www.speelspeelslim.com
0799278384 / 0846024244
Speel Speel Slim

20 Steenbok Straat, Doxa Deo Kerk,
Langeberg Ridge | Reg: 2013/103501/07

SPEEL–SPEEL SLIM NURSERY SCHOOL

APPLICATION FOR ADMISSION | REGISTRATION FORM

MONTH AND YEAR APPLIED FOR: _____

CARE OPTION: ☐ HALF DAY ☐ FULL DAY

CLASS: ☐ 3-12 MONTHS ☐ 1 YEAR OLD ☐ 2 YEAR OLD ☐ 3 YEAR OLD ☐ 4 YEAR OLD ☐ 5 YEAR OLD

(*PLEASE CONFIRM AVAILIBILITY BEFORE COMPLETING APPLICATION!)

PLEASE TAKE NOTE!

THIS APPLICATION WILL ONLY BE PROCESSED IF ALL FIELDS ARE COMPLETED, SIGNED AND ALL DOCUMENTS ARE ATTACHED.

SUPPORTING DOCUMENTS, COMPLETED SECTIONS AND NECCESARY FORMS: (Please Tick)

- ☐ COPY OF **VACCINATION RECORDS**
- ☐ COPY OF CHILD'S **BIRTH CERTIFICATE**
- ☐ COPY OF PARENTS / GUARDIANS **ID DOCUMENTS**
- ☐ **APPLICATION SECTIONS 1-7** | COMPLETED & SIGNED
- ☐ COPY OF **MEDICAL AID CARD**
- ☐ COPY OF **AUTHORISED PICK UP ID DOCUMENTS**
- ☐ **ADDENDUM (A,B & C)** | COMPLETED & SIGNED

SECTION 1: CHILD'S DETAILS

SURNAME		FULL NAME	
PREFERRED NAME		DATE OF BIRTH	
AGE		GENDER	
HOME LANGUAGE		NUMBER OF CHILDREN IN FAMILY	
POSITION OF CHILD IN FAMILY		NATIONALITY	

PERSON DROPPING CHILD AT SCHOOL: NAME & SURNAME_____ RELATIONSHIP_____

AND COLLECTING CHILD FROM SCHOOL: NAME & SURNAME_____RELATIONSHIP_____

---

www.speelspeelslim.com
0799278384 / 0846024244
Speel Speel Slim

20 Steenbok Straat, Doxa Deo Kerk,
Langeberg Ridge | Reg: 2013/103501/07

SECTION 2: PREVIOUS CHILD CARE

CURRENT SCHOOL / CARER		PREVIOUS SCHOOL / CARER	
ADDRESS		ADDRESS	
TEL NO		TEL NO	
CONTACT PERSON		CONTACT PERSON	

HAS ADMISSION TO ANY OTHER NURSERY SCHOOLS **EVER BEEN DENIED**? IF YES PLEASE STATE REASON

YES	NO

REASON _____

SECTION 3: CHILD'S MEDICAL HISTORY AND DETAILS

BLOOD TYPE:

O+	O-	A+	A-	AB +	AB-	B+	B-	UNKNOWN

FAMILY DOCTOR			
NAME		TEL NO	
ADDRESS			
MEDICAL AID			
NAME		MEMBER NUMBER	
MAIN MEMBER INITIALS AND SURNAME		MAIN MEMBER ID NUMBER	
MEDICAL AID OPTION			

HAS THE CHILD RECEIVED **ALL THE NECESSARY IMMUNISATIONS**? IF NO, PLEASE STATE REASON.

YES	NO

REASON: _____

HAS THE CHILD **SUFFERED FROM ANY OF THE FOLLOWING ILNESSES**? PLEASE INDICATE WITH AN X

	ASTHMA		ENTERIC FEVER		MEASLES		SCARLET FEVER
	CHICKEN POX		GERMAN MEASLES		MUMPS		TICKBITE FEVER
	DIABETES		HEPATITIS		POLIO		TYPHOID FEVER
	DIPTHERIA		MALARIA		RHEUMATIC FEVER		WHOOPING COUGH

DOES THE CHILD SUFFER FROM ANY **ALLERGIES**?

