



## MISEVE CLASSICAL PRESCHOOL

CHILDREN ARE ARROWS - CHRIST THE TARGET

**PLEASE COMPLETE THE ENROLMENT FORM IN PRINT AND ATTACH ALL REQUIRED DOCUMENTATION.**

Copy of the child's birth certificate

Copy of Road to Health/ Immunisation

Copy of parents'/ guardians' ID documents

Proof of Payment of enrolment fee

Date of enrolment: \_\_\_\_\_

### Personal Information

Child's Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex (Please mark by **X**): Male  Female

Method of transport (**Please circle**): Walk/ Private car/ Taxi/ Bus

Address of the child

**Physical address**

**Postal address**

Mother/ Guardian's Name: \_\_\_\_\_

Work place: \_\_\_\_\_ Work number: \_\_\_\_\_

Cell number: \_\_\_\_\_ ID number: \_\_\_\_\_

Address (If different from child's): \_\_\_\_\_

Father/ Guardian's Name: \_\_\_\_\_

Work place: \_\_\_\_\_ Work number: \_\_\_\_\_

Cell number: \_\_\_\_\_ ID number: \_\_\_\_\_

Address (If different from child's): \_\_\_\_\_



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### People authorized to pick up child (Other than parent/s listed above)

Name	Relationship to child	Contact number
1.		
2.		
3.		

### People **NOT** authorized to pick up child (If applicable)

Name	Relationship to child	Please provide a reason
1.		
2.		

### Code of Conduct for parents

Miseve Classical Preschool expects parents and guardians:

- To familiarize themselves with the rules, policies and procedures of the preschool.
- To ensure their children adhere to the school rules.
- To support their children in their academic endeavours by making time for homework and school projects.
- To avoid requests for leave for children during term time, except in the case of emergency.
- To avoid visiting classrooms during teaching periods as it breaks concentration and may disrupt classes.
- To follow the correct procedure if they have a complaint of any type, and to make appointments with teachers through the correct channels.
- To treat the teachers, staff, children and other parents with the same respect and consideration with which they expect to be treated.
- To pay school fees by due date.
- To attend meetings at school when requested to do so.
- To read all communication sent out by the school and acknowledge or communicate feedback.

Parents who blatantly disregard this code may be required to stay off school property other than to drop off or to collect children. In extreme cases, further action will be taken.

I declare that I have read and accept the code of conduct for parents.

Signed at \_\_\_\_\_ On this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Guardian's signature



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## Health Information (Please attach a separate sheet if necessary)

1) Regular medication(s), dose, frequency, and reasons for (Please list.) \_\_\_\_\_

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2) Allergies/Reactions and treatment (Please list): \_\_\_\_\_

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3) Any concerns/issues regarding your child's health of which preschool needs to be aware (seizures, asthma, vision, hearing, etc... (Please list and describe): \_\_\_\_\_

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4) Any concerns regarding your child's development (behaviour, speech, language, mobility, etc...) (Please list and describe): \_\_\_\_\_

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5) Please list any specific care instructions regarding #1-4: \_\_\_\_\_

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6) Other health care professionals involved in your child's life (Occupational therapist/physical treatment, etc):

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### Emergency health information (If applicable)

Doctor's Name/Clinic: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Child's care card number: \_\_\_\_\_ Medical Aid Number: \_\_\_\_\_

### Emergency contact (Other than parent/s listed above)

Name	Relationship to child	Contact number
1.		
2.		

### Consent for Emergency Care

I, \_\_\_\_\_, authorize the staff of Miseve Classical Preschool to call the emergency referrals or medical practitioner/ambulance in the case of illness or accident of my child, if the parents cannot be reached immediately. I assume full financial responsibility for any fees or expenses related to emergency treatment.

Signature of parent/s or guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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### Method of school fees payment: EFT/ DIRECT Payment

The parent/guardian understands that the quarterly Preschool **tuition payment is due by the first school day of each quarter** and that no permission will be granted to any child to attend school without the settlement of their school fees. The parent/guardian understands that scheduled days are established by the Preschool. **Fees will not be waived or refunded for school days missed due to family vacations, illness, or for any other reason.** The parent/guardian understands that the only days they will not be billed for are the days the Learning Centre is closed outside of Public Holidays.

### Affordability

I confirm that I am in a sound financial position and can afford the fees set out in the current fee structure. Initial here: \_\_\_\_\_

### Payment of fees

I understand that should my child be accepted that I will be liable for all fees payable in accordance with the school's policy. I understand that a term's written notice, 3 months prior, is required for the withdrawal of my child or a term's fees payable in lieu of notice.

