

# EDLENERTJIES



YOU ARE SPECIAL .....

## EDLEEN PRE-PRIMÈRE SKOOL APPLICATION FORM 2020

**EUGENIA RD  
EDLEEN**

**P O BOX 8030  
EDLEEN**

**TEL : (011) 393 4214**

**EMAIL:** [vermaak.erika@gmail.com](mailto:vermaak.erika@gmail.com)

\* **FOR ALL APPLICATION FORMS** [charina@edlenertjies.co.za](mailto:charina@edlenertjies.co.za)

**TEL NO. AFTER 13:15 - (011) 393 4214**

**WEBSITE:** [WWW.EDLENERTJIES.CO.ZA](http://WWW.EDLENERTJIES.CO.ZA)

**FACEBOOK: EDLENERTJIES – PPS**

PLEASE JOIN THE FACEBOOK PAGE

## **BANKING DETAILS**



LAERSKOOL EDLEEN

ABSA

BRANCH CODE: 632 005

CHEQUE ACCOUNT: 260 750 534

REFERENCE: 3\_\_\_\_\_ (with your toddlers unique no.) PPS

Please use your allocated reference number as reference, e.g. 3ESTR02PPS  
For **any** EFT payment you need to **specify** for what it is with your reference no.  
e.g. 3ESTR02 PPS/Photos. If it's not specified, the funds will not be allocated to your account.

Your reference number will be allocated after registered on the system!

**ENROLLMENT and STATIONERY FEE – R1800.00** (not refundable):  
(payable annually)  
**TO BE PAID WITH APPLICATION**

## **CASH PAYMENTS**

It can be done at the Edlenertjies office as well as  
at Laerskool Edleen Financial office.

## **DEBIT ORDER PAYMENTS**

Debit order form must please be completed and  
returned as soon as possible.

## Dear Edlenertjie – parent and toddler

Welcome to Edleen Pre - Primêre Skool. We have seven classes –

- |    |                 |   |           |
|----|-----------------|---|-----------|
| 1. | 3 - 4 years     | - | Hasies    |
| 2. | 3 - 4 years     | - | Eendjies  |
| 3. | 5 years         | - | Beertjies |
| 4. | 5 years         | - | Bytjies   |
| 5. | Gr. R - English | - | Lady Bugs |
| 6. | Gr. R           | - | Voëltjies |
| 7. | Gr. R           | - | Vissies   |

Please remember to bring a backpack each day. Also, make sure that there are extra clothes in the backpack. All full day toddlers will rest in the afternoon. They are not allowed to bring food, cold drinks, sweets, or toys to school. **ONLY** the half-day toddlers are allowed to bring a sandwich and juice to enjoy, while waiting at the Lapa. **Half-day** toddlers may **not** be fetched later than 13:00. If a Half-day toddler is still at school at 14:00 an afternoon fee of R60.00 will be charged to their account.

The Miernes for full day toddlers will be open as from **Monday 6 January 2020 at 7:00.**

The Pre-Primêre Skool reopens on **Wednesday 15 January 2020.**

Edleen Pre-Primêre Skool functions during school terms and will be closed on Public Holidays as well as school holiday days. The Miernes is open during school holidays, but will be closed on a Public Holiday as well as a school holiday day. During the month of December, Edleen Pre-Primêre Skool will close at the same time as Laerskool Edleen, 2 December 2020. The Miernes will close on 4 December 2020.

To ensure that your toddler gets the opportunity to effectively participate in creative and perceptual work, we only use the best quality stationery. Stationery will be provided by the school.


**ENROLLMENT and STATIONERY FEE of R1800-00**(Not refundable) – Payable when handing in application forms please.

- |   |                  |                         |
|---|------------------|-------------------------|
| - | 3 + 4 + 5 years. | (Born - 2017/2016/2015) |
| - | Gr R             | (Born - 2014)           |

Please send a packet of wet wipes and a box of tissues **monthly**.

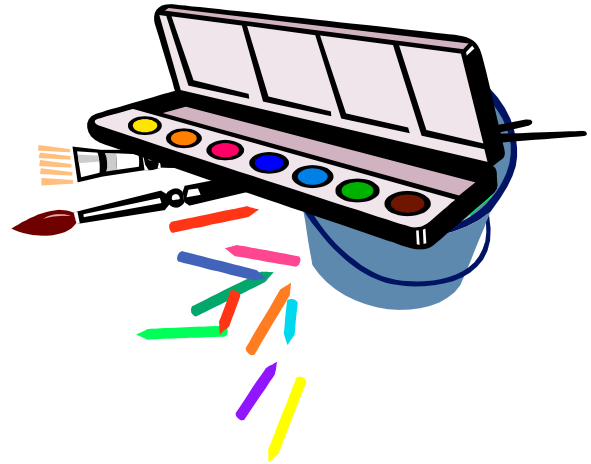
We trust that you will enjoy it at Edlenertjies.

