# CHILD’S DETAILS:

Child Name(s) and Surname: \_ Date of Birth: Age: Gender: \_

PARENTS/ LEGAL GUARDIAN’S/ OTHER PARENTAL ROLE DETAILS:

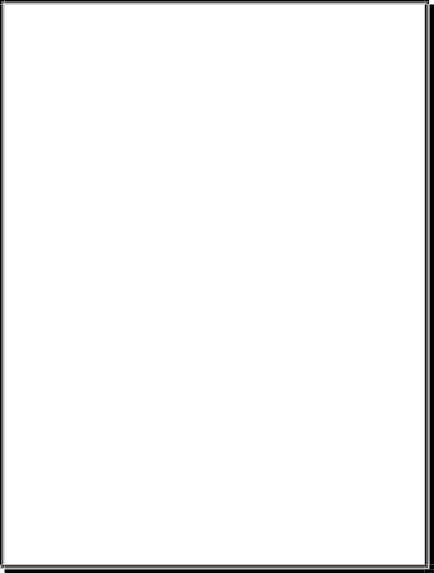
Relationship to your child above: □**Mother □Father**

**Other** (*please specify*): \_

| MOTHER’S DETAILS: |
| --- |
| Mom’s Full Names: |
| ID/ Passport Number: |
| Mobile Number: Other Mobile Number: |
| Email Address: |
| Home Physical Address: |
| INDEMNITY SIGNATORY: |
| GaThakgalo PreSchool will do their utmost best to ensure that your child safety is always protected during the Pre-School Lessons within our facility. Please report to GaThakgalo PreSchool management for any concerns you may have during the participation of any Pre-School lessons and/or activities.  I, (**Initials**), the undersigned, Parent/ Legal Guardian of above child, do hereby acknowledge that I shall have no claim whatsoever against GaThakgalo PreSchool staff; managers, or any other staff members associated with the company, which may arise as a result of injuries, damage, or any loss of personal items whilst participating in activities GaThakgalo PreSchool engages with your child or any other organized events GaThakgalo PreSchool permits. |
| Signature: Date: |

| FATHER’S DETAILS: |
| --- |
| Father’s Full Names: |
| ID/Passport Number: |
| Mobile Number: Other Mobile Number: |
| Email Address: |
| Home Physical Address: |
| INDEMNITY SIGNATORY: |
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| Signature: Date: |

| OTHER PARENTAL ROLE DETAILS: | |
| --- | --- |
| Full Names: | |
| ID/ Passport Number: | |
| Mobile Number: | Other Mobile Number: |
| Email Address: |  |
| Home Physical Address: | |
| INDEMNITY SIGNATORY: | |
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| Signature: | Date: |
| The Protection of Personal Information\_ POPI Act 4 of 2013 | |
| GaThakgalo Pre-School Responsibility in relation to the POPI Act: | |
| The purpose of the **PoPI Act** is to ensure that all South African institutions conduct themselves in a responsible manner when collecting, processing, storing and sharing another entity's personal information by holding them accountable should they abuse or compromise your personal information in any way. The PoPI legislation basically considers your personal information to be **"precious goods"** and therefore aims to bestow upon you, as the owner of your personal information, certain rights of protection and the ability to exercise control over.  Due to the Act, GaThakgalo Pre-School would like to seek your consent to use personal information collected  from you and your child for only purposes of our communication and updates to you. GaThakgalo Pre-School will not share such information to any other Third parties, without seeking your permission to do so. For example. The use of WhatsApp groups involving your mobile number as well as emails addresses. | |



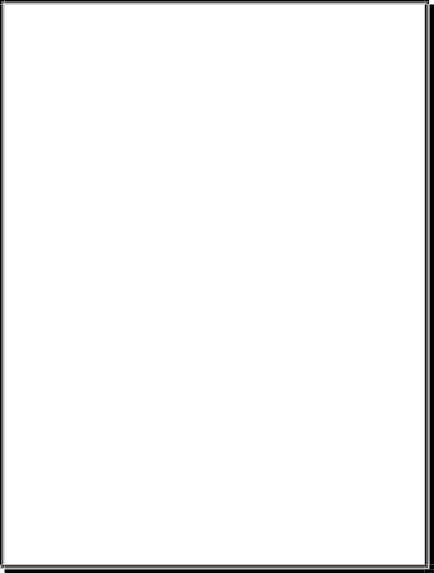
| MOTHER’S POPI ACT SIGNATORY: |
| --- |
| I, (**Full Names**), the undersigned, Parent/ Legal Guardian of above child, understand the POPI Act 4 of 2013 and give consent for the use my personal information for only purposes of communication and updates between me and GaThakgalo Pre-School (Pty) Ltd. |
| Signature: Date: |

