



ADMISSION FORM

AFTERSCHOOL

Entered into Between

KAY-DEE EDUCARE CENTRE CC

[hereafter referred to as "Kay-Dee Educare"]

AND

(Mother/Guardian's Full Name(s) and Surname)

(Father/Guardian's Full Name(s) and Surname)

[hereafter referred to as "the Parent(s) / Guardian(s)"]

Date Admission form admitted:	
Date of Commencement:	

☐ AFTERSCHOOL CARE (inclusive of school holidays)

☐ AFTERSCHOOL CARE (school term only)

☐ CASUAL / PART-TIME (3 days per week or more)

I/WE ACKNOWLEDGE THAT THIS ADMISSION FORM WILL BE TREATED AS CONFIDENTIAL AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

MOTHER - INITIALS: _____ **FATHER - INITIALS:** _____ **GUARDIAN - INITIALS:** _____

The information required is collected and used to admit children to Kay-Dee Educare. By signing the form, you consent to the processing of the personal information for the intended purpose.



KAY-DEE EDUCARE CENTRE CC

(Registration No: 1996/008545/23)
Registered Address: 1 Richmond Road, Mowbray 7700
Business Address: Hill Park Lane, Mowbray 7700
Telephone: (021) 689 9615
Direct Fax: 086 561 9556 / Cell No: 082 890 0555
Email: kaydee@kaydee.co.za
Website: www.kaydee.co.za



(This is an editable PDF document – please type in details if possible or use legible handwriting)

CHILD'S DETAILS:

Surname:					
Forenames:					
Known as Name (if applicable):					
Date of Birth:	Day:	Month:	Year:		
Identity / Passport Number:					
Age at Entry:	Years:	Months:	Gender:	Male	Female
Language:	Home:	Second (2 nd):			

PARENTS DETAILS: MOTHER/GUARDIAN

Surname:						
Forenames:						
Known as Name (if applicable):						
Date of Birth:		Day:	Month:	Year:		
Identity / Passport Number:						
Marital Status:		Single	Married	Separated	Divorced	Widowed
Employer's Name:						
Occupation:						
Physical Address:	Home:		Work:			
Telephone:	Home:		Work:			
Cellphone:	Personal:		Work:			
Email:	Personal:		Work:			

I/WE ACKNOWLEDGE THAT THIS ADMISSION FORM WILL BE TREATED AS CONFIDENTIAL AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

MOTHER - INITIALS: _____ FATHER - INITIALS: _____ GUARDIAN - INITIALS: _____

The information required is collected and used to admit children to Kay-Dee Educare. By signing the form, you consent to the processing of the personal information for the intended purpose.



KAY-DEE EDUCARE CENTRE CC

(Registration No: 1996/008545/23)
Registered Address: 1 Richmond Road, Mowbray 7700
Business Address: Hill Park Lane, Mowbray 7700
Telephone: (021) 689 9615
Direct Fax: 086 561 9556 / Cell No: 082 890 0555
Email: kaydee@kaydee.co.za
Website: www.kaydee.co.za



PARENTS DETAILS: FATHER/GUARDIAN

Surname:						
Forenames:						
Known as Name (if applicable):						
Date of Birth:		Day:	Month:	Year:		
Identity / Passport Number:						
Marital Status:		Single	Married	Separated	Divorced	Widowed
Employer's Name:						
Occupation:						
Physical Address:	Home:		Work:			
Telephone:	Home:		Work:			
Cellphone:	Personal:		Work:			
Email:	Personal:		Work:			

I/We hereby confirm that all the information supplied on the Admission form is true and correct at the time of signing this document.

I/We hereby confirm that I/we have read and understood the Indemnity form of the document and accept and agree to be bound by them.

I/We further confirm that I/we agree with the price and method of payment as stipulated in the Annexure and/or Admission form and declare that I/we fully understand the requirements in this regard.

Thus done and signed at _____ (Place) on the ____ day of _____ (Month) 20____ (Year)

Mother / Guardian Signature

Father / Guardian Signature

ODETTE LEACH
PRINCIPAL / OWNER
KAY-DEE EDUCARE CENTRE CC

I/WE ACKNOWLEDGE THAT THIS ADMISSION FORM WILL BE TREATED AS CONFIDENTIAL AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

MOTHER - INITIALS: _____ **FATHER - INITIALS:** _____ **GUARDIAN - INITIALS:** _____

The information required is collected and used to admit children to Kay-Dee Educare. By signing the form, you consent to the processing of the personal information for the intended purpose.



