

Enrollment Form

Child's Details

Surname: _____

First Names: _____

Preferred Name: _____

Date of Birth: _____

Nationality: _____

Religion of Child: _____

Home Language: _____

Country of Origin: _____

Name(s) of previous nursery school(s) if applicable:

What is your child's living arrangement?

Lives with both parents

Lives with one parent

Shared residence

Child's Medical Information

Medical History

Is your child **vaccinated**: Yes No

If yes, against what: _____

If no, is there a medical reason: _____



Is your child on **regular medication**? Yes ____ No ____

If yes, please list them below:

Is your child **allergic to any medications**? Yes ____ No ____

If yes, please list them below:

Is your child allergic to **insect bites or stings**? Yes ____ No ____

If yes, please list them below:

Is your child **allergic to any foods**? Yes ____ No ____

If yes, please list them below:

Details of **allergy treatment** if necessary:

Family doctor: _____

Telephone number: _____

Permission for Medical Treatment in an emergency

I THE UNDERSIGNED, _____,

PARENT/GUARDIAN OF _____

**DO HEREBY GIVE PERMISSION FOR MY CHILD TO RECEIVE MEDICAL ATTENTION
IN AN EMERGENCY, SHOULD I OR MY DOCTOR NOT BE ABLE TO BE
CONTACTED!**

Emergency Contact Details

First option other than parents.

Name: _____

Relationship to child: _____

Contact number: _____

Second option other than parents.

Name: _____

Relationship to child: _____

Contact number: _____

Medical Aid Details

Do you have a medical aid? Yes ____ No ____

Name of medical aid: _____

Scheme/plan name: _____

Medical aid number: _____

Name of principal member: _____

Important Medical Information

- Please keep us informed of any illnesses, accidents, skin rashes, allergies, eye conditions, ringworm, pink eye etc.
- Also please advise us if siblings have had an infectious disease as we must comply with ALL health regulations pertaining to Nursery Schools.
- No medication or vitamins are to be sent to school as we are not permitted by law to administer any medications to children.
- In the case of allergy treatments, please specify the emergency treatment protocol in the area provided above.

Details of Parent/Guardian 1:

Should any of your contact details change, please inform the school.

Personal Details

First Names: _____

Surname: _____

Identity Number: _____

Religion: _____

Are you a resident of South Africa: Yes ____ No ____

Are you a member of a synagogue?: Yes ____ No ____

If yes, where? _____

Contact details

Email Address:_____

Cell number: _____

Work number: _____

Home Address: _____

Occupation details

Employer/Business Name: _____

Type of Business: _____

Position: _____

Details of Parent/Guardian 2:

Should any of your contact details change, please inform the school.

Personal Details

First Names: _____

Surname: _____

Identity Number: _____

Religion: _____

Are you a resident of South Africa: Yes ____ No ____

Are you a member of a synagogue? Yes ____ No ____

If yes, where? _____

Contact details

Email Address: _____

Cell number: _____

Work number: _____

Home Address: _____

Occupation details

Employer/Business Name: _____

Type of Business: _____

Position: _____



Pickup Permission

School must please be notified if there is a change in fetching arrangements.

Should a person not on this list arrive to pick up your child, we will not allow the child to leave until we have confirmed the arrangement with a parent/guardian.

The following people are allowed to fetch my child from school.

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____



Parental/Guardian Media Consent Form

As part of Mina Lopato Nursery School's efforts to advertise the school and update parents and other interested persons as to what is happening at the school, we intend to include photographs and videos of children who attend the school on our advertising and marketing material and/or on the internet and/or social media platforms, pages and/or on Mina Lopato's web site ("Relevant Media").

This consent form requests permission for Mina Lopato (or anyone on its behalf) to capture, record, store, access, edit, disseminate, distribute and publish ("Process") your child's image, photograph and/or video on the Relevant Media.

If you, as the parent or guardian, wish to rescind your consent as contained in this form, you may do so at any time in writing by sending an email or letter to Mina Lopato and such rescission will become effective immediately upon receipt by Mina Lopato.

Select one of the following options:

Please initial your choice.

_____ **I GRANT PERMISSION** for images, photographs and/or videos of my child, in which my child is identifiable, to be Processed by Mina Lopato (or someone on its behalf) on the Relevant Media.

_____ **I DO NOT GRANT PERMISSION** for my child's image, photograph and/or video to be Processed by Mina Lopato (or someone on its behalf) on the Relevant Media.