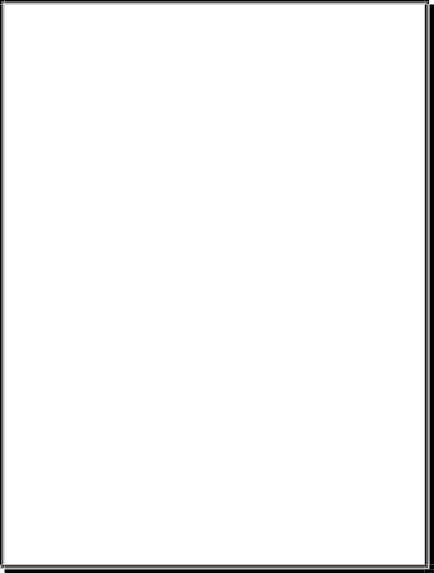
| FATHER’S POPI ACT SIGNATORY: |
| --- |
| I, (**Full Names**), the undersigned, Parent/ Legal Guardian of above child, understand the POPI Act 4 of 2013 and give consent for the use my personal information for only purposes of communication and updates between me and GaThakgalo Pre-School. |
| Signature: Date: |

| LEGAL GUARDIAN/ OTHER PARENTAL ROLE POPI ACT SIGNATORY: |
| --- |
| I, (**Full Names**), the undersigned, Parent/ Legal Guardian of above child, understand the POPI Act 4 of 2013 and give consent for the use my personal information for only purposes of communication and updates between me and GaThakgalo (Pty) Ltd. |
| Signature: Date: |

| School Fees: TERMS AND CONDITIONS |
| --- |
| * School fees this year is\_\_\_\_\_\_\_\_\_\_\_ per month and is payable in advance and must be paid by the 7th of each month. * School Fees is paid for 12 months period ie Jan-Dec, irrespective of the number of days the child attends during the Dec month. The Dec school fees payment is payable for all the children, including the Grade R Class children. Failure to Dec school fee payment means your child will be de-registered automatically for the following enrollment year. * Parents with more than one child will pay 3 months advance payment for all children and receive a 5% discount on overall total monthly payment for all their children registered. * There is reasonable discount if you pay 3 months advance monthly fee once-off. * Late monthly payment should be arranged 14 days prior to the last payment due date. * Failure to monthly school fees payment will result to late payment fee of R100 additional which will be credited to the monthly invoice. * Late Pick-Up Fee R50 **every 30 MINUTES** after closing time of 18h00 pm. The fee will be credited to the monthly invoice. * A non-refundable fee of R \_\_\_\_\_\_\_\_\_\_\_ payable with registration once off. |
| I, (**Full Names**), the undersigned, Parent/ Legal Guardian of above child, understand and will comply with the School Fees payment as per the Terms and Conditions herewith mentioned.  Signature: Date: |

| GaThakgalo Pre-School Banking Details: |
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| **GaThakgalo Pre-School Bank Name: FNB**  **Reference: Your child’s Name and Surname Account Number: 62736676852**  **Account Type: Cheque** |
| Additional Information: |
| Dietary requirements**:** Religion: Home Language of Child: Did your child attend another pre-school? **Yes / No**  If Yes, Name of the Pre-School: Tel Number of previous pre-school: |
| Medical Information: |
| Medical Conditions: Prescribed Medication: Doctors Name: Doctors Telephone Number: Medical Aid Scheme Number:  Contact details of next of kin in case of emergencies (NOT Mom and/or Dad):  Name Tel:  Relationship to the parent and/or child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Any Other Additional Information: |
| Please confirm any extra information such as special needs requirements, behaviors etc, that we need to be aware of in order to better understand your child:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |





| Application Documents required for Your Child’s Registration: |
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| * Copy of Baby Clinic Card * Copies of parents/ legal representative ID’s/ Passports * Copy of Birth Certificate |