KAY-DEE EDUCARE CENTRE CC

(Registration No: 1996/008545/23)
Registered Address: 1 Richmond Road, Mowbray 7700
Business Address: Hill Park Lane, Mowbray 7700
Telephone: (021) 689 9615
Direct Fax: 086 561 9556 / Cell No: 082 890 0555
Email: kaydee@kaydee.co.za
Website: www.kaydee.co.za



ANNEXURE A FEE STRUCTURE 2024

CARE	PAYMENT PERIOD	MONTHLY FEE	TERMLY (4% DISCOUNT)	ANNUALLY (8% DISCOUNT) No later than January
After School Care (includes school holidays)	12 monthly instalments	R2 500	R7 200	R27 600
After School Care (excludes school holidays)	12 monthly instalments	R2 200	R6 336	R24 288
Remedial After School Care (includes school holidays)	12 monthly instalments	R3 700	R10 656	R40 848
Remedial After School Care (excludes school holidays)	12 monthly instalments	R3 050	R8 784	R33 672
After School Care Casual (per day)	Daily payable upfront for the agreed no of days	R265 Full Day R210 Half Day	N / A	N / A
Remedial After School Care Casual (per day)	Daily payable upfront for the agreed no of days	R315 Full Day R265 Half Day	N / A	N / A

ADDITIONAL CHARGES

SERVICE	AMOUNT	CHARGED WHEN
Deposit	Equivalent to one (1) month's fees	<ul style="list-style-type: none">A <u>once-off</u> deposit equivalent to one (1) month's fee may be applied at the discretion of Kay-Dee Educare Management, to the paid in advance.Payable on the signing of the Admission contract.Deposit is refundable if account is up to date at date of termination.
Registration / Enrolment Fee	R650	<ul style="list-style-type: none">Payable on the signing of the Admissions form.Non-refundable.Covers the cost of the admission process, the child's reports for the year and printing costs.
Development Levy and Fundraising	R50	<ul style="list-style-type: none">Charged quarterly for each child per family in the last month of each term, i.e. March, June, September and November.

PAYMENT DUE DATE:

- On admission and/or the first (1st) day of attendance of your child, the fees due for the month in which your child starts must be paid in advance / (pro-rata if applicable) and thereafter in full on the first (1st) of each month following.
- Invoices will be sent on the twenty-fifth (25th) of every month for immediate payment due by the first (1st) of the following month via the Accounting System. Statements will be sent before or on the second (2nd) of each month indicating any outstanding balances which are payable immediately.

I/WE ACKNOWLEDGE THAT THIS ADMISSION FORM WILL BE TREATED AS CONFIDENTIAL AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

MOTHER - INITIALS: _____ **FATHER - INITIALS:** _____ **GUARDIAN - INITIALS:** _____

The information required is collected and used to admit children to Kay-Dee Educare. By signing the form, you consent to the processing of the personal information for the intended purpose.