**IF SOMEONE OTHER THAN THE ABOVE PARENTS/ GUARDIAN WILL BE RESPONSIBLE FOR FINANCES, PLEASE PROVIDE THEIR DETAILS AND ATTACH A PROOF OF ID.**

Mr/Mrs/Ms: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell number: \_\_\_\_\_ ID number: \_\_\_\_\_

Signed at \_\_\_\_\_ On this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness



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## Permission to Photograph

Documentation of the Preschool's activities is part of the program. From time to time your child's picture may be taken and will be used for school related activities. By giving consent to this permission, the parent/s or guardian understands that photos of their child may be taken as they take part in the daily activities of the daycare. Photos may be used for the following purposes:

Type of use	Please mark one by X	
	Grant permission	Decline permission
<b>Still photographs</b>		
Display in child's personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (Please list):</b>		
<b>INITIALS:</b>		

\*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.



## **MISEVE CLASSICAL PRESCHOOL**

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I, \_\_\_\_\_, authorize Miseve Classical Preschool staff to take photos of  
(Child's name): \_\_\_\_\_ for the above mentioned purposes. I understand that it is my  
responsibility to update this form in the event that I no longer wish to authorize one or more of the above  
uses. I agree that this form will remain in effect during the term of my child's enrolment.

\_\_\_\_\_  
(Parent or Guardian's signature)

\_\_\_\_\_  
(Date)



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### Declaration by parents/ guardian

- The information furnished by me in this form is true and correct.
  - I undertake to inform the school if any of the above information may change.
  - I agree with and subscribe to the schools rules, norms, and ethos.
  - I give full permission for my child to participate in extra-curricular activities.
  - I accept the Executive Head/ Principal or his representative as a guardian if necessary.
  - I confirm that all medical information supplied in this enrolment form for my child is accurate and complete. This information may be used in case of an emergency.
  - I understand that if my child is accepted that I will still be liable for all fees payable in accordance to the school's policy, even if I have indicated that the fees will be paid by a third party.
  - I agree to make sure that all fees due are paid on or before the due date.
  - I agree to give a term's written notice of withdrawal of my child or to pay a term's fees in lieu of notice if the proper notice is not given.
  - I have **received and read** the school policy, and therefore I agree to abide by the policies therein.
- By signing and initialing this enrolment form, you agree to the terms and conditions contained in this document as well as any terms and conditions contained in the Policies of the School and School Fees as detailed below, which form part of this enrolment form. If there is any provision in this document that you do not fully understand, please ask for an explanation before signing.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_

Father's signature

\_\_\_\_\_

Mother's signature

\_\_\_\_\_

Guardian's signature

Name: The Tiyani Foundation

Bank: FNB

Account: 62906047198

Branch: Louis Trichardt

Branch code: 250655

Reference: Surname + Child's initials. Example: BaloyiKJB

**Enrolment fee is R200**

Please email proof of payment to [miseveschool@gmail.com](mailto:miseveschool@gmail.com)





## MISEVE CLASSICAL PRESCHOOL

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### SCHOOL FEES SCHEDULE

#### **PRESCHOOL R2,850 Quarterly (FULL-DAY) ; R3,600 Quarterly (EXTENDED CARE)**

Enrolment/Registration fee (first time learners only)= R200\*

School development levy (payable every year by all pupils)= R150

FULL DAY Tuition – R950/month × 4 Terms

EXTENDED CARE – R1,200/month × 4 Terms

#### **DUE DATES FOR SCHOOL FEES AND LEVIES**

1. APPLICATION FORM = NO FEE—GRAND OPENING PROMOTIONAL
2. ENROLLMENT FEE – DUE ON THE DATE OF ADMISSION
3. SCHOOL DEVELOPMENT LEVY—DUE BY THE FIRST DAY OF CLASS
4. TERM 1 TUITION –BEFORE THE 7<sup>TH</sup> OF JANUARY
5. TERM 2 TUITION –BEFORE THE 7<sup>TH</sup> OF APRIL
6. TERM 3 TUITION –BEFORE THE 7<sup>TH</sup> OF JULY
7. TERM 4 TUITION –BEFORE THE 7<sup>TH</sup> OF OCTOBER
8. TRIPS/ EVENTS AS ORGANISED BY THE RELEVANT COMMITTEES

#### **SIBLINGS DISCOUNTS**

10% DISCOUNT ON 2<sup>ND</sup> STUDENT'S TUITION IF ENROLLING 2 OR MORE SIBLINGS.

#### **FINES AND PENALTIES**

1. LATE PAYMENT PENALTIES – **30%** OF BALANCE OVERDUE PER QUARTER.  
FEES MUST BE PAID IN FULL **BEFORE** FIRST DAY OF CLASSES OR STUDENT WILL NOT BE ALLOWED TO ATTEND. (Full-Day Quarterly: R3,705 with fee if late)
2. LATE ENTRY ENROLLMENT –R200

#### **BANKING DETAILS**

Name: The Tiyani Foundation

Bank: FNB

Account: 62906047198

Branch: Louis Trichardt

Branch code: 250655

Reference: Surname + Child's initials. (Example: BaloyiKJB)

**Enrollment fee is R200\***

Please email proof of payment to [miseveschool@gmail.com](mailto:miseveschool@gmail.com)

\*nonrefundable