



**CATHKIN ACADEMY**

Enrolment Form

Inskrywings vorm

Homework Centre / Huiswerk Sentrum

(WESTWOOD, MARTIN SCHOOL, GOUDRAND, CONCORDIA)

SPACEKIDZ (PTY) LTD

2 Cathkin Street

Ravenswood

082 539 8814





064 123 5146

[cathkinaAcademy@gmail.com](mailto:cathkinaAcademy@gmail.com)





## Details of Child/ Besonderhede van kind

Joining date/ Aansluitings datum			
Name of school/ Naam van skool			
Full Names/ Volle Name			
Surname/ Van			
Gender/ Geslag		Date of Birth/ Geboorte datum	
ID Number/ ID Nommer		Age / Ouderdom	
Home Language/ Huis Taal		Religion / Geloof	

## Details of Father/ Guardian / Besonderhede van Pappa/Voog

Full Name and Surname/ Volle Name en Van			
ID Number / ID Nommer			
Physical Address/ Fisiese Adres	<hr/> <hr/>		
Occupation / Beroep			
Employer / Werkgewer			
Work Address / Werks Adres	<hr/> <hr/>		
Home/ Huis 		 Work/ Werk	
Cell / Sell 		Email / E- pos 	

## Details of Mother / Besonderhede van Mamma / Voog

Full Name and Surname/ Volle Name en Van			
ID Number / ID Nommer			
Physical Address/ Fisiese Adres	<hr/> <hr/> <hr/>		
Occupation / Beroep			
Employer / Werkgewer			
Work Address / Werks Adres	<hr/> <hr/> <hr/>		
Home/ Huis 		 Work/ Werk	
Cell / Sell 		Email / E- pos 	

**Apart from Mom and Dad who is allowed to pick up your child?**

**Wie anders mag julle kind optel?**

Name and Surname / Naam en Van	
Relationship to child / Verwantskap tot kind	
Contact Number / Kontak Nommer	
Name and Surname / Naam en Van	
Relationship to child / Verwantskap tot kind	
Contact Number / Kontak nommer	
Name and Surname / Naam en Van	
Relationship to child / Verwantskap tot kind	
Contact Number / Kontak nommer	
Name and Surname / Naam en Van	
Relationship to child / Verwantskap tot kind	
Contact Number / Kontak nommer	

**Medical details / Mediese besonderhede**

Name of paediatrician or doctor / Naam van pediater of dokter	
Contact Number / Kontak nommer	
Medical Aid Name / Mediese fonds naam	
Medical Aid Number / Mediese fonds nommer	
Is your child's immunisations up to date? Is die kind se immuniserings op datum?	

**In case of emergency and both the parents are unavailable who can we contact?**

**In geval van `n noodgeval waar beide ouers onbereikbaar is, vir wie kan ons kontak?**

Name and Surname / Naam en Van	
Contact Number / Kontak nommer	
Relationship to Child / Verwantskap	
Physical Address / Woon adres	

**Immunisation details / Immunisering besonderhede**

Immunisation / Immunisering	Date / Datum
Diphtheria \ Whooping Cough \ Tetanus (DWT) Or (3 In 1)	1. 2. 3. 4.
Polio	1. 2. 3. 4.
Measles	
Measles \ Mumps \ Rubella (MMR)	
BCG	
Other:	

**Please indicate previous illness/allergies (x)/Dui asb vorige siektes/allergie met (x)**

Measles / Maesels		Throat and nose infection / Keel en neus infeksie	
Chickenpox / Water pokkies		Ear infection / Oor infeksie	
Mumps / Pampoentjies		Asthma / Asma	
Scarlet Fever / Skarlakenkoors		Hay fever / Hooi koors	
German Measles / Duitse Masels		Other / Ander:	
Diphtheria / Witseerkeel		Learning problems:	
Tonsillectomy / Tonsillektomie			
Circumcision / Besnyding			

I hereby agree for my child to receive the necessary medical attention if I \ we are unavailable, in the case of an emergency. Hiermee gee ek toestemming dat my kind die nodige mediese aandag mag ontvang indien ek/ons onbereikbaar is in die geval van `n noodgeval.