INDEMNITY FORM

1. This is a *legal document* and forms the basis of a contract between Kay-Dee Educare and the said parent(s) / guardian.
2. The parent(s) / guardian shall be responsible for all damages caused by their child/ren to any property of the Educare Centre, fair wear and tear excluded.
3. The parties recognise and acknowledge the impetuous and impulsive nature of children.
- 3.1 In view of this, all persons in charge of the child at Kay-Dee Educare have been instructed to take every precaution to the best of his/her ability to ensure the child's safety.
- 3.2 However, neither they nor any persons connected to Kay-Dee Educare will accept any liability for any claims arising from any accident or injury to the child due to criminal acts or acts of negligence by outsiders or incidents that fall outside the responsibilities and duties of the acting person with due diligence and care and in the course and scope of their duties.
4. Whilst it is understood that Kay-Dee Educare shall take reasonable care, Kay-Dee Educare shall *not be* held liable for any damages suffered, by way of theft, injury, excursions, and travel or sport activities or otherwise, by the child, the parent(s) / guardian or any other person (this includes personal possessions and burglaries), or in the case of injury or damages arising from:
 - 4.1 any extra mural activity or other activities whatsoever in which the child participates whilst attending Kay-Dee Educare;
 - 4.2 any defect in the condition of the food served on the premises of Kay-Dee Educare, or anything or any object belonging to or situated on Kay-Dee Educare's premises;
 - 4.3 from the fetching and taking of the child to or from outing destinations in a vehicle belonging to or being used by Kay-Dee Educare;
 - 4.4 on collecting and/or taking the child to or from Kay-Dee Educare's premises in a vehicle belonging to or being used by transport helpers for Kay-Dee Educare;
 - 4.5 unless the occurrence of such damages or injury can be related to any circumstances within Kay-Dee Educare's reasonable control.
5. Kay-Dee Educare will not be held liable for children who contract contagious diseases either at home and/or at Kay-Dee Educare, unless the contracting of such contagious disease should have been prevented by Kay-Dee Educare, taking reasonable precautionary measure in the circumstances.
6. For not notifying Kay-Dee Educare about children's allergies in writing and completing Kay-Dee Educare's medical form correctly.
7. Furthermore, the parent(s) / guardian agrees to waive and abandon any claims which may, at any time, arise as aforesaid, both in the parent(s) / guardian's personal capacity and in the parents' capacity as a parent or as guardian of the child, unless the occurrence of such claim can be attributed to any circumstances within Kay-Dee Educare's reasonable control.
8. The parent(s) / guardian expressly indemnifies the supervisor or such authorised person against any claim which may arise or be instituted unless gross negligence is proven against such supervisor or authorised person in a court of law.
9. The parent(s) / guardian unreservedly accepts full responsibility as the parent(s) / guardian to ensure that the child has been properly immunised against Whooping Cough, Diphtheria, Tetanus and Polio, and vaccinated against Tuberculosis, German Measles, Measles, Chickenpox, and all other childhood diseases as requested on the child's clinic / health card immunisation schedule, prior to admission, proof of which must be furnished by the parent(s) / guardian upon request.
10. The parent(s) / guardian agrees that in an emergency requiring medical attention or hospitalisation, the supervisor of the group, or in his/her absence, any other responsible person connected with it, may give the required

I/WE ACKNOWLEDGE THAT THIS ADMISSION FORM WILL BE TREATED AS CONFIDENTIAL AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

MOTHER - INITIALS: _____

FATHER - INITIALS: _____

GUARDIAN - INITIALS: _____

The information required is collected and used to admit children to Kay-Dee Educare. By signing the form, you consent to the processing of the personal information for the intended purpose.



KAY-DEE EDUCARE CENTRE CC

(Registration No: 1996/008545/23)
Registered Address: 1 Richmond Road, Mowbray 7700
Business Address: Hill Park Lane, Mowbray 7700
Telephone: (021) 689 9615
Direct Fax: 086 561 9556 / Cell No: 082 890 0555
Email: kaydee@kaydee.co.za
Website: www.kaydee.co.za



permission and sign the necessary consent for the child to be subjected to reasonable surgery or other medical treatment, provided that this will be executed on the advice, and under the supervision, of a medical doctor.

11. Furthermore, the parent(s) / guardian accepts full responsibility for and agrees to bear all reasonable medical costs and expenses in relation to the parent(s) / guardian's child under these circumstances.
12. No parent(s) / guardian is allowed to make any demands or to request a replacement of any object or item whatsoever from any other child, parent(s) / guardian or staff member.
13. Kay-Dee Educare, its members, agents, servants, employees and owners / officers accept no liability whatsoever, and without prejudice to the generality of the aforesaid, for any damages (whether consequential or otherwise), unless the occurrence of such damages can be attributed to any circumstances within Kay-Dee Educare, its members, agents, servants, employees and owners / officers' reasonable control.
14. The signatory/ies to this agreement, by his/her signature confirms that he/she accepts that Kay-Dee Educare and the persons aforesaid accept no liability as aforesaid and indemnifies and holds Kay-Dee Educare and the persons aforesaid absolved from any such liabilities, unless the occurrence of such liabilities can be attributed to any circumstances within Kay-Dee Educare's reasonable control.
15. This agreement, together with the Admission form, shall constitute the entire agreement between the parties, and no representation by any of the parties or their agents, whether made prior or subsequent to the signing of this agreement shall be binding on any of the parties unless in writing and signed by the parties.

I/We hereby confirm that all the information supplied on the Admission form is complete and accurate.

I/We hereby confirm that I/we have read and understood the terms and conditions of the document and accept and agree to be bound by them.

I/We further confirm that I/we agree with the price and method of payment as stipulated in the Annexure and/or Admission form.

I/We hereby agree to accept and abide by the terms and conditions governing Kay-Dee Educare Centre, with which I/we declare myself/ourselves fully acquainted.

