



29 Harrison Drive, Glen Hills, Durban 4051  
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[littleleader@mweb.co.za](mailto:littleleader@mweb.co.za)  
[www.littleleaderspreschool.co.za](http://www.littleleaderspreschool.co.za)

Surname: \_\_\_\_\_

Child's first name: \_\_\_\_\_

Name by which they are known/called: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Home tel number: \_\_\_\_\_ Cell: \_\_\_\_\_ (mother)

Cell: \_\_\_\_\_ (father)

Home address: \_\_\_\_\_

Postal address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation of parent's: Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Marital status: \_\_\_\_\_

If separated, who does the child reside with: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's work tel: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's work tel: \_\_\_\_\_

Father's ID or passport no: \_\_\_\_\_

Mother's ID or passport no: \_\_\_\_\_

Person responsible for payment of fees (name & contact no.):  
\_\_\_\_\_

Person who can be contacted in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/cell no: \_\_\_\_\_ Work tel: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Religion: \_\_\_\_\_

Date your child to start: \_\_\_\_\_

Deposit paid: \_\_\_\_\_

**A copy of your child's birth certificate and immunization card must be handed to us**

## **FEES AND NOTICE**

I, /we the undersigned, do hereby agree to pay the undernoted regulations:  
Upon acceptance of my child at Little Leaders Pre School to pay:

### **1. Deposit and fees**

A deposit of R500.00

Fees on a monthly basis for 12 months unless there is a WRITTEN agreement between the school and myself stating otherwise.

In the event that it shall be necessary to enforce this contract or collect any other debt due to the school by the undersigned with the service of an attorney, I/we agree to bear all costs incurred by the school

- A 7% discount has already been deducted from the annual fees; if they are not paid in full by the end of every year then I agree to pay pursuant to the termly fee structure and failing that to the monthly structure on a debit order.
- The school shall have the right to with hold any and all services to the Learner or dismiss the Learner without notice should the undersigned not pay their fees on the due date.
- Fees are paid in total of the agreed amount. Deductions WILL NOT be made for the days that the learner does not attend the school.

### **2. Notice**

I agree to give **one (1) full terms written notice** before withdrawing my child from Little Leaders Pre School, otherwise fees in **lieu of notice will be charged.**

### **3. Rules and Regulations**

I/we understand and agree to comply with all the rules and regulations of the school. Failure to comply with the school rules and regulation of Little

Leaders will result in the termination of this contract without notice. The school reserves the right to make any changes to the rules and regulations with or without notice if deemed necessary.

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

Father/Guardian name printed: \_\_\_\_\_

Signature \_\_\_\_\_

Mother/Guardian name printed: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please note that NOTICE will NOT be accepted during the months of NOVEMBER or DECEMBER of any given year.**

**Please submit a copy of both parents ID documents MEDICAL FORM**

Name of Pediatrician: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Medical aid name: \_\_\_\_\_

Medical aid number: \_\_\_\_\_

Any allergies and reactions: \_\_\_\_\_

Other: \_\_\_\_\_

Test / evaluations \_\_\_\_\_

I hereby authorize the principal, teachers, or assistants to seek any medical attention/advice, which my child may require, when the Pediatrician/family doctor or ourselves cannot be contacted.

Name of parent: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

Name and telephone number of a person/s who can be contacted in case of emergency:

\_\_\_\_\_

A copy of child's birth certificate and immunization card must be handed to the school. This is a requirement of the Health Department.

If possible, please may we have a copy of your child's previous report or doctors assessments?

Can we administer medication to our child in the case of a fever?

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Please stipulate the type of medication -----  
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It must be noted that should your child become sick at school during the day, we will make telephonic contact to request permission to administer fever medication. In the event that telephonic contact cannot be made, written permission (as per your enrolment form) will be used.

Parents Signature -----

**CONSENT AND INDEMNITY IN FAVOUR OF LITTLE LEADERS**  
**PRE SCHOOL**

I, \_\_\_\_\_ (full  
name) \_\_\_\_\_

ID number: \_\_\_\_\_

Physical address \_\_\_\_\_  
\_\_\_\_\_

The parent/guardian of \_\_\_\_\_

Hereby give consent for my son or daughter to take part in any mural activities of the school while on the school premises or any such place where such activities are engaged in, including but not limited to Soccer

Starz, Pottery, Drum Kids an Ballet and to make use of the educational and play equipment at the school.

I fully understand and accept that all school activities of the school shall be undertaken at my son/daughter and my own risk and I undertake on behalf of myself, the executors of my estate, my spouse, and my child aforesaid, to indemnify, hold harmless and absolve the school, the owner, principal, teachers and paid or unpaid assistants against and from any claims whatsoever that may arise in connection with any loss and damage to the property, or injury, illness or death to the person of my child aforesaid in the course of an excursion or school activity notwithstanding that the owner, principal, teachers and paid or unpaid assistants will nevertheless take all reasonable precautions for the safety and welfare of my child.

Name of parent:

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Signature of parent/guardian

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Witness

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Dated

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Place

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**Please note**

An original copy of your child's enrolment form must be handed in into the school. Copies of the enrolment form which have been altered from the original will not be accepted.

Please make a copy of this contract for your reference.