Kind regards

  
ERIKA VERMAAK  
PRINCIPAL

# Edlenertjies

## DAILY PROGRAM



7:00	-	8:00	Arrival and free play
8:00	-	8:15	Toilet routine
8:15	-	8:30	Opening
8:30	-	8:45	Weekly topic discussion
8:45	-	9:30	Creative activities
9:30	-	9:40	Cleanup time
9:40	-	10:10	Refreshments and toilet routine
10:10	-	11:10	Free play outside
11:10	-	11:45	Movement development or music and movement
11:45	-	12:00	Toilet routine
12:00	-	12:30	Story/Educational games
12:30	-	13:00	Departure/Lunch
13:00	-	14:30	Rest/Outdoor play
14:30	-	14:45	Wake-up time and Toilet routine
14:45	-	15:15	Outdoor playtime
15:15	-	15:45	Washing of hands and refreshments
16:00	-	17:00	Outdoor playtime and tidying up
17:00	-	17:30	Free play in the Miernes and departure

**Physical address:** EUGENIA ROAD  
Edleen, Kempton park, Gauteng, South Afrika

**Phone no:** (011) 393-4214



**Postal address:** P O Box 8030  
Edleen Kempton park Gauteng South Africa 1625

**Email address:** charina@edlenertjies.co.za

## Admission Application

<b>Learner Information:</b>																
Admission no:		Account no:		Class:												
Specify previous Pre-primary Education:			Formal:	<input type="checkbox"/>	Non-Formal:	<input type="checkbox"/>	None:	<input type="checkbox"/>								
Surname:				Initials:												
Name:				Preferred Name:												
Birth Date:	YYYY:	<input type="text"/>	<input type="text"/>	<input type="text"/>	MM:	<input type="text"/>	<input type="text"/>	DD:	<input type="text"/>	<input type="text"/>	Gender:	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>	
Country:				Ethnic Group:												
Citizenship:				Religion:												
Identity Number:																
Passport Number:																
Physical Address:				Postal Address:				Same as Physical Address?	<input type="checkbox"/>							
Province:				Province:												
Country:				Country:												
			Postal Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postal Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Distance from Home to School:	<input type="checkbox"/> 0 - 5 km		<input type="checkbox"/> 5 - 10 km		<input type="checkbox"/> 10 - 20 km		<input type="checkbox"/> 20 km +									
Home Phone:				Home Language:												
Alternative Phone:				Preferred Language:												
Mobile Telephone:				Parents Deceased:	Both:	<input type="checkbox"/>	Father:	<input type="checkbox"/>	Mother:	<input type="checkbox"/>						
Email Address:				Half day / Full day?	Half day:	<input type="checkbox"/>	Full day:	<input type="checkbox"/>	<input type="checkbox"/>							
Name of previous School:																

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## Admission Application

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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:200px;">Number of other Children in the School:</td> <td style="width: 40px; text-align: center;"><input type="text"/></td> </tr> </table>		Number of other Children in the School:	<input type="text"/>																														
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<b>Specify details of other children in the school:</b>								
Name:		Grade:	Class:	Position:				
Name:		Grade:	Class:	Position:				
Name:		Grade:	Class:	Position:				
Marital status of parents:	Married	Widower	Widow	Divorced	Stepfather	Stepmother		
After school care:	After School Center	Father	Mother	Domestic Worker	Friend	Family	None	Other

