



ENROLMENT AGREEMENT

BETWEEN

THE CRAYON BOX

AND

(FULL NAMES AND SURNAMES OF PARENT(S)/GUARDIAN(S))

YEAR 2021
3 Months – Grade R



THE CRAYON BOX DAYCARE AND PRESCHOOL



Kindly provide the following copies:

- **Child's Birth Certificate**
- **Child's Immunisation Card**
- **ID copies BOTH parents**
- **Registration Fee**

Please paste a colour passport size photo of your child

For office use only
Check RECEIPT of:

Admission Fee
Birth Certificate
Clinic card
Parent ID's
Fee Clearance Certificate
Signed Parent Contract

Section 1: Application details

Group							
Nursery	0-12mths	1-2 Yrs	2-3Yrs	000	00	Grade R	Other:
Full Day							
Half Day							
Aftercare							
Homework Club							

Section 2: Learner details

Child's Surname.....Date of Birth:

First Names: Preferred name:.....

ID number: Gender: Religion:

Home Language:Place & Country of Birth:.....

Residential Address:

Postal Address:



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PARTICULARS OF PARENTS / GUARDIANS

FATHER / GUARDIAN / MOTHER / GUARDIAN

Surname: Surname:.....

First names: First names:

ID No: ID No:

Email add: Email add:

Cell No: Cell No:

Tel. No:(H/O) Tel. No:(H/O)

Occupation: Occupation:

Name of Co. Name of Co.

Emergency contact details:.....

FAMILY HISTORY OF CHILD

Position of the child in the family (1st, 2nd etc)

Other children in the family: Names Age

..... Age

..... Age

Who is the child living with?

Other members of the family who live in your home

.....

INDEPENDENCE (compulsory for Gr 000)

Does your child dress/undress him/herself?

With or without assistance?

Can he/she wash independently?

What term does he/she use when they need the toilet (pre-school)?.....

Is he/she independent?

Has the child been separated from the parents before?



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GENERAL INFORMATION

Who will bring your child to school?

Relationship to the Child.....

Who will fetch your child from school?

Relationship to the child.....

Walk	Car	Taxi	M/Cycle	Bus	Other:
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Mode of Transport to school:

Yes	No
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Does your child presently attend a school (daycare, playgroup, aftercare pre-school)?

- If "YES" a) Which one?
- b) Since what age?
- c) Reason for leaving previous school.....

Yes	No
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Have you already placed your child's name on any primary school waiting lists?

If "YES" which school/s

I/We _____ parent/s of _____

In paying the registration fee herewith and signing this form, acknowledge I/We shall abide by the rules governing admission at Crayon Box as contained below:

1. Fees are payable strictly in advance for 12 months of the year by no later than the 7th of each month.
2. Fees paid after the 7th of each month will incur a 10% interest.
3. One month notice must be given or 1 months fees will be payable in lieu of notice.



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Medical Aid:

Name of Medical Aid	
Main member initials and surname	
Main member ID number	
Option	

Has learner received all the necessary immunisations?

Yes	No
-----	----

If no, please state the reason:

Has the learner suffered from any of the following illnesses? Please indicate with an X.

Asthma	Diabetes	Enteric fever	Hepatitis	Measles	Polio
Chickenpox	Diphtheria	German measles	Malaria	Mumps	Rheumatic fever
Scarlet fever	Tick bite fever	Typhoid fever	Whooping cough	Other:	

Does the learner suffer from any allergies?

Yes	No
-----	----

If Yes, please provide details:

Does the learner have any special needs?

Yes	No
-----	----

If Yes, please provide details:

Does/has the learner suffered from any other illnesses/disabilities?

Yes	No
-----	----

If Yes, please provide details:

Is the learner receiving medical treatment for any condition?

Yes	No
-----	----

If Yes, please provide details:



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Is/has the learner suffered from or received treatment for any psychological/emotional upset?

Yes	No
-----	----

If Yes, please provide details:

Has the learner had any operations?

Yes	No
-----	----

If Yes, please provide details:

Please specify any other relevant medical details:

.....

Consent:

In a critical medical situation, please bear in mind that there may not be time to refer to the learner's records. The school, therefore, reserves the right to utilise the quickest medical service available. I, _____, being the parent/legal guardian of _____, hereby agree that a medical practitioner may provide emergency treatment as may be necessary.

Signature: _____

We, the undersigned, _____, hereby certify that the information provided in this application for admission is complete and accurate.

Signature of Father/Guardian: Date:

Signature of Mother/Guardian:..... Date:



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Indemnity Form

In having registered my Child _____ to attend The Crayon Box Daycare and Preschool, I hereby grant permission for my child to participate in the various activities organised by the Daycare.

Further, in appending my signature below, I agree that while the Management and staff of the Crayon Box will care for my child to the best of their ability, they will not accept liability for any claims arising from any accident or injury sustained by my child, while s/he is in the care of the Management and staff at The Crayon Box and to waive and abandon any claims which may at any time arise as aforesaid, both in my personal capacity and in my capacity as parent / guardian of the child. I hereby indemnify the Management and staff of the Crayon Box Daycare and preschool against any such claims which may arise or instituted. Likewise, the registered owner of 96 Esther Roberts Road, Glenwood is indemnified against any of the above claims which may occur on the property.

I likewise indemnify any of the above against claims arising from a third party due to injury of the children of this concern during their normal activities organised by the Crayon Box Daycare and Preschool, in the knowledge of the Management and staff of Crayon Box Daycare and Preschool, who will take all reasonable precautions for the safety and welfare of the children to avoid such eventualities.

Signed and dated at _____ on this the ____ day of _____ 20

Parent Name (Mom) :- _____

Parent Signature :- _____

Parent Name (Dad) :- _____

Parent Signature :- _____