

24 Susan Avenue  
Ballito Kwazulu Natal 4420  
061 518 5069

info@piccolo-earlylearning.co.za  
www.piccolo-earlylearning.co.za

Registration Number: 2020/570360/07

**Piccolo**  
EARLY LEARNING CENTRE



## Enrolment Form

### PARTICULARS OF CHILD

SURNAME	
FIRST NAME/S	
DATE OF BIRTH	
SEX	
RELIGION	
FOOD PREFERENCE	
HOME LANGUAGE	
NUMBER OF CHILDREN IN FAMILY	
POSITION IN FAMILY	
PREVIOUS CRECHE/NURSERY SCHOOL	
WHO WILL BRING THE CHILD TO SCHOOL	
DATE OF ENROLMENT	
AGE AT ENROLMENT	

### PARTICULARS OF PARENTS

MARITAL STATUS OF PARENTS	
WITH WHOM DOES THE CHILD LIVE?	



"Tell me and I forget. Teach me and I remember. Involve me and I learn." ♥ Benjamin Franklin

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## Enrolment Form

PARTICULARS	MOTHER	FATHER
SURNAME		
FIRST NAMES		
ID NUMBER		
OCCUPATION		
TITLE (MR, MRS, DR, ETC)		
EMPLOYER		
TEL NO WORK		
TEL NO HOME		
CELL NO		
E-MAIL ADDRESS		
HOME ADDRESS		
POSTAL ADDRESS		
WORK ADDRESS		

**PLEASE ATTACH A COPY OF:**

Both parents' ID documents

Child's Birth Certificate

Child's Clinic Card

Piccolo will adhere to the POPI act to protect all personal information and will not share it with anyone. The required documents are to be kept on file for identity purposes.

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## Enrolment Form

### CONTACT PERSON OTHER THAN PARENTS

In case of an emergency a responsible person should be on standby.

PARTICULARS	FRIEND	NEXT OF KIN
NAME AND SURNAME		
RELATIONSHIP		
PHYSICAL ADDRESS		
TEL NO WORK		
TEL NO HOME		
CELL NO		

### TRANSPORT

Others (besides the parents) who are authorised to collect the child from school. Please send a copy of their ID document.

NAME	TEL NO

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# Enrolment Form

## PERSON RESPONSIBLE FOR ACCOUNT

NAME AND SURNAME	
ID NUMBER	
WORK ADDRESS	
POSTAL ADDRESS	
HOME ADDRESS	
TEL NO HOME	
TEL NO WORK	
CELL NO	
E-MAIL ADDRESS	

## SPECIAL INSTRUCTIONS/GENERAL REMARKS




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## Enrolment Form

### MEDICAL FORM

SURNAME

FIRST NAME

FAMILY DOCTOR

DR TEL NO

MEDICAL AID

MEDICAL AID NO

DOES YOUR CHILD SUFFER FROM?

DIABETES

ASTHMA

EPILEPSY

CARDIAC MURMUR

OTHER/ SPECIFY:

WHAT CHILDHOOD SICKNESS HAS YOUR CHILD HAD?

LIFE THREATENING ALLERGIES:

OTHER ALLERGIES:

IS YOUR CHILD ON ANY REGULAR MEDICATION? STATE WHICH:

HAS YOUR CHILD HAD ANY MAJOR OPERATIONS?

ANY BEHAVIOUR PROBLEMS:

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## Enrolment Form

ANY SPEECH OR HEARING PROBLEMS:

ANY COMPLICATIONS DURING BIRTH:

IS YOUR CHILD'S IMMUNISATIONS UP TO DATE?

RELEVANT FAMILY HISTORY (EPILEPSY, DEAFNESS, BLINDNESS ETC):

Do both parents give consent to the staff member on duty authorising all and any medical treatment which the child may require in the case of an emergency?

YES

NO

Should your family doctor/dentist not be available, do both parents consent to another doctor/dentist to be consulted in the case of an emergency?

YES

NO

Signature of Father:

DATE:

Signature of Mother:

DATE:

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## Enrolment Form

I hereby verify that all information provided above is true and correct.

The School prospectus is available in PDF format which can be emailed to you.

With my below signature, I acknowledge that I have read and that I accept the terms of the Piccolo Early Learning Centre prospectus 2023.

### Notice Period:

I am bound to a full calendar months' notice (dated from the 1<sup>st</sup> of the month) should I wish to cancel this contract with Piccolo Early Learning Centre, irrespective of reason for leaving.

I agree that my Enrolment Fee is non-refundable, irrespective of the circumstances.