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## Admission Application

<i><b>Primary Guardian Details:</b></i>	
Surname: <input style="width: 95%;" type="text"/>	Initials: <input style="width: 95%;" type="text"/>
Name: <input style="width: 95%;" type="text"/>	Title: <input style="width: 95%;" type="text"/>
Birth Date: YYYY: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> MM: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DD: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Gender: <input style="width: 150px;" type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
Country: <input style="width: 95%;" type="text"/>	Ethnic Group: <input style="width: 95%;" type="text"/>
Citizenship: <input style="width: 95%;" type="text"/>	Religion: <input style="width: 95%;" type="text"/>
Identity Number: <input style="width: 95%; text-align: center;" type="text"/>	Home Language: <input style="width: 95%;" type="text"/>
Passport Number: <input style="width: 95%; text-align: center;" type="text"/>	Preferred Language: <input style="width: 95%;" type="text"/>
Physical Address: <input style="width: 95%;" type="text"/>	Postal Address: <input style="width: 95%;" type="text"/> Same as Physical Address? <input type="checkbox"/>
Province: <input style="width: 95%;" type="text"/>	Province: <input style="width: 95%;" type="text"/>
Country: <input style="width: 95%;" type="text"/>	Country: <input style="width: 95%;" type="text"/>
Postal Code: <input style="width: 95%; text-align: center;" type="text"/>	Postal Code: <input style="width: 95%; text-align: center;" type="text"/>
Stays in the area (Within 10km) Yes <input type="checkbox"/> No <input type="checkbox"/>	Works in the area (Within 10km) Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation: <input style="width: 95%;" type="text"/>	Work Address: <input style="width: 95%;" type="text"/>
Employer: <input style="width: 95%;" type="text"/>	Email Address: <input style="width: 95%;" type="text"/>
Home Phone: <input style="width: 95%;" type="text"/>	Work Telephone: <input style="width: 95%;" type="text"/>
Mobile Telephone: <input style="width: 95%;" type="text"/>	Relationship to Learner: <input style="width: 95%;" type="text"/>

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## Admission Application

<b>Secondary Guardian Details:</b>			
Surname:		Initials:	
Name:			
Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MM: <input type="text"/> <input type="text"/>	DD: <input type="text"/> <input type="text"/>
		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country:		Ethnic Group:	
Citizenship:		Religion:	
Identity Number:			
Passport Number:			
		Home Language:	
		Preferred Language:	

Physical Address:		Postal Address:	Same as Physical Address? <input type="checkbox"/>
..... ..... ..... .....		..... ..... ..... .....	
Province:		Province:	
Country:		Country:	
	Postal Code:		Postal Code:
Stays in the area (Within 10km)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Works in the area (Within 10km)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation:		Work Address:	
Employer:		Email Address:	
Home Phone:		Work Telephone:	
Mobile Telephone:		Relationship to Learner:	



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## Admission Application

### Alternative Contact Details:

Name and Surname:	Contact Number:
Relationship:	
Physical Address:	Postal Address: <span style="float:right;">Same as Physical Address? <input type="checkbox"/></span>
Province:	Province:
Country:	Country:
Postal Code:	Postal Code:
Home Phone:	Mobile Telephone:
Alternative Phone:	Email Address:

### Account Holder Details:

Account Holder:	Primary Guardian: <input type="checkbox"/>	Secondary Guardian: <input type="checkbox"/>	Other/Company: <input type="checkbox"/>
Debit Order:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Payment Agreement:	Monthly: <input type="checkbox"/>	By Term: <input type="checkbox"/>	Annually: <input type="checkbox"/>
EFT:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Account Holder:	Account Number:		
Bank Name:	Branch Code:		
Amount:	Action Day:		

Physical Address:	Postal Address: <span style="float:right;">Same as Physical Address? <input type="checkbox"/></span>
Province:	Province:
Country:	Country:

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## Admission Application

Postal Code: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Postal Code: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Signature of applicant (Father): _____	Signature of applicant (Mother): _____
<b>If the learner is accepted, the following documents must be submitted to the school</b>	
1. Copy of Immunization Records <input style="width: 20px; height: 20px;" type="checkbox"/> Y <input style="width: 20px; height: 20px;" type="checkbox"/> N	2. Copy of Birth Certificate <input style="width: 20px; height: 20px;" type="checkbox"/> Y <input style="width: 20px; height: 20px;" type="checkbox"/> N
3. Medical aid card (if applicable) <input style="width: 20px; height: 20px;" type="checkbox"/> Y <input style="width: 20px; height: 20px;" type="checkbox"/> N	<input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>
4. Copy of ID - Father <input style="width: 20px; height: 20px;" type="checkbox"/> Y <input style="width: 20px; height: 20px;" type="checkbox"/> N	5. Copy of ID - Mother <input style="width: 20px; height: 20px;" type="checkbox"/> Y <input style="width: 20px; height: 20px;" type="checkbox"/> N
6. Proof of address <input style="width: 20px; height: 20px;" type="checkbox"/> Y <input style="width: 20px; height: 20px;" type="checkbox"/> N	7. Proof of address <input style="width: 20px; height: 20px;" type="checkbox"/> Y <input style="width: 20px; height: 20px;" type="checkbox"/> N
<b>For office use:</b>	
Waiting list and No.:	Class Placed:
Reason:	Date Accepted:
Signature Clerk:	Admission Number:
Date:	Outstanding Documents:

2020

## Memorandum of agreement between

**Edleen Pre-Primère Skool**

(Full name of School)

And

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 (Full name of Parents)

Below are the terms and conditions for admission as a toddler to the school explained. This agreement contains important information and should be read carefully.

