

APPLICATION FOR ADMISSION FORM

Admission Date: ___/___/20___ Date of Exit: ___/___/20___ Account Number: _____

PLEASE NOTE THAT THIS APPLICATION WILL NOT BE ACCEPTED UNLESS THE FOLLOWING DOCUMENTATION IS SUPPLIED:	For Office Use Only (tick docs rec.)	CHILD'S PHOTO
1. Pages 1 to 7 of this application for admission form.		
2. Copy of Child's Unabridged Birth certificate or Passport		
3. Copy of Child's Immunization Card (Road to Health Card)		
4. Two recent I.D. photographs of child		
5. Confirmation from previous crèche indicating that all crèche fees have been paid		
6. Latest crèche report		
7. Copy of Mother's /*Guardians ID		
8. Copy of Father's /*Guardians ID		
9. Proof of income (salary advice/letter confirming employment and salary)		
10. Proof of Residence		
11. If parents are divorced, submit proof of custody arrangements		

1. CHILD'S INFORMATION

Full Name: _____ **Surname:** _____
Date of Birth: ___/___/20___ **Country of origin:** _____
I.D. or Passport No.: _____ **Gender:** Male ☐ Female ☐
Child's Home Language: _____ **Child's Age:** ____ **Race:** _____
Home Address: _____
Town: _____ **City:** _____ **Code:** _____

2. PARENT / GUARDIAN INFORMATION

Mother's Full Name: _____ **Surname:** _____
 Are you the biological Mother? YES ☐ NO ☐ **I.D. No.:** _____
Home Address: _____
Town: _____ **City:** _____ **Code:** _____
E-mail address: _____
Home No. (031) _____ **Cell No. (____)** _____
Mother's Employer: _____ **Work No. (____)** _____
Employer Address: _____ **City:** _____

Father's Full Name: _____ **Surname:** _____
 Are you the biological Father? YES ☐ NO ☐ **I.D. No.:** _____
Home Address: _____
Town: _____ **City:** _____ **Code:** _____
E-mail address: _____
Home No. (031) _____ **Cell No. (____)** _____
Father's Employer: _____ **Work No. (____)** _____
Employer Address: _____ **City:** _____

3. EMERGENCY CONTACT PERSON:

Name	Cell Number	Relation
1.		
2.		

4. WHO HAS PERMISSION TO PICK UP YOUR CHILD

Name	Contact Numbers	ID Number	Relation
1.			
2.			
3.			

5. FAMILY INFORMATION

Parent/s are: Single ☐ Married ☐ Divorced ☐ Separated ☐ Deceased ☐
 Who does the child live with? _____ Does the child have Siblings? _____
 Sibling names & ages: _____

6. CHILD'S MEDICAL DETAILS:

Doctor's Name: _____ Doctor's tel: _____

Doctor's Address: _____

Medical Aid no.: _____ Medical Aid Scheme name: _____

Medical Aid Main Member: _____

Please tick the applicable information below

Illnesses your child has already suffered from	Measles <input type="checkbox"/>	German measles <input type="checkbox"/>	Whooping cough <input type="checkbox"/>	Mumps <input type="checkbox"/>	
	Asthma <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Measles <input type="checkbox"/>	Chicken pox <input type="checkbox"/>	
Illnesses your child has been immunized against	Tuberculosis <input type="checkbox"/>	Whooping cough <input type="checkbox"/>	Polio <input type="checkbox"/>	Measles (m.m.r.) <input type="checkbox"/>	Hepatitis B <input type="checkbox"/>
	Tetanus <input type="checkbox"/>	German Measles <input type="checkbox"/>	Mumps (m.m.r) <input type="checkbox"/>	Diphtheria <input type="checkbox"/>	Meningitis <input type="checkbox"/>

Has your child had any operations? Please provide details and what precautions should the teachers take in respect to the operation.

Please provide information of any developmental challenges associated with: hearing/ sight/ teeth/ speech/ urination or other.

Allergies: Please provide full details regarding your child's allergies.

Environmental Allergies:

Food allergies:

POTTY TRAINING

Is your child fully potty trained? _____.

Please advise at what stage is your child's toileting skill?

Is there any additional, information you would like to disclose to us?

7. FINANCIAL COMMITMENT TO DCC EDUCARE

7.1 DCC EDUCARE DEBTORS POLICY

In order to facilitate the collection of school fees as set out in the aforementioned School Fees and Payment Terms (7.3) issued by the Management of DCC Educare (*Management*), and to thereby ensure the efficient running of the school, the Management accepted the following policy for implementation as from 1st January 2019 and supercedes any previous documentation regarding the payment of school fees.