Date/Datum: \_\_\_\_\_ Signature/Handtekening: \_\_\_\_\_

We, the father and mother \ guardian of the child \_\_\_\_\_ (Full name and surname of child)

I / We hereby;

1. Accept and agree to abide by all the conditions governing the business SPACEKIDZ (PTY)LTD known as SpaceKidz and Cathkin Academy with which I declare myself fully acquainted,
2. Accept that while the employees working at the centre will care for the child to the best of their ability, neither they nor any persons employed by the nursery school will accept any liability for any claims arising from any accident or injury that occurs while the child attends the school.
3. Waive and abandon any claims which may, at any time aforesaid, both in my personal capacity, and in my capacity as parent or as guardian of the child. I expressly indemnify the employees against any such claims which may arise or be instituted;
4. Will ensure the child has been properly immunized against Whooping Cough, Diphtheria, Tetanus & Polio and vaccinated against Tuberculosis and will furnish proof of this request.
5. Accept that the supervisor employed by the centre, or in the other responsible person may in the case of an emergency give the required permission and sign the necessary written consent for the child to be subjected to surgery or other medical treatment, provided that this will be executed on the advice and under the supervision of a medical doctor;
6. Accept the responsibility for all medical expenses.
7. We do not condole bullying, and any such behaviour will result in immediate suspension.
8. The parents will be called in if there are any disciplinary problems and if these do not improve, we have the right to cancel this contract with immediate notice and no refunds.
9. We agree that the centre has at any stage the right to cancel this contract if disciplinary problems cannot be resolved.
10. Take note that academic performance cannot be guaranteed unless the child is willing to do the work and cooperate with their teacher.
11. Agree that I \ we will furnish one (1) calendar months written notice for the termination of enrolment, failing this I agree to pay the full months fee.NO NOTICES WILL BE ACCEPTED FOR THE LAST THREE MONTHS (3) OCTOBER, NOVEMBER AND DECEMBER OF THE YEAR.
12. Agree that I\ we will pay for the month regardless if I / we are on leave or my child is not attending school for any reason whatsoever, or when the school closes for vacation in December;
13. **All fees will be paid by the 5th of each month.** Payments received after the 5<sup>th</sup> will be subject to a late payment charge of R70. The cut-off date is on the 20<sup>th</sup> , where after a non-payment fee of R200 will be charged.
14. Take note that December fees paid in advance is deductible, but not refundable. No child will participate in the concert or graduate should he/ she leave the school at the end of November. In the event of any outstanding moneys and the child leaves the school without giving notice, legal action will be taken to redeem the balance.

The person/s signed the form is responsible for the payments.

Signed at \_\_\_\_\_ on this day \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

## Indemnity form / Vrywarings Vorm

I, \_\_\_\_\_ hereby give permission that my child/children \_\_\_\_\_ may use the SpaceKidz bus as transport for educational outings or aftercare from school to SpaceKidz Nursery School. I will not hold SpaceKidz Nursery school responsible for any accident or injury that may occur during the transportation of my child/children.

Signed \_\_\_\_\_

Hiermee gee ek, \_\_\_\_\_ toestemming dat my kind/kinders \_\_\_\_\_ die SpaceKidz bus as vervoer mag gebruik vir opvoedkundige uitstappies en vanaf skole na SpaceKidz. Ek hou nie SpaceKidz kleuterskool verantwoordelik vir enige ongeluk of besering wat opgedoen mag word gedurende die vervoer van my kinders.

Handtekening \_\_\_\_\_

### Please attach:

- A copy of the child/children`s birth certificate/s.
- A copy of each parent`s ID documents.
- A copy of all vaccinations received.
- A copy of the child/ family medical aid card.

### Voorsien ons asseblief van die volgende:

- `n Afskrif van geboorte sertifikaat
- `n Afskrif van beide ouers se I.D`s
- `n Afskrif van Immuniserings sertifikaat
- `n Afskrif van die mediese fonds kaart