



Preschool

Aftercare

## 1. Pupil Information

Surname

Full Names

Preferred Name

Date of Birth

Age

Years

Months

Gender

Male

Female

Religion

Mother Tongue

Physical Address




Name of previous school

Is there any other medical condition you would like to bring to our attention?



Chronic diseases

Allergies

Medication

**Family Medical Doctor**

Name

Telephone Number

**Medical Aid**

Name of Medical Aid

Medical Aid Number

Main Member

Does Inloco Parentis have permission to publish photos of your child on Facebook and website

and/or other social media platforms?

yes

no

## 2. Parent/Guardian Information

Parent 1 - Contracting Parent	Parent 2
Title <input type="text"/>	Title <input type="text"/>
Name <input type="text"/>	Name <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>
ID NR <input type="text"/>	ID Nr <input type="text"/>
Eng <input type="text"/> Afr <input type="text"/>	Eng <input type="text"/> Afr <input type="text"/>
Cell Nr <input type="text"/>	Cell Nr <input type="text"/>
Home Nr <input type="text"/>	Home Nr <input type="text"/>
Work Nr <input type="text"/>	Work Nr <input type="text"/>
email <input type="text"/>	email <input type="text"/>
Residential Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Residential Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postal Address <input type="text"/> <input type="text"/> <input type="text"/> code <input type="text"/>	Postal Address <input type="text"/> <input type="text"/> <input type="text"/> code <input type="text"/>
Occupation <input type="text"/>	Occupation <input type="text"/>
Company Name <input type="text"/>	Company Name <input type="text"/>
Company Physical Address <input type="text"/> <input type="text"/>	Company Physical Address <input type="text"/> <input type="text"/>

## 3. Next of Kin - not living in same house

Name <input type="text"/>	Name <input type="text"/>
Contact <input type="text"/>	Contact <input type="text"/>
Relation <input type="text"/>	Relation <input type="text"/>

Declaration by Contracting Parent

I, \_\_\_\_\_ herby declare that the above information is true and just,  
by way of my signature, hereunder.

signature

date

## 4. Payment Terms

### 2024 FEE STRUCTURE

1000	650	3700	1500
registration	excursions	preschool	aftercare

#### Once-off Payment

Year fee paid upfront  
One month FREE for  
full payment received by 31 January

#### Second Child

There is a discounted fee available for the second child enrolled. Ask in office.

#### Banking Details

Standard Bank  
Branch Code : 051001  
Account Number : 032537425

The Contracting Parent hereby:

1. Accepts responsibility for the monthly fees of the pupil enrolled.
2. Is aware what the current school fees are and that there is an annual increase in January.
3. Understands that the registration fee is non-refundable.
4. Is aware that fees are payable monthly in advance on or by the 1st of each month.
5. When giving notice, will give a calendar months' notice, in writing and ensure that the notice was received by the principal and company accountant.
6. Accepts that, when giving notice, the child may not service November as a notice month, no matter when notice was communicated.
7. Understands that in the event of non-payment the school will take the necessary legal steps to recover the outstanding payment, and that these extra costs incurred will be for the account of the contracting parent.
8. Acknowledges that they have received the Parent Guide and understand its contents.

### Debit Order Instructions

Account Holder Name

Name of Bank

Name of Branch

Account Number

transmission  savings  cheque

Branch Code

Commencement date of Debit Order

Date of Debit Order 1st  25th

I hereby request and authorise Inloco Parentis (PTY) Ltd to draw against my account at the Bank mentioned above (or any other bank or branch to which I may transfer my account) the sum as set out above, the amount necessary for payment of the monthly instalment due in respect of the above mentioned agreement. for payment of the monthly instalment due in respect of the above mentioned agreement.

All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally. I understand that the withdrawals hereby authorised will be processed by computer through a system provided by the South African Banks, and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I agree to pay bank charges relating to this debit order instruction. This authority may be cancelled by me by giving thirty days notice in writing, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which Inloco Parentis has withdrawn while this authority was in force, if such amounts were legally owing to you. was in force, if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my bank (whichever it is or will be) rights to a third party without my proper consent and that I may not delegate any of my obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

signature of account holder

date

## 5. Indemnity, Terms and Conditions

To be filled in by the contracting parent or legal guardian of the pupil enrolled:

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ (pupil)  
herein referred to as 'child', declare that:

4.1 I am aware that Inloco Parentis arranges and oversees internal as well as extramural activities, of Inloco Parentis. Should I intend to withdraw this approval, or should there be an impediment against my child's participation in any of the activities presented by Inloco Parentis, I will notify the school in writing .

4.2 Whilst Inloco Parentis undertakes to take the necessary and reasonable precautions to ensure my child's safety and well being during school hours and during all activities, the nursery school is, only in a position to guarantee the safety and well being of my child, within reasonable limits.

4.3 I give permission for my child to participate in all officially organised and curricular activities of Inloco Parentis. Should I intend to withdraw this approval, or should there be an impediment against my child's participation in any of the activities presented by Inloco Parentis, I will notify the school in writing .

4.4 I confirm that to my knowledge, my child enjoys good health and is physically able to participate in activities presented by the school, provided the relevant factor and disabilities which have been disclosed to Inloco Parentis, should be taken into account by the school.

4.5 I give permission that, should my child be transported by motor vehicle in the event of an emergency or in respect of the activities offered by Inloco Parentis, such transportation will be undertaken by a duly licenced and legal transport operator, employee of Inloco Parentis, with whom explicit prior arrangements for such purposes have been made.

4.6 I give permission that, should medical treatment or surgical intervention for my child be, required and Inloco Parentis, after reasonable attempts, had been unable to contact me or my designated contact person(whose identity and particulars appear in the application for admission to the school) the principal of the school or the most senior staff member on her behalf, may consent on my behalf, for the medical treatment or surgical intervention.

4.7 I accept that, in the event of an injury to my child, I will be held liable for payment of all expenses, medical bills and/or hospital bills which Inloco Parentis may incur on my child's behalf.

4.8 I indemnify Inloco Parentis, its members, members of the board of control and employees against damages and claims which may result from damage to, or loss of property physical injury, illness or death to me or my child, flowing from my child's participation in, and transportation to or from any activities offered by, Inloco Parentis , as well as its curricular business, irrespective whether it is caused by a negligent act or omission by any indemnified party. The indemnity does not cover damages or claims caused by the deliberate or gross negligence of any indemnified party.

Signature (Inloco Representative) \_\_\_\_\_

ID number (parent/legal guardian) \_\_\_\_\_

Signature (parent/legal guardian) \_\_\_\_\_

SIGNED at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_