YES	NO

IF YES, PLEASE GIVE DETAILS:

_____

_____

www.speelspeelslim.com
0799278384 / 0846024244
Speel Speel Slim

20 Steenbok Straat, Doxa Deo Kerk,
Langeberg Ridge | Reg: 2013/103501/07

DOES THE CHILD HAVE ANY **SPECIAL MEDICAL NEEDS**? YES | NO

IF YES, PLEASE GIVE DETAILS:

_____

_____

DOES OR HAS THE CHILD SUFFERED FROM **ANY DISABILITIES OR ILLNESSES**? YES | NO

IF YES, PLEASE GIVE DETAILS:

_____

_____

IS THE CHILD RECEIVING MEDICAL TREATMENT FOR **ANY** CONDITION? YES | NO

IF YES, PLEASE GIVE DETAILS:

_____

IS/HAS THE CHILD SUFFERED FROM /**RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET**? YES | NO

IF YES, PLEASE GIVE DETAILS:

_____

HAS THE CHILD AD **ANY** OPERATIONS? YES | NO

IF YES, PLEASE GIVE DETAILS:

_____

PLEASE SPECIFY **ANY** OTHER RELEVANT MEDICAL DETAILS:

_____

CHILD'S MEDICAL DETAILS, CONSENT AND INDEMNITY

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE CHILD'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 PRACTIONER MAY PROVIDE EMERGENCY TREATMENT AS MAY BE NECESSARY.

SIGNATURE OF PARENT / LEGAL GUARDIAN: _____

1. I ACCEPT THAT THE NECESSARY PRECAUTIONS HAVE BEEN TAKEN TO ASSURE THE SAFETY OF MY CHILD AND THAT I WILL BE RESPONSIBLE FOR ANY PAYMENT OF ANY MEDICAL / HOSPITAL BILLS, IF NECESSARY, IN CASE OF AND ACCIDENT THAT MAY OCCUR THAT IS NOT DUE TO THE NEGLIGENCE OF THE RESPONSIBLE PERSON IN CHARGE.
2. I HEREWITH AUTHORISE THE PRINCIPAL OR REPRESENTATIVES OF SPEEL-SPEEL SLIM THAT IN CASE I / WE THE PARENTS CANNOT BE FOUND IN CASE OF EMERGENCY, SHOULD THERE BE MEDICAL TREATMENT / SURGICAL TREATMENT, MY CHILD MIGHT NEED.
3. AS FAR AS I KNOW HE/SHE IS PHYSICALLY ABLE TO PARTAKE IN SCHOOL ACTIVITIES AND IS IN GOOD HEALTH.

SIGNATURE OF PARENT / LEGAL GUARDIAN: _____

www.speelspeelslim.com
0799278384 / 0846024244
Speel Speel Slim

20 Steenbok Straat, Doxa Deo Kerk,
Langeberg Ridge | Reg: 2013/103501/07

SECTION 4: DETAILS OF PARENTS / LEGAL GUARDIANS:

	FATHER / GUARDIAN	MOTHER / GUARDIAN
TITLE		
SURNAME		
FULL NAMES		
PREFERRED NAME		
OCCUPATION (Specify)		
EMPLOYER		
HOME ADDRESS		
POSTAL ADDRESS		
ID NUMBER		
MARITAL STATUS		
HOME TEL NO		
WORK TEL NO		
CELL PHONE NO		
EMAIL ADDRESS		

PARENTAL STATUS (Please indicate with a X)				
FATHER / GUARDIAN	CHILD LIVING WITH PARENT	LEGAL GUARDIAN	ACCESS RIGHTS TO CHILD	ACCESS RIGHTS IN AN EMERGENCY ONLY
MOTHER / GUARDIAN	CHILD LIVING WITH PARENT	LEGAL GUARDIAN	ACCESS RIGHTS TO CHILD	ACCESS RIGHTS IN AN EMERGENCY ONLY

OTHER CHILDREN IN THIS SCHOOL:

1	NAME AND SURNAME		CLASS	
2	NAME AND SURNAME		CLASS	
3	NAME AND SURNAME		CLASS	

SECTION 5: DETAILS OF AUTHORISED PERSON/S FOR COLLECTING CHILDREN AT SCHOOL

NAME AND SURNAME		ID NUMBER	
NAME AND SURNAME		ID NUMBER	
NAME AND SURNAME		ID NUMBER	
NAME AND SURNAME		ID NUMBER	

www.speelspeelslim.com
0799278384 / 0846024244
Speel Speel Slim

20 Steenbok Straat, Doxa Deo Kerk,
Langeberg Ridge | Reg: 2013/103501/07

SECTION 6: REGISTRATION CONFIRMATION | PAYMENT OF SCHOOL FEES & CANCELLATION POLICY

IMPORTANT: PLEASE READ BEFORE SIGNING

THE PARENT/GUARDIAN IS RESPONSIBLE FOR CONFIRMING SPACE AVAILABILITY WITH THE SCHOOL, IN WRITING, PRIOR TO SIGNING. ONCE CONFIRMED, SIGNING THIS FORM CREATES AN IMMEDIATE, BINDING OBLIGATION TO PAY THE FEES AS SET OUT IN THE SCHOOL'S INVOICE OR OTHER WRITTEN COMMUNICATION. THIS OBLIGATION ARISES ON SIGNATURE, NOT ON PAYMENT OR INVOICING.