**CONDITIONS FOR TODDLER'S ADMISSION**

1. The PPS (Edleen Pre-Primère Skool) is functional during the school terms but will close on public holidays **and school holidays**. During the month of December, the Miernes will only be functional for a set portion of the month.
2. The Pre-Primère skool is open from 07:00 to 13:00. Full-day toddlers can stay until 17:30. In the event that a child is fetched late, an extra fee of R30.00 per toddler will be charged. The fee will be for every 5 minutes that you are late. Fees are to be paid in cash immediately upon arrival. Your support and understanding of this matter will be greatly appreciated.
3. Fees:
  - 3.1. In the event that a half-day toddler should stay at school longer and enjoy lunch, an additional fee (R60-00 per day) shall be payable. **If a half-day toddler is still at school after 14:00 a fee of R60.00 will be added to his/her account.**
  - 3.2. **Fees are strictly payable (in advance) before or on the 3<sup>rd</sup> of every month.**
  - 3.3. School fees can also be paid directly into our bank account, please contact the PPS office for the bank details. Cheques must be made out to Laerskool Edleen.
    - **ENROLLMENT and STATIONERY FEE OF R1800.00 MUST BE PAID WHEN HANDING IN APPLICATION FORMS** (non-refundable) payable annually.
    - According to the policy of Laerskool Edleen any money paid into the account needs to be specified. For example, if you are paying for photos, you need to use **your** reference number and the word "photos", e.g.3MOMB03PPS/Photos. All payments that are not specified, will not be allocated to school fees.
  - 3.4. *Even if the toddler is not attending the School during the holidays, you are still responsible for the full month's fee.*
  - 3.5. In the event that the fees are not paid on the specified date, the outstanding balance (including capital as well as interest) will be calculated at the current prime lending rate per annum. This amount is immediately claimable and payable.
  - 3.6. The parent(s) hereby explicitly agree to collector's costs, including lawyer and client costs as well as collection commission, and the cost of debt collectors.
  - 3.7. The parent(s) hereby indicate, as domicile ET executant (address to which all judicial process means may be) the following address.

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 Initials

## 2020

4. In the event that you wish to no longer make use of the facilities, notice of **one calendar month** must be given, for example, if you hand in your notice on the 10<sup>th</sup>, you will be paying until the 10<sup>th</sup> of the following month. The date of termination of your contract will be calculated from the date that the written notice was received. No verbal notices will be accepted.
5. In the event that fees are not paid in advance (without formal written arrangements as to when the fees will be paid), it will result in a suspension of the toddler's admission, thus the toddler will not be allowed to make use of the centre (Miernes) or its facilities.
6. You must give ONE CALENDAR month notice if your toddler changes from full day to half day or changes from half day to full day. The date of change will be calculated from the date that the written notice was received. No verbal notices will be accepted.
7. The toddlers will be provided with a snack at 10:00 (and then later a lunch for those that stay full day) and again with a snack later on. Should the toddler have any allergies (food or medication), we ask that it please be brought under our attention.
8. Toddler must be collected and signed out by persons that have been permitted to do so. No toddler will be permitted to leave the school grounds during the afternoon without written consent. No telephonic consent will be accepted. In the event that the toddler must leave/go home at a certain time, the parent/guardian must provide a written consent specifying the time that the toddler has to leave the property.
8. The school has provided every necessary precaution in your child's safety; however, in the event of an injury or accident, the Miernes is equipped to handle the situation with the discretion and sensitivity required. No child will be left without thorough supervision.
9. Disciplinary actions: If your child disobeys school rules, we reserve the right to punish the child, and if necessary, refuse access to the school for serious misconduct.
10. No waiver or indulgence by the Aftercare granted and no failure by the school to timely or promptly any right under this Agreement to enforce, shall be deemed to amount to a waiver of that or any other right.
11. Appendix A, B, C, D, E, F G, H, I and J as a legal part of this agreement is considered.
12. This contract is binding for the duration that your toddler is/are attending Edleen Pre-Primêre Skool. You will receive a re-registration control form every year that you need to bring up to date.
13. While your child is at Edlenertjies they will participate in many fun activities as part of their learning process. We would love to share this with you so you can share in these memories. Our way of doing so is by using photos and videos which we share with you and other parents on the Edlenertjies social media, apps, news pages and website. This will also allow others to see how great our school is. You hereby give us permission to take photos and videos of your child and share them on the Edlenertjies social media platforms, apps, website, news and marketing literature.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature of Father \_\_\_\_\_