The purpose of this policy is to standardize the procedure for the collection of outstanding monies and has been brought in line with provisions of the Consumer Protection Act (CPA) Act 68 of 2008, and will apply to all Parents/Guardians/Trusts/Benefactors of a child/children who are learners at DCC Educare Bluff and DCC Educare Wentworth from the date of implementation of this policy. All outstanding monies, including monies outstanding prior to this policy being implemented by the Management Board will be covered by this policy.

This debtor's policy forms part of the financial contract signed on enrolment between the Parent/Guardians and DCC Educare Bluff and DCC Educare Wentworth.

Some provisions contained in this Policy may be duplicated on the documents that form part of the Contract. If any inconsistency exists between provisions contained in this Policy and such other documents, the provisions in this Policy will prevail.

Important Information

1. Attention is drawn to these terms and conditions because they are important and should be carefully noted. If there is any provision in this document that is not fully understood, please ask the school head to explain it.
2. Nothing in this Policy is intended unlawfully restrict, limit or avoid any rights or obligations, as the case may be, created for either the Learner, the Guardian, a third party or DCC Educare Bluff and DCC Educare Wentworth in terms of the CPA.

The methods of payment are:

1. Fees paid in full via EFT
2. Fees paid over 11 months from 31st January to the 31st November via EFT
3. Unless specified by the school all payments for additional goods and/or services must be paid into the schools bank account.

NB: No cash payments **for fees** will be accepted at the school. All cash payments must be made at any branch of Nedbank.

In the event that a parent is not able to comply, they must make an acceptable arrangement with the Bursar indicating when fees will be paid. Should they fail to meet the promise, their account will be deemed to be in arrears and the School will take the necessary steps as set out below.

Procedure for Collection of Fees & Payment Default

1. Parent/Guardians will be invoiced for School Fees and additional amounts according to the methods of payment and statements will be sent on a monthly basis.

2. If the account is outstanding for:

2.1 30 (thirty) days from invoice a first warning letter shall be sent. The letter will warn Parent/Guardians that they are in breach of the contract, and that the Learner may be excluded as a consequence of the breach of contract. The Parent/Guardians will be given 10 (ten) business days to bring their account up to date.

2.2 Should the account remain unpaid after the 10 (ten) business days window period stated above, a second letter would be sent advising that the contract will be terminated. The Parent/Guardian will have 10 (ten) business days from receipt of the second letter to settle the arrear amount. If no payment is received, the Parent/Guardians will need to make alternative arrangements for the education of the Learner in question. No payment plan is allowed at this point.

Once the Agreement has been terminated:

1. The outstanding account will be handed over to a debt collection agency. All costs will be for the Parents/Guardians account. (If this course is followed, the learner will not be considered for enrolment until all debt is paid.)
2. Learners cannot be guaranteed a place at the School and Parents/Guardians may have to re-apply for a position for the learner. (No registration fee will be required as long as the learner returns within the current academic year.)
3. Parents/Guardians shall be required to complete a new Application for Enrolment at the School (i.e. Terms & Conditions, Acceptance of Terms & Conditions and Registration process to be completed.)

General

1. The School will confirm all communications, concerning arrangements for the payment of outstanding accounts, in writing.
2. A full calendar month's notice fee will be charged to the account if a calendar months notice is not given.
3. A statement, per learner, will be generated monthly and will be emailed or issued via the child's message book. The onus is on the parent to confirm receipt of their monthly statements.
4. The school reserves the right to do a credit check on the Parents/Guardians/Trusts/Benefactors responsible for the fee payment on application or at any time while the learner is at the school.
5. Any outstanding fees from the previous year must be settled before the start of the next academic year. In the event that a Parent/Guardian is not able to comply, they must make an acceptable arrangement with the Bursar indicating when fees will be paid. Should they fail to meet that promise, they will be deemed to be in breach of the contract, and the learner will not be able to attend the school for the new academic year.

Date of Policy: August 2018, Effective January 2019.

7.2 UNDERTAKING TO PAY SCHOOL FEES

Personal Details of person responsible for the payment of School Fees

Full Name: _____ Surname: _____
Relationship to Child: _____ I.D. No.: _____
Home Address: _____
Town: _____ City: _____ Code: _____
E-mail address: _____
Home No: (031) _____ Cell No.: (____) _____
Employer: _____ Work No.: (____) _____
Employer Address: _____ City: _____

7.3 SCHOOL FEES & PAYMENT TERMS

Please select your choice of **full or half day care** and your **payment option**:

DETAILS OF COST TO PARENT	OPTION A	OPTION B
FULL DAY - 06:30 TO 17:15 <input type="checkbox"/> (Incl. breakfast/am. snack /lunch/pm. snack)	Once off Payment = R24450 p.a. <input type="checkbox"/>	R2230 X 11 Months <input type="checkbox"/> 31 Jan to 31 Nov
HALF DAY - 06:30 TO 12.30 <input type="checkbox"/> (Incl. breakfast/am. snack /lunch)	Once off payment = R21000 p.a. <input type="checkbox"/>	R1910 X 11 Months <input type="checkbox"/> 31 Jan to 31 Nov
REGISTRATION FEE First Time registration is Non-Refundable Re registration	R400 R400 =R100 admin fee + R300 deducted from 2019 school fees	
LATE FINE FOR FETCHING OF CHILD:	Full day: R100	Half day: R50
CASUAL DAY CARE:	Full Day Care: R150	After care Only: R75

COMPULSORY STATIONERY CONTRIBUTION (must be paid at the start of the academic year & or on enrolment of child)

YELLOW GROUP (18months to 2 years)	R1000-00	OWN WET WIPES & NAPPIES TO BE PROVIDED
BLUE / GREEN / RED GROUP	R1200-00	

Method of Payment: STRICTLY EFT OR CASH DEPOSIT INTO OUR BANK ACCOUNT

Banking Details:

Account Name: **Educare Bluff**
Bank: **Nedbank**
Branch Code: **198765**
Account Number: **1158779143**
Your Reference: **BSF & Your Child's Name & Surname**

N.B.

Proof of payment must be sent to the school finance department every month for record keeping purposes. If no proof of payment is sent then it will be assumed that payment has not been made and a fine will be added to the account. Please email proof of payment to eduaccounts@durbanchristiancentre.co.za or, hand deliver your POP to the school by no later than the 1st of every month.

1. I, the undersigned, hereby undertake to pay to “DCC EDUCARE” (hereinafter called “the school”), the full amount due each year, in respect of school fees for:

_____ (hereinafter called “the learner”)

The School is a private school. 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. When an installment is not be paid on due date, the full amount will become due, owing and payable. I understand that non-payment of fees automatically gives the School the right to terminate the learner’s enrolment at the school within the stipulated time frame indicated within the debtors policy.
3. Should I fail to fulfill any of my obligations in terms of this agreement, that actions as clearly stated in the debtors policy will be taken against me.
6. Before removing the learner from the School, for any reason whatsoever, I agree to give one full calendar month’s notice in writing to the Administrator of the school, or I shall pay one month’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 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, I further acknowledge that my child’s mother / father and I 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 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 my signature hereto 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. I further undertake to pay all Attorney/Client costs incurred by the School in enforcing the terms of the Agreement.

12. By my signature hereto I formally acknowledge that I understand and agree to the contents of the Schools Debtors Policy & Stationery Requirements.

Full name & Signature of fee payer: _____

Witness 1: _____

Witness 2: _____

Date: _____

Name & Signature of Bursar: _____ Date : _____

Name & Signature of management rep: _____ Date : _____

8. CONSENT & INDEMNITY FORM

I, _____ I.D. No. _____

Parent / guardian of _____, hereby give consent for my child to take part in any and all activities of the school. I fully understand that all activities are taken at my child's own risk and undertake to indemnify, hold harmless and absolve DCC Educare and its staff against any claims that may arise.

I fully understand and accept that the Principal and staff of DCC Educare will care for my child to the best of their ability and take the necessary diligence and care to ensure my child's safety. The DCC Educare will not accept liability for any claims arising while he/she is on the property of the school or taking part in extramural activities off site where such accident /injury/illness or damages is caused due to negligence of my child and as a result of my child failing or refusing to abide by instructions given by the Educare staff or where such accident / injury /illness was not as a result of the negligence or recklessness of the school and/or its staff or where such injury/illness/accident could not reasonably have been foreseen.

I permit / do not permit DCC Educare to take photographs of my child to be published on the DCC webpage, Facebook page and local newspapers.

Dated at: _____ this _____ day of 20 _____

Signature of Parent/ guardian: _____

WITNESS 1: _____ WITNESS 2: _____

9. DECLARATION OF ACCEPTANCE

I, _____ hereby apply for the admission of my child _____ (full name of child) subject to the attached conditions of entry which I have read and accepted without reserve. By affixing my signature hereto I confirm that the information I have provided is correct and indemnify DCC Educare against any harm or damages incurred as a result of my providing inaccurate or incorrect information.

I undertake to comply with all the rules and regulations of the School and acknowledge that it is my responsibility to make myself familiar with the policies of the school as adopted and published by the school from time to time, and agree to abide by these policies.

I fully understand that fees must be paid in accordance with the Debtors Policy of the school.

Name/ I.D. no. / Signature of Father:

Name and surname _____ I.D No. _____ Sign _____ Date _____

Name/ I.D. no./ Signature of Mother:

Name and surname _____ I.D No. _____ Sign _____ Date _____

Dated at: _____ this _____ day of 20 _____

WITNESS 1: _____ WITNESS 2: _____