BY SIGNING THIS REGISTRATION FORM, YOU CONFIRM YOUR CHILD'S REGISTRATION FOR THE SELECTED MONTH AND YEAR (SUBJECT TO SPACE AVAILABILITY) AND ACCEPT LIABILITY FOR THE INITIAL FEES OUTLINED BELOW.

INITIAL REGISTRATION FEES

- **Upon signing, payment of the first month's School fees and the annual development fee is required,** as set out in the invoice to be issued by the School, or as otherwise communicated in writing by the School.
- Payment due: immediately upon receipt of your invoice.
- Refund policy: these fees are non-refundable.

ONGOING MONTHLY FEES

- Due date: Payments are due on the 1st of each month, in advance.
- Monthly payments are due for every month of the year. 12 payments in total, including December.
- Payment method: EFT only, to the bank account specified on your invoice. Include your unique payment reference code.
- Late payment penalty: if fees are not received by the 1st of the month, a 10% penalty will be added to that month's invoice (if not received by the 6th of the month, after a 5-day grace period).

CANCELLATION & WITHDRAWAL POLICY

The Parent/Guardian may cancel this agreement at any time by giving the School written notice, in accordance with Section 14(2)(b) of the Consumer Protection Act. Notice must be given in writing and, for administrative purposes, notice periods run from the first day of a calendar month.

The Parent/Guardian **remains liable for two (2) full calendar months' school fees from the date on which notice is received**, in accordance with Section 14(3)(a) and (b)(i) of the Consumer Protection Act, which entitle the School to recover a reasonable cancellation penalty on early withdrawal. If notice is given other than on the first of the month, the two-month period is calculated from the first day of the following month.

Year-end withdrawals: Notice for end-of-year withdrawal must be given by 1 October; November and December fees remain payable in full if notice is not received by this date.

NON-NEGOTIABLE TERMS REGARDING PAYMENT OBLIGATIONS AND NOTICE PERIODS

No correspondence or negotiations will be entered into. We recognise that unforeseen personal circumstances may occasionally arise, potentially leading to non-payment or insufficient notice. However, to ensure the School's ongoing stability, resource allocation, and quality education for all enrolled children, these terms cannot be waived or adjusted on an individual basis.

www.speelspeelslim.com
0799278384 / 0846024244
Speel Speel Slim

20 Steenbok Straat, Doxa Deo Kerk,
Langeberg Ridge | Reg: 2013/103501/07

NAME AND SURNAME (PERSON RESPONSIBLE FOR PAYMENT)	
ADDRESS	
ID NUMBER	
CONTACT NO	
RELATIONSHIP	

I, THE PARENT / LEGAL GUARDIAN HEREWITH UNDERTAKE:

1. To complete this form fully and accurately, ensuring all information is true and correct.
2. Pay the initial registration fees (first month's school fees and annual development fee) immediately upon receipt of the invoice, acknowledging that these fees are non-refundable.
3. Ensure prompt payment of all School fees as outlined in this agreement with Speel-Speel Slim, including monthly fees due on the 1st of each month in advance via EFT to the specified bank account, using the unique payment reference code.
4. Accept that any late payment (not received by the 1st of the month) will incur a 10% penalty added to the invoice.
5. Provide the School with written notice to cancel this agreement, in accordance with Section 14(2)(b) of the Consumer Protection Act, and remain liable for two (2) full calendar months' school fees from the date notice is received, in accordance with Section 14(3)(a) and (b)(i) of the Act; for year-end withdrawals, notice must be given by 1 October, failing which November and December fees remain payable in full.
6. Acknowledge that all payment obligations and notice periods are non-negotiable, with no correspondence or adjustments permitted, regardless of personal circumstances.
7. Pay fees monthly in advance; any arrears may be referred to debt collectors, resulting in suspension of my child's access to the school. If the account is handed over to debt collectors or legal recovery is required, I will be held liable for all associated fees and costs.
8. Adhere to the School's rules and policies & procedures. I accept measures to be taken against me for non-compliance.

SIGNATURE OF PARENT / GUARDIAN _____

DATE _____

SIGNATURE OF WITNESS _____

DATE _____

www.speelspeelslim.com
0799278384 / 0846024244
Speel Speel Slim

20 Steenbok Straat, Doxa Deo Kerk,
Langeberg Ridge | Reg: 2013/103501/07

SECTION 7: MARKETING SURVEY

WHERE DID YOU HEAR FROM US? PLEASE INDICATE WITH A X.

