owing to The Tiny Kids Academy monthly, in advance, on the fifth day of the current month. Upon removing my child or ward, I shall give 1 months' notice, in writing, to the Principle or, in default, shall pay one month's fees. Upon removing my child in the last term I shall give three full months (90 days) notice, in writing, to the principal or, in default, shall pay the 3 months' fees.
3. I hereby waive any claim which I may have as a result of injuries sustained by (full name of child)..... This also includes injuries as a result of his/her conveyance by teachers and/or servants and/or employees and/or parents of pupils of The Tiny Kids academy, to school functions or like activities.
4. I hereby grant full authority to the Principle of The Tiny Kids Academy to act on my behalf in cases of emergency.

Signed at BLOEMFONTEIN on the day of 20.....

Signed: Parent/Legal Guardian

NB: The following documents must accompany this form to allow for admission:

1. A copy of the birth certificate of pupil
2. A copy of the pupil's clinic card
3. A copy of both parents'/ guardians' IDs

NAME OF MEDICAL AID: _____

MEMBERSHIP NUMBER: _____

NAME OF DOCTOR: _____

ADRESS OF DOCTOR: _____

TELEPHONE NR OF DOCTOR: _____

I certify that my child/ward is to the best of my knowledge not suffering from any infectious disease.

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OTHER MEDICAL CONDITIONS

My child/ward suffers from the following allergies or other medical conditions:

_____ and using the following medication _____

_____ which will be handed to the directress in charge at the commencement of the above-named activity for his/her treatment, should it be necessary.

Signed at BLOEMFONTEIN on this _____ day of _____ 20_____

Signed: _____ Parent/Legal Guardian