



Baby Blessings Preschool Enrolment Form

Child's Full Name and Surname _____

Date of Birth: _____

Gender: _____

Home Language/s: _____

Nationality: _____

* Starting date required: _____

* School days & hours required: _____

	FATHER	MOTHER
SURNAME		
FIRST NAME (S)		
ID NUMBER		
MARITAL STATUS		
OCCUPATION		
TEL NO HOME		
TEL NO WORK		
CELL NO		
PREFERRED E MAIL ADDRESS FOR SCHOOL COMMUNICATION		
HOME ADDRESS		

Doctor's Name _____

Tel No _____

Medical Aid Name _____

Number _____

Name and contact number of another person /s who can be contacted in the case of an emergency (Not Mother / Father):

NAME	RELATIONSHIP	TELEPHONE NUMBER

Persons authorized to collect your child:

NAME	RELATIONSHIP	TELEPHONE NUMBER

*It remains the responsibility of the Parent / Guardian of the child, to relay all school rules to any persons collecting the child on any occasion.

Does your child take any regular medication?

Does your child suffer from any allergies?
If so, please indicate the reaction to the allergies listed above.

Any food, drink or medication that your child shouldn't have?

Other relevant medical information / health problems of which the school should be aware?

Has your child been previously assessed for any of the below:
Speech Therapy _____ Occupational Therapy _____
Other _____

*Please attach a copy of your child's Immunization Form to this application

"The abovementioned information is necessary for Baby Blessings Preschool to make informed decisions, in order to provide quality services as well as take imperative actions for the welfare of your child(ren).

The parent(s)/guardian(s) acknowledge that the information as given is true and correct, and that there is no further information necessary to take into account in order to provide the quality services your child deserves.

We cannot attend to any needs where we do not have the necessary information and can therefore not be held liable for any liability deriving from our actions or lack thereof."

We thank you for choosing Baby Blessings for this most important stage of your child's growth and development!

PLEASE SEE BELOW

Consent and Indemnity Declaration

Between Baby Blessings Preschool (Pty) Ltd and:

_____ (Printed name of Parent/Guardian)

I, _____ parent / guardian of _____ do :

1. Fully understand and agree that, whilst the Management and staff at Baby Blessings Preschool (Pty) Ltd are totally committed to the safety and wellbeing of my child, to which end they shall endeavour to take all necessary steps and care for my child to the very best of their ability- Neither they nor Baby Blessings Preschool (Pty) Ltd shall be liable, to the extent permitted by law, to the said child and/or either of the parents, for any damages whatsoever arising out of and including but not limited to, any loss, injury, illness, death and/or damages, to the person and/or property of my child, and/or to the person and /or property of his /her Parent and/or siblings of the child whilst being in their care on the school premises and/or whilst being in the care of the School, off the school premises, for any purposes whatsoever -

I hereby indemnify the Management and school of any such claim, unless such loss, injury, illness, death and/or damages arise as a result of gross negligence on the part of the school.

2. Hereby give permission for my child to receive any medical attention in an emergency, should myself or my doctor not be able to be contacted, and I agree that I shall be responsible for the payment of all medical and / or hospital accounts should any injury to the above child be sustained.

3. Give permission for a Teacher at Baby Blessings to administer an analgesic preparation of the correct dosage for the purpose of reducing an elevation in temperature, in the case where my child has developed a temp or fever during the course of the school morning and after I have given a verbal instruction and confirmed the same in a text message, / or if my child has been taken ill and the school has been unable to contact either of the parents/guardian.

4. As far as I know, my child is in good health and I hereby give consent for my child to make use of any playground equipment at school.

5. I hereby give consent for photographs of my child participating in group activities at school, to be posted on Baby Blessings: Website, Facebook or WhatsApp Group.

Signed at _____ this _____ day of _____ 20____

Parent / Guardian _____

Witnesses 1: Print name: _____ Signature _____ Date: _____ -

Witnesses 2: Print name: _____ Signature _____ Date: _____

LEARNER: COVID-19 TRANSMISSION INDEMNITY FORM

Please read through before signing this legal document.

1. I understand this is an important legal document indemnifying the School against the transmission of Covid-19 on the School's premises, and that by signing this indemnity I hereby waive certain legal rights that may exist and that I may otherwise have against the School and others. I understand that I have had the opportunity to review this indemnity with an attorney of my choice.

2. I acknowledge the contagious and unpredictable nature of the corona virus disease 2019 (*COVID-19*) that makes it difficult to prevent transmission, and I hereby voluntarily execute this Covid-19 Transmission Indemnity Form in my capacity as the parent or legal guardian of _____, as well as in my personal capacity, to and in favour of Baby Blessings Preschool, Lonehill.

3. I acknowledge that the Department of Health and many other public health authorities still recommend practicing social distancing, and the School has put in place preventative measures and other protocols to reduce the spread of the Covid-19 but, even so, the Learner's return to the School may subject him/her to the risk of being infected with the Covid-19. I also acknowledge that the Learner is under no obligation to attend School if I and/or the Learner has safety concerns, and notwithstanding this, I have already consented to the Learner's return to School fully aware of, and on the voluntarily assumption of the aforementioned risk.