Thus done and signed at _____ (Place) on the ____ day of _____ (Month) 20____ (Year)

Mother / Guardian Signature

Father / Guardian Signature

ODETTE LEACH
PRINCIPAL / OWNER
KAY-DEE EDUCARE CENTRE CC

I/WE ACKNOWLEDGE THAT THIS ADMISSION FORM WILL BE TREATED AS CONFIDENTIAL AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

MOTHER - INITIALS: _____ **FATHER - INITIALS:** _____ **GUARDIAN - INITIALS:** _____

The information required is collected and used to admit children to Kay-Dee Educare. By signing the form, you consent to the processing of the personal information for the intended purpose.



COMPULSORY DOCUMENTATION REQUIRED TO ACCOMPANY YOUR CHILD'S ADMISSION FORM (preferably certified copies)

(All documents are required from both parents. Where one (1) of the parents undertakes to be held solely responsible for the payment of fees (in the event of parents who are divorced or are single and not living together), an affidavit to this effect must be provided).

1. Copy of the child's unabridged birth certificate and/or passport (if a foreigner)
2. Recent photograph of the child (do not send via email - **by hand** only)
3. Any assessments made by doctors, psychologists, etc. (if applicable)
4. Financial Clearance letter from previous school (if applicable)
5. Copies of both parents (mother and father) / guardian's identity document and/or passport (if a foreigner)
6. Permits ie study permits, work permits, etc. (if a foreigner)
7. Proof of residential address not older than 2 months
- 7.1 If parents are divorced and/or separated, proof of residential address of both parents is to be submitted
- 7.2 Proof of residential address must be in the form of a Lease agreement, Utility Bill, Bank statement, etc.
8. Proof of both parents / guardian's current employment / student status (e.g. letter from employer / university / college on a company / university / college letterhead confirming employment / student status. This must include either party's period of employment / student status, position held and proof of income and/or confirmation of study course and duration thereof)
- 8.1 If either parent / guardian is self-employed or owns their own business, an affidavit is required stating the business name, address and business registration number, or a letter from the registered auditors or registered tax practitioner, confirming the above
9. Please notify the Principal via email or in writing of any changes to the above information provided, in order for an addendum to be drawn up and attached to the Admission Contract to record the relevant changes. The addendum will be sent to all the relevant parties for signature and until the fully signed addendum is received, the original information provided will remain applicable.
10. Parents are to provide a consent form to give consent to enrol their child at Kay-Dee Educare if the person enrolling the child is not a legal guardian
11. All the above-mentioned documents are required from the guardian if the child is not living with his/her biological parents.



COMPULSORY DOCUMENTATION TO BE COMPLETED WHEN HANDING IN YOUR CHILD'S ADMISSION FORM

(along with admission fees and/or foreigners deposit (if applicable) before acceptance of child)

1. Kay-Dee Educare admission contract form (to be completed within three (3) days of registration / enrolment)
2. Kay-Dee Educare medical form (to be completed in full within three (3) days of admission)
3. Kay-Dee Educare general form (to be completed in full within three (3) days of admission)

NOTES:

1. This Admission form will form part of the contractual arrangement between Kay-Dee Educare and the Parent(s) / Guardian.
2. Once the Admission form and all other relevant documents (see page 7) are handed in, only then will the Admission contract form be handed to the Parent(s) / Guardian to complete the contractual agreement between the parties.

I/WE ACKNOWLEDGE THAT THIS ADMISSION FORM WILL BE TREATED AS CONFIDENTIAL AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

MOTHER - INITIALS: _____ FATHER - INITIALS: _____ GUARDIAN - INITIALS: _____

The information required is collected and used to admit children to Kay-Dee Educare. By signing the form, you consent to the processing of the personal information for the intended purpose.



KAY-DEE EDUCARE CENTRE CC



(Registration No: 1996/008545/23)
Registered Address: 1 Richmond Road, Mowbray 7700
Business Address: Hill Park Lane, Mowbray 7700
Telephone: (021) 689 9615
Direct Fax: 086 561 9556 / Cell No: 082 890 0555
Email: kaydee@kaydee.co.za
Website: www.kaydee.co.za

For OFFICE USE only:

Receipt no for admission fee paid: _____

Date admission fee was paid: _____

ADMISSION FORM APPROVED:	ADMISSION FORM NOT APPROVED:
Date: _____ Signature: _____	Date: _____ Signature: _____

NOTES:

I/WE ACKNOWLEDGE THAT THIS ADMISSION FORM WILL BE TREATED AS CONFIDENTIAL AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

MOTHER - INITIALS: _____ FATHER - INITIALS: _____ GUARDIAN - INITIALS: _____

The information required is collected and used to admit children to Kay-Dee Educare. By signing the form, you consent to the processing of the personal information for the intended purpose.