Signed at \_\_\_\_\_ on \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_  
(place) (day) (month) (year)

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

\_\_\_\_\_  
Name of Mother

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

\_\_\_\_\_  
Name of Father

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## Enrolment Form

### Indemnity/Disclaimer

I/We \_\_\_\_\_ (full names and surname) being

the Parent(s)/guardian of \_\_\_\_\_ (full names and surname of child) hereby:

1. Agree to accept and abide by all the terms and conditions governing **Piccolo** with who I declare myself fully acquainted.
2. Agree that while I accept that **Piccolo** will take every reasonable precaution against harm or loss occurring, I indemnify **Piccolo** and/or their staff, agents or employees against all loss or damage, whether to person or property, from any cause howsoever arising, which may be sustained by the pupil stipulated above or to his/her property or possessions, whilst on the school property or under school control during any school excursion, sporting activity or outing.
3. Agree that in emergency circumstances the Principal of **Piccolo** or his/her representative has the power to authorize whatever treatment/surgery, he/she in their sole discretion deems necessary for the pupil, and in doing so agree that the Principal and or her representative shall act loco parentis. I agree further that I shall be responsible for the payment of all medical and/or hospital accounts, where applicable, should any injury be sustained to the pupil stipulated above whilst on the school property, or under school control during any school excursion, sporting activity or outing.
4. Agree to ensure that the child has been properly immunized against diphtheria, tetanus, and polio, and vaccinated against tuberculosis, and will furnish the necessary proof upon enrolment.
5. Agree that the Principal, or in her absence any other responsible person, may administer an analgesic preparation of the correct dosage for the purpose of reducing an elevation in temperature or for pain if they have been unable to contact me.
6. Agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be of effect for the duration of the pupil's enrolment at **Piccolo**.

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

\_\_\_\_\_ 20 \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_



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# Enrolment Form

## Financial Agreement 2023

Please tick the appropriate box

### School Fees

Registration Fee (once-off) - R1500.00 (R2500.00 per family for siblings) *NEW ENROLMENTS ONLY*

Yearly Activity Fee - R1500.00

Full amount with January invoice - R1500

2 Equal instalments - R750 with January invoice and R750 with June invoice

3 days/week - R2500.00

Half Day (1pm) - R3150.00

Full Day (5pm) - R3600.00

\*10% sibling discount applies

Pay full yearly school fees upfront by the 1<sup>st</sup> of January 2023, get a 10% discount

Pay full yearly school fees upfront by the 15<sup>th</sup> of December 2022, get a 15% discount

Please email my monthly invoice to: \_\_\_\_\_

I \_\_\_\_\_ acknowledge that I am responsible for

the timeous payment of school fees for \_\_\_\_\_.

(full name of child)

I accept the following terms of payment:

1. For **NEW** enrolments, a once-off registration fee of R1500.00 is payable for enrolment. My child will only attend school once the enrolment fee and first month's school fees have been paid. Should an enrolment fee be made in advance for a future starting date, and I/we then cancel the enrolment before the starting date, the enrolment fee will not be refundable.

\_\_\_\_\_  
Initial

2. An annual stationery/activity fee is payable in the January of each year or half in January and the other half in June. This takes care of all individual stationery/sensory/baking/science requirements as well as termly visitors like puppet shows, etc. for the year and a weekly music lesson by Teacher Lichelle from Classic Kids Music 🎵

\_\_\_\_\_  
Initial

3. School fees are payable over 12 months of the year (January to December), irrespective of illness, public or school holidays, overseas travel, or any other reason.

\_\_\_\_\_  
Initial

4. Monthly school fees are payable via EFT and must reflect in the school bank account by the last day of each month.

\_\_\_\_\_  
Initial

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## Enrolment Form

### Financial Agreement

5. If your school fee payment is not reflecting in the school bank account by the 1<sup>st</sup> of every month, a late payment penalty of R100 will be incurred.

\_\_\_\_\_ Initial

6. Fees not reflecting in the school bank account by the 1<sup>st</sup> of the month for two consecutive months will result in my child having to stay at home until all outstanding fees are paid. In the event of legal action being taken to recover outstanding monies, I (the parent) will be responsible for such legal costs.

\_\_\_\_\_ Initial

7. I understand that one calendar months' notice (dated from the 1<sup>st</sup> of the month) is required if my child is to leave the school for any reason whatsoever and that fees are still payable during the notice period.

\_\_\_\_\_ Initial

8. Where a parent/s fails to give the required notice of termination, one (1) month's fees in lieu of notice will be charged.

\_\_\_\_\_ Initial

9. Due to the costs of running the school, we are unable to make special arrangements for payment of school fees or late payments thereof.

\_\_\_\_\_ Initial

10. This is a binding contract for an indefinite period of time, which can only be cancelled by providing the correct notice period as stipulated above.

\_\_\_\_\_ Initial

#### BANK DETAILS:

Piccolo Early Learning Centre (PTY)LTD  
FNB Business Account  
Account number: 63026618661  
Branch code: 210835

Please use your child's name and surname as reference.

I hereby accept the terms of payment as stipulated on pages 1 and 2 of this Financial Agreement.  
Signed:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

At \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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## Enrolment Form

### Social Media Permission

I \_\_\_\_\_ (full name of  
parent/guardian) of

\_\_\_\_\_ (full name of child),  
hereby grant permission to Michelle Jacobie/and staff of Piccolo Early  
Learning Centre to post photos taken of my child on the school's Facebook  
and Instagram Page.

I understand that photos of my child will only be used for the enjoyment of  
our school parents and advertising.

We cannot accept any responsibility for school parents sharing the photos  
on their own public profiles, but kindly ask that parents be considerate  
when sharing photos of children besides their own on their personal media  
platforms.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date