Signature of Mother \_\_\_\_\_

Full names of Toddler \_\_\_\_\_

Date of birth \_\_\_\_\_

\_\_\_\_\_  
Initials

## MEDICAL DETAILS



### TODDLER'S INFORMATION

SURNAME \_\_\_\_\_

FULL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

### PERSON RESPONSIBLE FOR PAYING MEDICAL EXPENSES

SURNAME AND INITIALS \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL (HOME) \_\_\_\_\_ TEL (WORK) \_\_\_\_\_

NAME OF MEDICAL AID \_\_\_\_\_

MEDICAL AID NUMBER \_\_\_\_\_

In case of illness or an accident where medical treatment in the opinion of the person responsible for my child is required, I agree that my child might be taken to Edleen Medical Centre

The doctor's bill will be for my account. Please find a copy of my medical aid card attached.

Hereby I \_\_\_\_\_ agree that the medical bill will be for my account and my toddler may be taken to Edleen Medical Centre.

\_\_\_\_\_  
Signature of Parent/s



\_\_\_\_\_  
Initials



# EDLEEN MEDICAL CENTRE TRUST

REG. NO IT9582/06

VAT NO 4230234801

PO BOX 8185  
1625 EDLEEN

94 Green Ave  
EDLEEN  
1619 KEMPTONPARK

Tel 011 975 0631  
Fax 011 394 0313

2019-10-14

Die Hoof/Headmaster

EDLEEN PRE-PRIMÊRE SKOOL/EDLEEN PRE-PRIMARY SCHOOL

RE: BEHANDELING VAN PASIËNTE VAN EDLEEN PRE-PRIMÊRE SKOOL/TREATMENT OF PATIENTS FROM PRE-PRIMARY SCHOOL 2019/20

Hiermee bevestig Edleen Mediese Sentrum dat ons enige geval en/of noodgeval hier sal behandel./We hereby declare that Edleen Medical Centre will be treating any illness or emergency.

Ons versoek u asseblief om so ver moontlik, die Mediese Fonds Besonderhede en Adres van die persoon, verantwoordelik vir die rekening, aan ons te verskaf./We request the following information per treatment: Name and date of birth of patient, Medical Aid, Medical Aid Number, name, address and contact number of person responsible for account.

Indien daar geen besonderhede is nie, sal die rekening aan Edleen Pre-Primêre Skool gestuur word en sal die Skool verantwoordelik gehou word vir die rekening vereffening binne 30 dae na besoek./In case none of above information was given to Edleen Medical Centre, the account will be sent to the school to be settling by die school within 30 days. The School will remain responsible for the account until it is fully paid.

Vir enige navrae kan u ons gerus kontak./For further information feel free to call us.

Die uwe/Regards

.....  
DR LASIA MILLER  
ALGEMENE PRAKTISYNS/GENERAL PRACTITIONERS

.....  
Dr. A. Marais  
MBChB(SMU)  
MP0822876

.....  
DR ANID MARAIS

2019-10-14

# CONCENT FORM FOR MY TODDLER WHO ATTEND THE PRE – PRIMÊRE SKOOL

1. I, \_\_\_\_\_ (full name and surname of parent/s) parent of  
\_\_\_\_\_ (full name and surname of toddler) hereby agree that my toddler  
may participate in educational in-school visits.  YES /  NO
  
2. I indemnify on behalf of myself, my lawyers, my heirs and my executors, my child, Edleen Pre-Primêre Skool (PPS), its officers and employees and hereby relieve them from liability for damages of whatever nature and any legal expenses or costs that may arise from any claim resulting from the death of aforementioned child or from any illness or injury sustained by aforementioned child admitted during his / her association with the Pre-Primêre Skool.
  
