



Dear Parent/Guardian

We are delighted that you have chosen to apply to Hundred Acre Wood ECD Centre. We will do our best to ensure that we make the application process as smooth as possible.

In order to achieve this, kindly complete the application form in full and attach the following documentation:

1. A copy of Child's Birth Certificate
2. A copy of Child's last School Report
3. A Copy of both Parents/s Identity Documents or Passports
4. Proof of Residence i.e. Utility bill etc
5. FOR APPLICATIONS BY A GUARDIAN: Legal proof of Guardianship
6. A copy of your child's Clinic Card

Please deliver or email (shelley@100acrewoodcreche.co.za) this application form for Att: Shelley Schram along with the above list of documents.

Please note that to secure a place at this ECD Centre, an **R2800.00** Placement Fee is required. This is **non-refundable placement fee** and payable on confirmation of a place. It is essential that we apply a Placement Fee, to keep a track of admission commitments made by the ECD Centre and the parent/s involved.

Our fees for 2022 are R5000.00 per month.

Our banking details are:

FIRST NATIONAL BANK (FNB)

BRANCH CODE: 250655

ACCOUNT NAME: S A SCHRAM

ACCOUNT No: 62667158531

When making payments please use your child's surname as a reference.

Should you have any queries regarding the admissions process kindly contact Shelley Schram 0613690124/0215310838 or email her on [**Shelley@100acrewoodcreche.co.za**](mailto:Shelley@100acrewoodcreche.co.za)

Yours faithfully

**Shelley Ann Schram
Principal**





REGISTRATION FORM

- A separate registration form must be completed for each child.
- This form is to be completed by the child’s parent/legal guardian
- All information is held in the strictest confidence.

SECTION A:

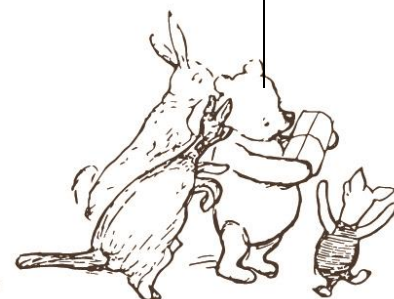
Child’s details

Surname:.....	First Names:
ID Number:.....	
Date of Birth:	Gender:
Home Language:.....	Religion:
Child lives with:	
Major dislikes.....	
Allergies.....	
Medication.....	
Other Information:	
.....	

SECTION B:

Medical and Special Education Needs Information

Family Doctor:	Tel no:
Medical Insurance:	Tel no:
Name of Alternate contact for emergencies:	
Relationship to child:	Tel no:
Serious allergies/Medical conditions:	
Specify chronic medication you child is on:	
Does your child have or require any of the following: (Please indicate where appropriate)	
A learning disability:	Speech Therapy:
Visual/auditory difficulties:	
Behavioural/discipline problems at home or school:	
Emotional difficulties/Depression/Eating Disorder/other:	

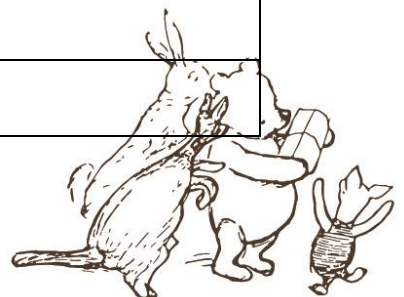


Please provide us, if possible, with a recent report regarding any of the above. **Failure to disclose relevant information could lead to review of final acceptance, where applicable.**

SECTION C:

Parent/Guardian Information

Parent/Guardian 1	Parent/Guardian 2
Surname:	
First Name:	
Title:	
Marital Status:	
Nationality:	
ID/Passport no:	
Home Tel no:	
Work no:	
Cell/Mobile no:	
Email address:	
Home address	
Postal Code:	
Occupation:	
Employer's name:	
Employer's address	
Postal Code	



Employer's tel no:

SECTION D:

Family Details – Other Siblings

Name	Position in Family	Age

SECTION E:

School History

Present / previous day care facility:

No. Of years at previous facility / playgroup:

Was he/she happy?

If not, please explain:

.....

Any other information of which the ECD Centre should be made aware of which will assist both the child and the school to progress into a trustworthy relationship for the child, including any medical condition, personal circumstances. Confidentiality will be maintained.





PLEASE TICK THE BOXES BELOW BEFORE RETURNING THE ENROLMENT FORM:

- In the event of the child becoming ill, I give permission for the teacher in charge to call a Doctor and agree to pay for all costs involved.
- Full Day fees: I agree to pay a fee of **R5000.00** monthly in advance (by the **1st of each month**). Fees will be increased in January of every year.
- I will give **two** calendar month's written notice before removing my Child from the ECD Centre.
- If you give notice in the last quarter of the year, your child must be taken out by the **1st October**. If after the **1st** of October you will still be liable for November and December full fees.
- The Centre will close for approximately 20 days over the Christmas/New Year period. Full monthly fees are still due for the months of December and January.

Once your child has been accepted at Hundred Acre Wood ECD Centre there is an **R2800.00 non-refundable** placement fee payable for enrolment and the necessary needs for your child.

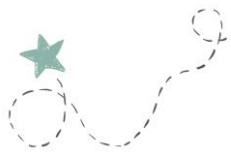
I, _____ declare that all information given to be true.

Signed at _____ this _____ day of _____ 20 ____

Signature

The onus is on the parents/legal guardian to inform the school of any changes to the registration form.





DOCUMENTATION REQUIRED:

Please ensure that the following are handed in at the school reception or emailed to:

Shelley@100acrewoodcreche.co.za

- Registration form (1 per child)
- Copy of Birth Certificate
- Copy of Vaccination Card
- Recent copy of progress report – (where applicable)
- Copy of both parents ID document or passport
- Proof of residence
- For applications by a guardian: Legal proof of Guardianship





INDEMNITY FORM

Hundred Acre Wood and its Principal and staff will, where it is in their control to do so, take all necessary, appropriate and reasonable care to ensure the safety of your child while in their custody and under their supervision as a pupil at the school.

This includes being a participant in the educational excursions / functions / outings or as a participant in the ECD Centre's Daily Programme.

It should however be understood that where it is not in the school's control a parent will indemnify Hundred Acre Wood and its Principal and staff from any damage (including damage to property), injury or loss suffered by the child, while the child is in their care, as a pupil at the school.

INDEMNITY UNDERTAKING BY PARENT/LEGAL GUARDIAN

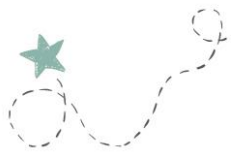
1. I accept that the staff of Hundred Acre Wood will take all necessary, appropriate and reasonable care to ensure the safety of my child.

NAME & SURNAME OF CHILD _____

DOB: _____

2. I indemnify the staff of Hundred Acre Wood against any claims by me, or any third parties, arising from circumstances beyond the control of Hundred Acre Wood and its staff and will not hold the school liable for any damage, injury or loss sustained by my child, whilst my child is in their care.





PARENT 1/LEGAL GUARDIAN

(Name) _____ (Signature) _____

Date: _____

Parent 2/Witness

(Name) _____ (Signature) _____

Date: _____

