



SMURFY'S

**BABY CENTRE
NURSERY SCHOOL
GRADE R & AFTERSCHOOL**
Established 1968



ENROLMENT FORM

STUDENT

Surname:			Full Name:	
Preferred Name:			Date of Birth:	
Home Language:			Other Language:	
Gender (circle):	Male	Female	Religion:	
Home Address:				

FATHER / GUARDIAN

MOTHER / GUARDIAN

Surname:			Surname:		
Full Name:			Full Name:		
ID No:			ID No:		
Home Telephone:	()		Home Telephone:	()	
Mobile Telephone:	()		Mobile Telephone:	()	
E-mail:			E-mail:		
Occupation:			Occupation:		
Employer:			Employer:		
Address of Employer:			Address of Employer:		
Work Telephone:	()		Work Telephone:	()	

FRIEND/RELATIVE (not living with you)

Surname:			Surname:		
Full Name:			Full Name:		
Relation to child:			Relation to child:		
Home Telephone:	()		Home Telephone:	()	
Mobile Telephone:	()		Mobile Telephone:	()	
Work Telephone:	()		Work Telephone:	()	

MEDICAL INFORMATION

Medical Aid Name:			Medical Aid Nr.:		
Main Member:			Medical Aid Telephone:		
Family Doctor:			Doctor Telephone:		
Allergies:	1.		Hospital Preferences:	1.	
	2.			2.	

VACCINATIONS RECEIVED (circle):

Polio:	Y	N	Measles:	Y	N	Other (specify):	1.
BCG:	Y	N	DPT/Hip's:	Y	N		2.

Special Remarks / Requests:							
-----------------------------	--	--	--	--	--	--	--



SMURFY'S

**BABY CENTRE
NURSERY SCHOOL
GRADE R & AFTERSCHOOL**
Established 1968



ENROLMENT INFORMATION NOTICE CONTRACT

1. This document represents a contract between you and Smurfy's Creche, Nursery School, Grade 0 and Aftercare (Smurfy's).
2. Fees are payable in advance, on or before the 5th of each month, as follows: -
 - a. Full Day R_____
 - b. Half Day R_____
3. Fees are divided over a 12 month period. One calendar months written notice, on or before the 1st of the month must be given, prior to taking the child out of Smurfy's. Failing this, you will be held liable for payment until notice is given (no exceptions will be made). November and December will not be accepted as a notice month.
4. If your account falls in arrears, your child may not attend School until payment is received in full. This rule will apply from the 6th of each month should your financial obligations not be honoured.
5. A late payment fee of R120-00 will be charged on outstanding accounts. This late payment fee will be charged each month your account runs in arrears.
6. Fees are not refundable for reasons of illness, holidays or any other cause. Should a child not be present at school for any period of time, for whatsoever reason, the monthly fees will still remain due and payable.
7. Smurfy's is open from 06h30 and closes strictly at 17h30. A fine of R5-00 per minute over closing time, will be payable to the staff member waiting for your child to be collected.
8. In compliance with health regulations, any child suffering from a contagious ailment or fever must be kept at home.
9. No toys or jewellery are permitted at Smurfy's.
10. All personal belongings (i.e. bags and clothing) must be clearly marked with your child's full name.
11. Smurfy's will at all time care for the child in a responsible manner; but will not be held responsible for any accidents or misfortune which may occur while the child is in its care. A condition of enrolment is that no claim of whatsoever nature will be instituted by the parent/guardian against Smurfy's, should an unforeseen event cause the child any harm, whether such harm be caused by any individual or through an act of God.
12. Whoever signs this form binds him/herself totally and irrevocably to the conditions herein contained in his/her personal capacity, irrespective of marital standing and by attaching his/her signature hereto acknowledges that he/she has the authority to do so.

I/We hereby declare that the information provided on this Emergency Information Form to be true and correct.

FATHER / GUARDIAN FULL NAME

FATHER / GUARDIAN SIGNATURE

MOTHER / GUARDIAN FULL NAME

MOTHER / GUARDIAN SIGNATURE

TODAY'S DATE _____

STARTING DATE _____



EMERGENCY INFORMATION FORM

STUDENT

Surname:		Full Name:	
Preferred Name:		Date of Birth:	
Home Address:			

MEDICAL INFORMATION

Medical Aid Name:		Medical Aid Nr.:	
Main Member:		Medical Aid Telephone:	
Family Doctor:		Doctor Telephone:	
Allergies:	1.	Hospital Preferences:	1.
	2.		2.

FATHER / GUARDIAN

MOTHER / GUARDIAN

Surname		Surname	
Full Name:		Full Name:	
ID No:		ID No:	
Home Telephone:	()	Home Telephone:	()
Mobile Telephone:	()	Mobile Telephone:	()
Address of Employer:		Address of Employer:	
Work Telephone:	()	Work Telephone:	()

FRIEND/RELATIVE (not living with you)

Surname:		Surname:	
Name:		Name:	
Relation to child:		Relation to child:	
Home Telephone:	()	Home Telephone:	()
Mobile Telephone:	()	Mobile Telephone:	()
Work Telephone:	()	Work Telephone:	()

In the event that I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made by Smurfy's to contact me or my spouse. Before such action is taken I will be responsible for the payments for such care or treatment. No variations of this agreement shall be binding unless reduced to writing and signed by both parties hereto.

I/We hereby declare that the information provided on this Emergency Information Form to be true and correct.

FATHER / GUARDIAN FULL NAME

FATHER / GUARDIAN SIGNATURE

MOTHER / GUARDIAN FULL NAME

MOTHER / GUARDIAN SIGNATURE

TODAY'S DATE _____

STARTING DATE _____