4. I understand that if at any time after the return to School, the School learns that any Learner, employee, teacher, agent, contractor or officer is infected with Covid-19 or has tested positive for Covid-19, the School shall advise me of such fact but shall be under no obligation to disclose the identity of such person to me.

5. I undertake to follow and obey, and to impress on the Learner to follow and obey, all rules, instructions, directions and requirements of the School as they may be changed, modified, or amended by the School before, during and after the return to School, including, without limitation:
 - 5.1 all rules, instructions, directions, and requirements as may be applicable to the School's response to the Covid-19 pandemic and the need to limit any transmissions of Covid-19; and
 - 5.2 agreeing to having the Learner's temperature taken on a daily basis and at intervals as determined from time to time by the School and/or as required by any Regulations issued by the Government under the Disaster Management Act, 2002 (Act No. 57 of 2002).

Mother's Full Name & Surname: _____ ID: _____

Cell No: _____

Father's Full Name & Surname: _____ ID: _____

Cell No: _____

Next of kin 1: _____ Cell No.: _____

Next of kin 2: _____ Cell No: _____

Signed: _____ Date: _____



Registration Agreement

*School fees are payable over 12 months (January to December), Termly/or Annually. Termly payments are for 3 months: Jan-March/April-June/July-Sept/Oct-Dec calculated on the 12 monthly Option Plan.
* An Eleven Month Option is also available, from January to November inclusive.

*Parents who pay school fees over 12 months (January to December) OR Termly, and whose children are leaving at the end of November, will still be liable for school fees for the month of December, regardless of whether you have given notice. December school fees are still payable even though school closes for the December holidays.

*Unfortunately, we do not accept cheques.

*No repayments or reductions will be allowed for absences due to any reason.

*A 10% discount on school fees will be given to parents making full annual payment before the 12th of January.

*A 7% discount on fees will be granted in respect of each additional sibling enrolled at the school. This discount is for the sibling's fees only.

* Aftercare closes promptly at 14:00pm. Grace will be given until 14:15pm. Thereafter, you will be charged a late collection fee of R50 per 15 minutes or part thereof.

*Should your child already be enrolled at our school, and you wish to secure a place for your child for the following year, a deposit of R1500.00 will be included with your October school fees. This amount will be deducted from the following January account. If you choose not to take your secured space for your child, this deposit will not be refunded to you.

*Two full calendar months written notice is required in the event of your child leaving the preschool. Notice fees are to be settled upfront, in full, before leaving Baby Blessings Preschool.

*Should you wish to change options during the course of the year, this must be done in writing and no changes are allowed for December.

*School fees are payable in advance by the 1st of every month. There is a grace period until the 3rd of every month. A monthly late penalty fee of R200.00 will automatically be billed for on our system, should school fees not be received timeously. Should school fees not be paid by the 10th of the same month, Baby Blessings Preschool (Pty)Ltd shall have the right to suspend your child from school until all fees outstanding have been settled in full. School fees are still payable while your child is suspended. Please note that this is not an expulsion of your child from the school. You will still be required to give notice should you wish to withdraw your child from the school. Failure to pay fees timeously, or at all, shall constitute a material breach of this agreement.

*In the event of outstanding school fees not being paid 30 (thirty) after the due date, Baby Blessings Preschool (Pty) Ltd, shall have the right to suspend your child from the school without prejudice to its other rights under this agreement and to immediately institute action against the signatories for the full balance owing in terms hereof. Please take note that you shall be liable for all legal fees and disbursements on the Attorney and Client scale, including collection charges, tracing costs etc. pertaining to the recovery of any amount owing to Baby Blessings Preschool on any overdue accounts, and may be handed over to an Attorney / Debt collector in the event of non-payment.

*Please note that Holiday Care rates are over and above monthly school fees.

*Baby Blessings Preschool reserves the right to withhold school reports until all amounts owing have been paid.

*The responsibility is placed on the parents/guardians to ensure that no valuables are sent to school with your child/children. As personal possessions are not covered in any Insurance cover by the school, Baby Blessings Preschool will not be held liable for any items lost and/or damaged due to the negligence, abuse or misuse of such items by the children and or due to the neglect of the responsibility of the parents as stipulated above.

*A copy of the ID. Document of the person responsible for the account, is to be attached to this page.

For EFT payments, our bank details are as follows:

Acc Name: Baby Blessings Preschool (Pty) Ltd
FNB Branch code: 251655
Acc No: 6207 6666 977
Reference: Child's name

Between Baby Blessings Preschool (Pty) Ltd and:

_____ (Printed name of Parent/Guardian)

I, _____ parent / guardian of _____ do:

Agree to, and accept all requirements as set out in this Registration Agreement.