3. I accept that all reasonable precautions will be drawn for the safety and welfare of my child and that I will be held responsible for the payment of medical and / or hospital bills.
  
4. I transfer my powers as a parent / guardian to the principal of the school or his representative if medical / surgical intervention for my child may be required. As far as I know, he / she are able to participate in mixed activities and he / she is in good health.
  
5. I request the responsible person to take note of the following. (Mention aspects that the staff should be aware. Example allergic tendency to abnormal bleeding, epilepsy, diabetes, etc.)

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SIGNATURE OF PARENT/S, GUARDIAN

# FEEES FOR 2020

<p style="text-align: center;"><b>Registration</b></p> <p style="text-align: center;"><b>Stationery fee</b></p>	<p style="text-align: center;">R 1100.00</p> <p style="text-align: center;">R 700.00</p> <p style="text-align: center;">(NOT REFUNDABLE) ANNUAL PAYABLE WITH ENROLLMENT</p>
<p>Fees for <b>HALF DAY</b> 7:00 till 13:00 for 12 months <b>Amount payable per month (Before the 3<sup>rd</sup> of each month) (Start 1 Jan to 1 Dec 2020)</b></p>	<p style="text-align: center;">R 1 520.00 per month</p>
<p>Fees for <b>FULL DAY</b> 7:00 till 17:30 for 12 months <b>Amount payable per month (Before the 3<sup>rd</sup> of each month) (Start 1 Jan to 1 Dec 2020)</b></p>	<p style="text-align: center;">R 2 390 per month</p>
<p>After 17:30 a <b>FULLDAY</b> toddler will be charged for every 5 minutes you are late. <b>Immediately payable to the teacher on duty</b></p>	<p style="text-align: center;">R 30.00 per toddler</p>
<p><b>LUNCH:</b> If a <b>half day</b> toddler needs to stay late (arranged in advance) 1 Morning only</p>	<p style="text-align: center;">R 60.00 per afternoon</p> <p style="text-align: center;">R 80.00 per morning</p>

ALL FEES ARE PAYABLE IN ADVANCE ON OR BEFORE THE 3RD OF EACH MONTH. YOUR FIRST PAYMENT IN THE BEGINNING OF JANUARY 2020 AND THE LAST PAYMENT AT THE BEGINNING OF DECEMBER 2020.

*During holidays*, you are still liable to pay the *full month's* School fees.

**REGISTRATION FEE AND STATIONERY FEE ARE PAYABLE WITH SUBMISSION OF ENTRY FORM (NON-REFUNDABLE)**

Name of Child: \_\_\_\_\_

Signature of parent/s: \_\_\_\_\_

Date: \_\_\_\_\_



# FOR OFFICE USE ONLY

## Compulsory Documentation

- 1. Certified Copy of child's birth certificate
- 2. Clinic Card
- 3. Certified Copy of Biological Mother's ID
- 4. Certified copy of Biological Father's ID
- 5. Water- and electricity bill as proof of residence
- 6. Copy of medical aid card (If applicable)

Date application handed in:


Debit order signed

YES

NO



**Edleen Pre-Primêre Skool**  
DEBITORDER AUTHORIZATION FORM



**PLEASE COMPLETE IN FULL**

Toddler/s (oldest to youngest)	This Year	Next Year
Name and Surname	Class _____	Class _____
Name and Surname	Class _____	Class _____
Name and Surname	Class _____	Class _____

Name and Surname of person Responsible for account :

\_\_\_\_\_

Bank	
Branch Name	
Branch Number	
Account Number	
<b>Type of account</b>	

**(PLEASE CIRCLE DATE FOR DEBIT ORDER BELOW)**

I/We herewith give authorization to debit the account above with the amount of R\_\_\_\_\_ on the following date 1<sup>ST</sup> / 25<sup>ST</sup> / 28<sup>ST</sup> of each month from January 2020 up to and including December 2020 (a period of 12 months).

**School fees for 2020: Half day: R1520.00 per toddler per month. Full day: R2390.00 per toddler per month. (Stationery and Registration fee not payable by debit order).**

**Please note that 30 days written notice is required should you like to cancel this debit order.**

I/We agree to pay any and all bank charges which may be incurred with reference to this debit order. I/We understand that I/we are not entitled to any refund going of via this debit order while this debit order is viable.

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

Signature: \_\_\_\_\_

OFFICE USE	
DATE UPLOADED	
BUSINESS INTEGRATOR	ACCEPTED / DECLINED
ACCOUNT NUMBER	