



For office use:

Grade applied and accepted for: _____

CONTACT INFORMATION

Surname: _____

Child's first name: _____

Child's date of birth: _____

Cell: _____ (mother)

Cell: _____ (father)

Alternative contact number: _____

Home address: _____

Email address: _____ (mother)

Email address: _____ (father)

Occupation of parents:

Father: _____

Mother: _____

Marital status: _____

If separated, who does the child reside with: _____

Father's name: _____

Father's Company Name: _____ (if self-employed please state business)

Father's Company Address: _____

Father's Company Tel: _____

Mother's name: _____

Mother's Company Name: _____ (if self-employed please state business)

Mother's Company Address: _____

Mother's Company Tel: _____

Father's ID or passport no: _____ (please attach a copy to this application)

Mother's ID or passport no: _____ (please attach a copy to this application)

Person responsible for payment of fees: _____



Person who can be contacted in case of an emergency:

Name: _____

Relationship: _____ (please attach a copy of ID to this application)

Home/cell no: _____

Work telephone: _____

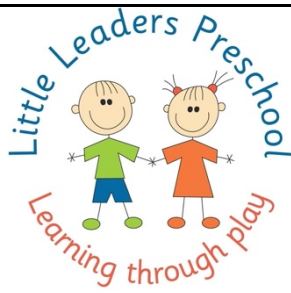
Language spoken at home: _____

Religion: _____

Date your child to start: _____

Administration Fee paid: _____ (please attach proof of payment to this application)

Stationery Levy paid: _____ (please attach proof of payment to this application)



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. Administration Fee

An administration fee of R1100.00

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, and or listing through Accountability and listing with TransUnion Approved Partner I/we agree to bear all costs incurred by the school

- A 6% 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.
- The school shall have the right to withhold 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 term 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 or JANUARY of any given year.

Please submit a copy of both parent's ID documents

The school reserves the right to conduct a credit check on new applications made

The school reserves the right to collect monies outstanding and all costs, legal or otherwise will be levied to the outstanding amount owing



MEDICAL INFORMATION FORM

(Please attach a copy of your medical aid card \ information)

Name of Pediatrician: _____

Telephone number: _____

Name of Doctor: _____

Telephone number: _____

Medical aid name: _____

Medical aid number: _____

Any allergies and reactions: _____

Other: _____

Please attach any assessments, pediatrician reports and medication schedules to this application form.

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 we 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:

(Please attach a copy of the ID for your chosen emergency contact person)

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

Please stipulate the type of medication: _____

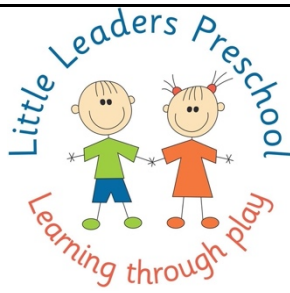
It must be noted that should your child become sick at school during the day, we will make telephonic contact to request permission to administer fever medication. If telephonic contact cannot be made, written permission (as per your enrolment form) will be used.

Parents Signature _____

A copy of your child's BIRTH CERTIFICATE and UPDATED immunization card must be handed to us

No antibiotics will be administered at school

All medications to be clearly noted and marked and dropped in the office on arrival at school



CONSENT AND INDEMNITY IN FAVOUR OF LITTLE LEADERS PRE SCHOOL

I, We,
(full names)

ID numbers:

Physical address

The parents/guardians of

Hereby give consent for my son or daughter to take part in all activities of the school while on the school premises or any such place where such activities are engaged in, and to make use of the educational and play equipment at the school. This includes extra mural activities that I have willingly enrolled my child in that are conducted on the school property by their independent service providers and their staff members. These service providers, have to the best of my knowledge, cleared their staff to work with children. The school has cleared all its employees with the department of social development as well as the South African police services and all certificates are on hand.

I fully understand and accept that all school activities of the school shall be undertaken at my son/daughter at 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:

Signature of parent/guardian

Witness

Dated

Place

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.