Printed Full name

Signature _____ Date _____

ID Number _____

Work Address _____

Email Address _____

Tel No Work _____ Tel No Home _____

Cell No _____

Witness 1 Printed Full Name _____

Signature _____ Date _____



Daily Questionnaire for Parents

Dear Parents

Your child's health & safety is as important to us as it is to you. Therefore, it is important that you go through each of the below questions every morning & answer them truthfully. This will help you decide as to whether your child can come to school or whether they should stay at home on a day.

Questions:

1. Does your child have a temperature of 37.5 degrees or above?
 - If yes, please keep your child at home
2. Does your child have a new cough?
 - If yes, please keep your child at home
3. Does your child complain about having a sore throat?
 - If yes, please keep your child at home
4. Does your child have a new difficulty with breathing normally/shortness of breath?
 - If yes, please keep your child at home
5. Is your child complaining about feeling weak or tired?
 - If yes, please keep your child at home
6. Are there any signs that your child's sense of smell / taste is affected/food & drinks tasting different?
 - If yes, please keep your child at home
7. Fussiness, or mood and behaviour changes?
 - If yes, please keep your child at home
8. Red eyes / any other signs of illness?
 - If yes, please keep your child at home



Basic Education
Health
Social Development

COVID-19

Online Resource & News Portal
SAcoronavirus.co.za



health
Department
of Health
REPUBLIC OF SOUTH AFRICA



LEARNER HEALTH QUESTIONNAIRE: COVID-19

Dear Parent / Guardian / Caregiver

The evidence emerging from countries around the world is clear and consistent: children are less likely to catch COVID-19. The Department of Basic Education and Health are establishing health safety measures to keep all children safe during this pandemic. However, a small number of serious medical conditions may put children at risk of becoming severely ill, and the Department needs to know about this to ensure that the necessary support and protection are provided in schools.

Please complete the form below regarding any MEDICAL CONDITION your child has. Your child's health information will be kept confidential.

NB. Do NOT send your child/children to school if they are unwell or sick – this includes having a sore throat, runny nose, mild cough, headache or mild fever (high temperature). If needed take them to a health practitioner or the nearest clinic.

Name of Learner		Name of Parent/Guardian	
Gender: Female Male		Relationship (Mother, Father, Aunt, Grandmother etc.)	
Identity Number		Home Address	
Home Address		Cell Number	
Below is a list of conditions that may cause your child to be severely ill if COVID-19 is contracted. To respond, please circle Yes if your child has the condition or No if he or she does not have it.			
Please indicate if your child is on chronic medication or is currently receiving treatment for these conditions		Describe the medication prescribed by your doctor Dr Name: Clinic Name: Telephone number:	
Asthma	Yes No		
Tuberculosis	Yes No		
Pregnancy	Yes No	N/A	
Chronic severe respiratory tract diseases (Inherited conditions, e.g. cystic fibrosis, Chronic lung diseases)	Yes No		
Congenital Cardiac Disease (not corrected by surgery)	Yes No		
Severe immunodeficiency (both inherited and acquired). This includes HIV infection with a low CD4 count, cancer (on treatment) or children on immunosuppressive drugs e.g. after a transplant	Yes No		
Other (e.g. diabetes) not covered above:	Yes No		

The above responses have been completed to the best of my knowledge.

Parent/ Guardian Signature	Learner Signature 12 years/older	Date of signature
	N/A	

BABY BLESSINGS PRESCHOOL (PTY)LTD

Document Title	SCREENING FORM FOR CHILD			
Applicable Company	Document Number	Revision	Issue Date	Element number
			11/07/20	

1. WORK AREA DETAILS

Location - Premises **10 CONCOURSE CRESCENT LONEHILL**

2. Date and Time / / **2020**
Time:

3. PERSONAL INFORMATION

Id Number

Full Names

Gender - Age **MALE** **FEMALE** **Age -**

4. TEMPERATURE **NB – NO ENTRY IF TEMPERATURE IS 37.5 OR MORE**

Only Non-Contact Thermometer to be used °C

5. CLINICAL INFO - SYMPTOMS (CIRCLE Y OR N)

Fever/Chills Y / N Loss of smell OR loss of taste Y / N

Cough Y / N Redness of the eyes Y / N

Sore throat Y / N Nausea/vomiting/diarrhoea Y / N

Shortness of breath Y / N Fatigue/ weakness / tiredness Y / N

Body aches Y / N

Has your child recently travelled to a country outside SA?
Y / N

Has he / she had contact with a person that tested positive for COVID-19 in the last 24 hours?
Y / N

Disclaimer: The screening does not replace professional medical consultation. Please seek professional medical advice and assistance if you showed any of the above symptoms or have had contact with a person that tested positive for COVID-19 in the last 24 hours. Hotline number 0800 029 999 or WhatsApp on 0600 12 3456.

Print Name: Cell Phone: Signature:		
Signature of Parent / Guardian:	Date	Time
Screening Verifier Details	Date	Time