	FRIEND		**WEBSITE**		**OTHER (PLEASE SPECIFY BELOW)**
	DOXA DEO		**GOOGLE**		
	FACEBOOK		**STREET SIGN**		

PLEASE EMAIL THE COMPLETED AND SIGNED REGISTRATION FORM WITH ALL RELEVANT DOCUMENTATION TO:

speelspeelslim@gmail.com OR heinadale@gmail.com

www.speelspeelslim.com
0799278384 / 0846024244
Speel Speel Slim

20 Steenbok Straat, Doxa Deo Kerk,
Langeberg Ridge | Reg: 2013/103501/07

ADDENDUM (A) | PROTECTION OF PERSONAL INFORMATION (POPIA) ACT AGREEMENT

I/ (full names and surname)

MR/S_____ (Parent / Legal Guardian)

Hereby agree to the following:

1. By submitting any personal information to the Speel-Speel Slim, the Parent / Legal Guardian unconditionally and voluntarily, consents to the processing of the submitted personal information for any and all purposes related to the registration application agreement which may include, but is not limited to:

I. Collecting, organising, processing, and storing personal information for the business interests of Speel-Speel Slim, as well as for the benefits of the Parent / Legal Guardian and Speel-Speel Slim;

II. Utilising personal information for administration and record keeping, marketing & direct communication relating to Speel-Speel Slim matters ONLY.

III. Sharing personal information with third parties, such as fund and insurance administrators and government departments. In certain circumstances personal information may be shared across borders when sharing the information with third parties.

IV. Distributing relevant personal information when legally required to do so.

2. The parties agrees to update, from time to time, any personal information supplied to each other, which may or has changed. The parties cannot be held liable for any loss caused by any of the parties failure to update and/or correct the personal information supplied to each other, by any of the parties.

3. The parties consent to the other party sharing the personal information (including but not limited to its group companies) for the purposes of this agreement and/or any other legitimate interests of the parties.

4. The Parent / Legal Guardian is hereby informed that the personal information as shared with the Company may be transferred to a third party in order for the Company to fulfill its obligations under this agreement.

5. Should the Parent / Legal Guardian's personal information be shared cross border, the personal information will not be subject to less protection than it enjoys in terms of South Africa's data privacy laws.

Signed at _____ on this the _____ day of _____ 20_____

Parent / Legal Guardian Signature: _____

www.speelspeelslim.com
0799278384 / 0846024244
Speel Speel Slim

20 Steenbok Straat, Doxa Deo Kerk,
Langeberg Ridge | Reg: 2013/103501/07

Parent / Legal Guardian Name in Print : _____

ADDENDUM (B) | PHOTOGRAPH AND VIDEO CONSENT

I hereby grant permission to Speel-Speel Slim and its representatives to photograph and video me and my child and otherwise capture my / my child's image at the School. I further grant to Speel-Speel Slim and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed for promoting, publicizing or explaining Speel-Speel Slim and its activities and for administrative, educational or research purposes. I acknowledge that Speel-Speel Slim owns all rights to the images and recordings.

First and Last Name of Child _____

Parent/Legal Guardian Name _____

Waiver, Indemnity and Release

I hereby waive any right to royalties or other compensation arising from or related to the use of the images, recordings or materials. I hereby release, defend, indemnify and hold harmless Speel-Speel Slim, employees or agents from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent.

This consent, waiver, indemnity and release is binding on me.

Signed at _____ on this the _____ day of _____ 20_____

Parent / Legal Guardian Signature: _____

Parent / Legal Guardian Name in Print : _____

www.speelspeelslim.com
0799278384 / 0846024244
Speel Speel Slim

20 Steenbok Straat, Doxa Deo Kerk,
Langeberg Ridge | Reg: 2013/103501/07

ADDENDUM (C) | PARENT HANDBOOK ACCEPTANCE FORM

First and Last Name of Child _____

Parent/Legal Guardian Name _____

I confirm that I have read, understand, and accept the contents of the Parent Handbook for Speel-Speel Slim Nursery School.

This signed form replaces any prior acceptance of the Parent Handbook up to this date. I agree to abide by all rules, regulations, policies, and procedures as set out in the current version.

Any queries or concerns about the handbook must be raised in writing before my child's first day for the enrolled calendar year.

The Parent Handbook may be updated periodically; parents will be notified, and a new acceptance form must be signed, replacing prior versions.

Signed at _____ on this the _____ day of _____ 20_____

Parent / Legal Guardian Signature: _____

Parent / Legal Guardian Name in Print : _____

www.speelspeelslim.com
0799278384 / 0846024244
Speel Speel Slim

20 Steenbok Straat, Doxa Deo Kerk,
Langeberg Ridge | Reg: 2013/103501/07