UNDERTAKING TO PAY SCHOOL FEES

1. We/I, the undersigned, hereby undertake to pay to "Little Leaders Preschool" (hereinafter called "the school"), the amount to be raised in advance each year, in respect of school fees for:

----- (hereinafter called "the learner")

The School is an Independent (private) school and is registered with the Department of Education. The School therefore receives no financial assistance from the state and as such the fees are compulsory and parents are not entitled to apply for any form of fee exemption.

2. We/I hereby undertake to pay the full annual school fees in advance on the first day of the school term of each year that our/my child is enrolled at the school. We/I understand that we/I may pay the fees monthly in 12 (twelve) equal installments by the 1st of each month. Should any one installment not be paid on due date, the full amount will become due, owing and payable. We/I understand that non-payment of fees automatically gives the School the right to terminate the Learner's enrolment at the school. We/I further acknowledge that while fees remain unpaid, the Learner's enrolment status is a temporary nature, on a week-to-week basis; and that during this time the School is entitled to terminate enrolment at any time on written notification to withdraw the Learner.
3. The "school fees" shall include all costs, charges and other liabilities that may be incurred by the learner with the school for whatever reason, including but not limited to the cost of photocopy levies etc.
4. Should we/I fail to fulfill any of our obligations in terms of this agreement, we/I acknowledge that the School shall be entitled to charge interest at R150 late fees per month from the date on which any such amounts fell due to the date of payment of the amount outstanding in full.
5. We/I hereby acknowledge and agree that a certificate signed by the Principal of the school, giving the total amount owing by us in terms of this undertaking, shall be *prima facie* evidence to enable the School to obtain provisional sentence or default or summary judgment in respect of this undertaking, for the full amount mentioned in the certificate.
6. Before removing the learner from the School, for any reason whatsoever, we/I agree to give one full term's notice in writing to the Principal/I, or to pay one term's fees in lieu of such notice.
7. The fact that the learner cannot attend School, for any reasons whatsoever does not relieve us/me of our liability for payment of fees.
8. This undertaking will be a continuing guarantee from year to year and no alteration or amendment to our/my undertaking shall be of any force or effect unless reduced to writing and signed by the School and ourselves. In the event of this undertaking being signed by both parents/guardians, we/I further acknowledge that we are jointly and severally liable for fees and cost as described herein, and that we will remain liable for these irrespective of any eventuality whatsoever, including marital separation and/or divorce.



9. No indulgence, waiver or failure on the part of the School to enforce any of the terms of this undertaking shall affect its rights or prevent it from enforcing them hereafter.
10. Any written notice sent either of our/my stated addresses below by prepaid post, or handed to the learner for onward delivery to us, shall be deemed to have been received by us/me on the second business day after posting or on the day of handing to the learner, as the case may be.
11. By our/my signature/s hereto we/I formally consent to the jurisdiction of the Magistrates Court in the event of any dispute arising from, or in relation to, any claim against us in terms of this undertaking. We/I further undertake to pay all Attorney/Client costs incurred by the School in enforcing the terms of the Agreement.
12. The School reserves the right to amend or vary these terms and conditions from time to time on notice to pay.

Name: ----- (Father/Mother/Guardian/Sponsor) – Circle where appropriate)

ID Number: -----

Physical Address: -----

And

Name: ----- (Father/Mother/Guardian/Sponsor) – Circle where appropriate)

ID Number: -----

Physical Address: -----

Postal Address for Account: -----

Pupil's Name: ----- Grade, and Date of Entry: Grade -----
-/-----

Please make a copy for your reference



Little Leaders Preschool Questionnaire:

Name of child: _____

Age: _____

Date of Birth _____

Questions completed by: _____

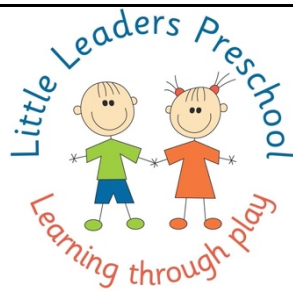
- Please fill in this form as comprehensively as possible.
- Please attach all medical reports if any including reports from educational psychologists, therapists, medical reports, medical scans, medication schedules and the immunization health chart. All information is protected by the POPI ACT and is for the sole use of the school.