Child's Name: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Indemnity Form

I/We, confirming that I/We am/are the parent/legal guardian of the above child hereby agree, in favour of Mina Lopato Nursery School (Association incorporated in terms of section 21) registration number 2003/030424/08 and its agents and representatives, individual staff members and parents or other persons acting for that School (“the School”) that -

1. While all reasonable care shall be taken to ensure the safety and welfare of the child and his/her property, attendance by my/our child at the School and/or his/her being transported at any time for any purpose whatsoever and/or participation in any school activity shall be at my/our and the child’s own risk, and neither I/we nor our child will have any claims against the School of any nature whatsoever and howsoever arising out of or in connection with the child’s activities at the School, including but not limited to claims relating to bodily injury and/or loss of property.
2. Should I/we become liable to pay medical or other expenses to any third party as a result of bodily injuries suffered by the child or other obligations incurred, I/we understand that no claim lies against the School for recovery of such expenses.
3. It is my/our responsibility to ensure that my/our child is adequately insured against personal injury or related risks and loss or damage to the personal property of my/our child.
4. The Principal of the School and/or, in her absence or unavailability, the next most senior teacher (“responsible person”) shall be authorised to act *in loco parentis* for my/our child, on my/our behalf if the need arises, whilst he/she is involved in school activities. Without in any way limiting the foregoing, I/we specifically authorise the said responsible person in my/our place and stead –
 - 4.1. to take all such action and steps as he/she may deem appropriate to ensure the welfare of my/our child and other children at the school, which may include appropriate limit setting as required;
 - 4.2. to arrange for any medical and/or dental treatment in respect of my/our child and I/we undertake to pay for such treatment; and
 - 4.3. in emergency circumstances, in the event of injury, accident and/or illness suffered by my/our child while at the School, to consent to such medical procedures as may in the view of the responsible person on the basis of the available medical advice appear to be necessary and in the interests of my/our child. The interpretation of this section in any emergency shall be at the discretion of the responsible person who will consult me/us where in his/her opinion this is possible.
5. These terms are binding on the child’s executors, administrators, heirs, next of kin and successors or assigns. No amendment or variation of these terms shall be effective unless recorded in writing and signed by a duly authorised representative of the School.

Signature Parent/Guardian

Date

Money Matters

Mina Lopato Fees Schedule 2022

16 months – 5 years

| ANNUAL FEES | |
|--|----------------------|
| Full <i>1 Jan – 1 Dec</i> | R 64 680 per year |
| Discounted <i>7,5% discount if settled in full upfront</i> | R 59 829 per year |
| TERM FEES | |
| Full <i>4 payments – at start of each term</i> | R 16 170 per term |
| Discounted <i>5% discount if payments are made before the start of each Term</i> | R 15 361.50 per term |
| MONTHLY FEES | |
| Full <i>12 monthly payments 1 January to 1 December</i> | R 5 390 per month |
| DAILY FEES | |
| 3 Days a week <i>Only available for Felicity's class -(we do not offer make up days)</i> | R350 per day |

Grade R

| ANNUAL FEES | |
|--|----------------------|
| Full (Grade R) <i>1 Jan – 1 Dec</i> | R 66 660 per year |
| Discounted <i>7,5% discount if settled in full upfront</i> | R 61 660.50 per year |
| TERM FEES | |
| Full (Grade R) <i>4 payments – at start of each term</i> | R 16 665 per term |
| Discounted <i>5% discount if payments are made before the start of each Term</i> | R 15 831.75 per term |
| MONTHLY FEES | |
| Full (Grade R) <i>12 monthly payments 1 January to 1 December</i> | R 5 555 per month |

Enrollment Fee

Parents are required to pay a once-off, non-refundable **entrance fee of R3,000** to confirm acceptance to the school for each child enrolling for the first time.

Sibling Discounts

- Parents who pay fees on a **monthly basis** qualify for a sibling discount:
 - 1st Child – Full fees
 - 2nd Child – 5% discount
 - 3rd Child – 7.5% discount

Payments, Terms and Policies

- We offer school on a 12 month basis, (even if only attending 3 days per week) ie: all months from date of enrolment are charged for regardless of holidays, term breaks or personal leave within the enrolled month or thereafter.
- All Children enrolled into the school are considered full-time (even when the child only attends 3 days per week) meaning that we do not offer 'make up' days due to personal holidays, sick days or calendar days off.
- Please note only children in Felicity's class will be eligible for a 3 day week option, all other classes are 5 days a week
- School fees are billed and due in advance (Additional fees such as aftercare or raffle tickets etc...are billed at the end of the month)
- One term's (3 months) written notice of intention to remove your child from school is required, failing which parents will be held responsible for a full term's fees.
- If these terms are not financially manageable, parents can request to meet with the board to discuss the process of applying for a subsidy.
 - Subsidies are not guaranteed
 - Subsidy applications need to be re-submitted on a yearly basis.
- The Board takes a firm line on fee payments. School fees outstanding for more than 3 months will unfortunately result in the child/ren not being able to attend school until fees are up to date.

I have read and agree to the above terms

Signature

Date



Person Responsible for Account Payment

Full Name: _____

Identity Number: _____

Contact Number: _____

Email address: _____

Relationship to Learner: _____

Payment Plan: Annual ____ Per Term ____ Monthly ____

Signature
Person Responsible for Account Payment

Date

For office use only

Child's Details: Name: _____ Date of Birth: _____

Commencement: Date: _____ Class: _____

Enrollment Fee Payment Made: Date: _____

Spread the Love referral: Yes: ____ Date: ____ No: ____

Social Media: Yes ____ No ____

Important Information: _____

Signature Director

Date