

K2C Learning Centre operating with NOAH'S ARK CHRISTIAN NURSERY SCHOOL

PERSONAL INFORMATION

CHILD INFORMATION

NAME		SURNAME	
DATE OF BIRTH		HOME LANGUAGE	

PARENT INFORMATION

	FATHER	MOTHER
NAME & SURNAME		
OCCUPATION / NAME OF COMPANY		
CONTACT NO		
EMAIL ADDRESS		
RESIDENTIAL ADDRESS:		

RELATIVE INFORMATION

NAME		SURNAME	
HOW RELATED?		CONTACT NO:	

ANY CHANGES IN CONTACT INFO SHOULD BROUGHT TO NOAH'S ARK'S ATTENTION IMMEDIATELY!

PERSONAL INFORMATION | CONFIDENTIAL

1. Parent/Guardian enrolling and completing this form.

FULL NAME AND SURNAME	SIGNATURE OF PARENT / GUARDIAN

2. Parent/Guardian responsible for the monthly fees

FULL NAME AND SURNAME	EMAIL ADDRESS

DIVORCED / SINGLE PARENTS – PLEASE COMPLETE BELOW SECTION

Kindly provide us with a court affidavit if either party does not have custody or visitation rights!

1. Please indicate below if either party may **VISIT** your child at **NOAH'S ARK**

YES	NO	SIGNATURE	DATE

2. Please indicate below if either party may **FETCH** your child at **NOAH'S ARK**

YES	NO	SIGNATURE	DATE

CONTRACT AND CONDITIONS OF ADMISSION

I, the undersigned parent/guardian, apply to place my child in the care of **K2C Learning Centre** on a full-day basis.

FEES

Please select the relevant option(s) below:

K2C LEARNING CENTRE

R3,650 MONTHLY | (11 PAYMENTS PER YEAR) INCLUDES:

- K2C & NOAH'S ARK Aftercare fees – except for Dec/Jan closure period.
- K2C Learning Centre hours: 06:45 – 13:30
- Formal tutoring hours: 08:30 – 13:30
- Tutoring terms aligned with government school terms.
- Noah's Ark Aftercare: 13:30 – 17:30
- Noah's Ark Holiday Aftercare: 06:45 – 17:30, except for approximately 3 weeks during the December/January holiday season.

- I undertake to pay an **administration fee of R500** (Nonrefundable).
- I undertake to pay a **deposit of R3,650.00** (Fully refundable).
- I undertake to pay the monthly fees, **IN ADVANCE**, at the latest 4 days after the end of the month.

1.1. Internet transfers (EFT) or direct deposits are preferred, but cash payments are accepted.

1.2. Bank details are as follows:

Account holder: Noah's Ark Christian Nursery School

Bank: Standard Bank, 014645

Account no: 242 411 525 (Reference: Child's name and surname)

1.3. **NOAH'S ARK** will be open during the school holidays when I will pay full fees to **NOAH'S ARK** whether my child attends school/not.

1.4. I understand that no deductions may be made if a child is absent due to illness, holidays, or any other reason.

1.5. I undertake to give (1) calendar month's notice in writing before I take my child out of **NOAH'S ARK** OR pay one (1) month's fees in lieu of notice.

1.6. This contract remains binding until the parents give written notice.

1.7. **NOAH'S ARK** reserves the right to, with one (1) month's notice, deny a child of further attendance.

1.8. **NOAH'S ARK reserves the right to deny entry or access to any student if their school fees are in arrears**

1.9. Please attach copies of the following to your application:

- Child's unabridged birth certificate & copy of ID for both parents and a copy of the immunisation card.

GENERAL INDEMNITY

1. I accept that **NOAH'S ARK** can't be held responsible for any accidents or any injuries which occur on **NOAH'S ARK** premises, with the understanding that the staff of **NOAH'S ARK SCHOOL** will take every precaution to protect my child/children from such an eventuality.
2. I permit any **NOAH'S ARK** staff member or an individual appointed by **NOAH'S ARK** to transport my child/children to and from Outings and Concert practices. Parents will be notified in advance.
3. I accept that **NOAH'S ARK** cannot be held responsible for any accident or any injury from any accident related to the above, with the understanding that **NOAH'S ARK** will take every precaution to protect my child/children from such an eventuality.
4. I permit my child/ren's photos to be taken during school activities and posted on the social media pages of **NOAH'S ARK**. Please note that no individual photos will be posted.
5. Provide nominated person(s) to collect your child from **NOAH'S ARK** (Other than the parents)

FULL NAME AND SURNAME	Contact no:
FULL NAME AND SURNAME	Contact no:

Please note that the staff **will not allow** your child to leave the premises with anyone **other than the above unless** prior arrangements have been made. **A TAXI form MUST be completed if your child/children will be transported by TAXI.**

6. Any other information that we should be aware of?

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MEDICAL INFORMATION

PARENTS WILL BE NOTIFIED IMMEDIATELY OF ANY ILLNESS OR ACCIDENT. PARENTS MUST NOTIFY US OF ANY CHANGES OF TELEPHONE NUMBERS.

1. Has your child received all the necessary immunisations? Kindly note any allergies.

YES	NO	NOTE ANY ALLERGIES

Please provide the medical details.

FAMILY DOCTOR - FULL NAME AND SURNAME	
CONTACT NO	
MEDICAL AID NAME	
MEDICAL AID NO	

2. I accept that **NOAH'S ARK**:

- **May** consult a doctor if I can't be reached in an emergency and can't be held responsible for necessary doctor's fees and medication.
- **May** call for an ambulance if necessary and **I will be responsible for payment.**

CONTAGIOUS DISEASES

I undertake to notify **NOAH'S ARK** should my child be diagnosed with a contagious disease. No child will be allowed to attend school until fully recovered from such disease.

DISPENSING OF CHRONIC MEDICATION

Should your child need to be given medicine whilst at school, the medicine must be recorded in the medicine file. No child will be given medicine unless the parent has recorded the name of the medicine, the dosage, and frequency and signed the notification.

PLEASE DO NOT PUT ANY MEDICINES IN YOUR CHILD'S SCHOOL BAG.

3. **Should the need arise, NOAH'S ARK** staff **MAY** give my child 5ml of Panado Syrup.

I, signed below, confirm that I agree with the above and all information included in this complete application form (unless otherwise stated):

NOAH'S ARK reserves the right to deny entry or access to any student if their school fees are in arrears.

SIGNATURE	DATE