Sleeping: Did your child experience difficulties sleeping? Did you manage to establish a sleep routine? Do they sleep well now?

At what age did your child make eye contact and respond to sounds? Did your child make sounds or make noises at you when spoken too? Do they still make eye contact with you \ friends \ family?

At what age did your child start to move on their tummy? Did they enjoy tummy time? Did they manage to keep their head and shoulders raised? Did they attempt to roll over on their own?

At what age did your child sit on their own for? Did your child have difficulty holding their head up? Did they lean over while attempting to sit?



At what age did your child try and crawl? Did they prefer to "bum shuffle" rather than crawl?

At what age did your child attempt to stand on their own? Did they pull themselves up? Did they shuffle between furniture while holding on?

At what age did your child take their first steps? How long was the gap to walking independently? Do they walk on their toes?

Did your child feed well? Bottle \ Breast \ Both

At what age did you introduce different tastes and textures? Was your child adverse to this introduction? Do they enjoy mealtimes? Do they attempt to eat independently? Do they enjoy drinking water? Does your child have any food allergies? (Please attach allergy reports if any)

Does your child respond to their name? Have you had their hearing checked in the last 6 months?



What is your spoken language at home? Does your child respond to being spoken to? Do they verbally or with sounds respond to you or friends and family (age appropriately) Does \ did your child babble? Has your child developed language (home language \ English \ both) When did your child say their first word?

Does your child repeat sounds, words or phrases back to you? Do they process verbal communication and respond appropriately? (age appropriate) Do you feel that your child understands what you are saying in general?

Does your child enjoy the company of others? Do they prefer their own company? Are they open to playing in a group? Is their play engaging and meaningful or do they tend to lose interest in the game? Do they use their imagination? Can \ does your child play independently? Does your child share or understand the meaning of sharing with others? (age appropriate)

Has your child established hand\foot dominance? Are they left-handed or right-handed? Does your child cross their midline?

Does your child still use a nappy? Are they showing interest in the toilet when you use it at home? Are they wanting to remove their nappy when it is full? (please answer age appropriately)



Does your child use the toilet independently? Are they able to indicate when they need the toilet? Does your child use a nappy at night?

Does your child respond well to routine \ structure at home \ school? Do they manage to follow simple instructions at home \ school?

Does your child experience frustration or anxiety in social situations? Do they struggle to be separated from you? Are they able to process the environment and behave appropriately?

Does your child have meltdowns or tantrums? Are these frequent? Do they settle quickly, or do they need help to regulate? What do you find works at home to calm and regulate your child? Are they attached to a specific item that they need at all times?

Does your child prefer specific clothing items \ materials? Do they insist on the labels being removed from their clothing? Do they prefer certain colors?

Does your child enjoy being barefoot? Do they engage with different textures underfoot and in their hands? Are they comfortable with being messy \ dirty? Are they adverse to having their hands "dirty" (mud, sand, paint, water, soap, food etc.)



Does your child respond to their name? Have you had their hearing checked in the last 6 months?

Does your child prefer screen time to other styles of interactive play? How much screen time do they get? Do they have their own device or tv in their room? Are they allowed to use your device at any point they want too? Does your child know how to use a smart phone? Does your child insist on a specific program when watching screens or do they enjoy a variety of shows?

Thank you for taking the time to answer these questions. They help us to get to know your little one from your perspective as parents and caregivers and it makes helping them to settle into school and class routine that much more fun and less anxious. We know that there is anxiety from all ends when starting at school or having to move your child to a new school and we want to support the transition as best as possible.

Baseline assessments are conducted once your child has settled and adjusted to coming to school and these results will be communicated to you during feedback sessions. Any concerns that we may come across are termed "red lights" and by no means is a negative thing – it simply means we need to be a team to try and change these to amber and ultimately green. Each child deserves the opportunity to develop to THEIR full potential with love and guidance and most importantly with joy and enjoyment.

We are looking forward to being a part of this exciting journey!

Kind Regards
Sarah and the Leaders teaching team