



# KAY-DEE EDUCARE CENTRE CC

(Registration Number: 1996/008545/23)  
 Registered Address: 1 Richmond Road, Mowbray 7700  
 Business Address: Hillpark 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



## REGISTRATION FORM BABIES TO GRADE R/0

### 1. PERSONAL DETAILS:

DETAILS PERTAINING TO THE CHILD (please print clearly)		
SURNAME:		
FIRST NAME:		
DATE OF BIRTH:		
HOME LANGUAGE:		
SECOND LANGUAGE:		
CURRENT DAYCARE ATTENDING: (if applicable)		
DATES ATTENDED AT PREVIOUS / CURRENT DAYCARE: (if applicable)		
REASON FOR LEAVING PREVIOUS / CURRENT DAYCARE: (if applicable)		
PRINCIPAL OF PREVIOUS / CURRENT DAYCARE:		
PREVIOUS / CURRENT DAYCARE TELEPHONE NUMBER:		

Is your child fluent in ENGLISH?      YES / NO (please circle)

If "NO", please explain: \_\_\_\_\_  
 \_\_\_\_\_

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

MOTHER – PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
 FATHER – PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
 GUARDIAN – PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_



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## 2. REGISTRATION / ENROLMENT REQUIREMENTS:

Please indicate your requirements below:

- FULL DAY – 07h00 to 18h00
- HALF DAY – 07h00 to 12h00
- CASUAL / PART TIME – (3 Days per week or more)

## 3. REGISTRATION / ENROLMENT:

- 3.1 A registration / enrolment fee in the amount of R600.00 (six hundred Rand) shall be payable to the school on the same day as registration / enrolment. The said registration / enrolment fee is **not refundable** under any circumstances whatsoever.
- 3.2 Where more than one child is enrolled, an additional R300.00 (three hundred Rand) shall be added to the registration / enrolment fee, for each additional child.
- 3.3 The registration / enrolment fee may be paid in cash, EFT transfer and/or direct deposit and proof of payment to be handed in with your registration / enrolment form or emailed to **kaydee@kaydee.co.za** with your child's name and surname listed as a reference.
- 3.4 Acceptance / rejection of the registration / enrolment will be communicated to the parents via email.
- 3.5 Once the registration / enrolment form has been signed and a place allocated to the child, the contract and medical forms must be completed and the first month fees paid for upfront, within one month of acceptance, or Kay-Dee Educare will give the parents adequate notice that it intends to terminate the registration / enrolment application.

### 3.6 Banking details:

Account Name: Kay-Dee Educare Centre CC  
 Bank: ABSA  
 Type: Cheque / Current  
 Account Number: 100 778 1284  
 Branch code: 632 005  
 Reference: Name & Surname of child being enrolled  
 Send proof of payment to: kaydee@kaydee.co.za



### 3.7 Parent(s) / Guardian to complete:

DATE REGISTRATION / ENROLMENT SUBMITTED:	DATE OF COMMENCEMENT:

### 3.8 For OFFICE USE only:

Receipt no for registration / enrolment fee paid: \_\_\_\_\_

Date registration / enrolment fee was paid: \_\_\_\_\_

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FATHER – PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

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## 4. PARENTS CONTACT DETAILS:

DETAILS PERTAINING TO THE MOTHER (please print clearly)				
SURNAME:				
FIRST NAME:				
HOME TELEPHONE:				
WORK TELEPHONE:				
CELLPHONE NUMBER:				
EMAIL ADDRESS:				
IDENTITY / PASSPORT NUMBER:				
MARITAL STATUS:	SINGLE	MARRIED	DIVORCED	SEPARATED
	OTHER (please specify)			
	IF SINGLE, ARE MOTHER AND FATHER LIVING TOGETHER?			YES

DETAILS PERTAINING TO THE FATHER (please print clearly)				
SURNAME:				
FIRST NAME:				
HOME TELEPHONE:				
WORK TELEPHONE:				
CELLPHONE NUMBER:				
EMAIL ADDRESS:				
IDENTITY / PASSPORT NUMBER:				
MARITAL STATUS:	SINGLE	MARRIED	DIVORCED	SEPARATED
	OTHER (please specify)			
	IF SINGLE, ARE MOTHER AND FATHER LIVING TOGETHER?			YES

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MOTHER – PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
 FATHER – PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
 GUARDIAN – PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_










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## 5. LEGAL GUARDIAN(S) CONTACT DETAILS:

DETAILS PERTAINING TO THE GUARDIAN (please print clearly)				
SURNAME:				
FIRST NAME:				
HOME TELEPHONE:				
WORK TELEPHONE:				
CELLPHONE NUMBER:				
EMAIL ADDRESS:				
IDENTITY / PASSPORT NUMBER:				
MARITAL STATUS:	SINGLE	MARRIED	DIVORCED	SEPARATED
	OTHER (please specify)			
RELATIONSHIP TO CHILD:				

## 6. OPERATING TIMES:

- 6.1 Kay-Dee Educare is open from 07h00 until 18h00 five (5) days a week (Monday to Friday).
- 6.2 Children have to be collected by 12h00 (half-day) and 18h00 (full-day).
- 6.3 Any late collections will result in a fine of R20.00 for every five (5) minutes late after 12h00 for half-day children and after 18h00 for full-day children.
- 6.4 Any calls made to parents regarding collection during this period will be charged at R30.00 per call.

## 7. HOLIDAYS:

Kay-Dee Educare

- 7.1 will be closed on all Public Holidays;
- 7.2 will be open during Western Cape Government school term holidays;
- 7.3 will only officially close annually during the December/January period;
- 7.3.1 the closing period is between three (3) to four (4) weeks;
- 7.3.2 the closing period dates will be advised annually towards year-end.

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 FATHER – PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
 GUARDIAN – PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_



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## 8. COMPULSORY DOCUMENTATION REQUIRED TO ACCOMPANY YOUR CHILD'S REGISTRATION (preferably certified copies):

(An affidavit is required if two (2) single parents are living apart and/or together, stating which parent is responsible for fees. All documents are required from both parents.)

- 8.1 Child's health / immunisation booklet or card
- 8.2 Recent photograph of the child (do not send via email - BY HAND only)
- 8.3 Any assessments made by doctors, psychologists, etc. (if applicable)
- 8.4 Last progress report from previous school (if applicable)
- 8.5 Copy of the child's birth certificate and/or passport if a foreigner
- 8.6 Copies of both parents (mother and father) / guardian's identity document (or passport if a foreigner)
- 8.7 Permits for foreigners, such as study permits, work permits, etc.
- 8.8 Proof of residential address not older than 2 months
  - 8.8.1 If parents are divorced and/or separated, proof of residential address of both parents is to be submitted
  - 8.8.2 Proof of residential address must be in the form of a lease agreement, Telkom account, Bank statement, etc.
- 8.9 Copy of maintenance agreement (if applicable)
- 8.10 Proof of both parents / guardian's current employment / student status (e.g. letter from employer / university / college on 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)
  - 8.10.1 If either parent / guardian is unemployed, an affidavit is required to this effect
  - 8.10.2 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
- 8.11 Copy of marriage certificate / death certificate / divorce decree (if applicable)
- 8.12 Full details of the person responsible for the payment of the child's school fees (if not the biological parents) (such as proof of residential address, work details and contact details, together with a certified copy of identity document is required)



## 9. COMPULSORY DOCUMENTATION TO BE COMPLETED WHEN HANDING IN YOUR REGISTRATION FORM (along with registration / enrolment fees and/or foreigners deposit (if applicable) before acceptance of child)

- 9.1 Kay-Dee Educare contract form (to be completed within one (1) week of registration / enrolment)
- 9.2 Kay-Dee Educare medical form (to be completed in full – including milestones)
- 9.3 All documents are required from the guardian if the child is not living with his/her biological parents.

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

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 FATHER – PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
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## 10. DISCLOSURE OF PERSONAL INFORMATION:

- 10.1 I/We understand that the personal information given in this registration / enrolment form is to be used by Kay-Dee Educare for the purposes of assessing credit worthiness.
- 10.2 I/We confirm that the information given in this registration / enrolment form is accurate and complete.
- 10.3 I/We further agree to update the information supplied as and when necessary in order to ensure the accuracy of the above information. Kay-Dee Educare will not be liable for inaccuracies.
- 10.4 Kay-Dee Educare has my/our consent at all times to contact and request information from any persons, credit bureau or business, including those mentioned in the credit application form.
- 10.5 I/We give Kay-Dee Educare permission to obtain any information relevant to my/our credit assessment.
- 10.6 I/We expressly acknowledge that Kay-Dee Educare may:
  - 10.6.1 perform a credit search on my/our record with any registered credit bureau when assessing my/our application;
  - 10.6.2 monitor my/our payment behaviour by researching my/our record with any registered credit bureau;
  - 10.6.3 use new information and data obtained from one or more of the registered credit bureaus in respect of future applications.
  - 10.6.4 record the existence of my/our account with Kay-Dee Educare with any registered credit bureau.
  - 10.6.5 record and transmit to one (1) or more of the registered credit bureaus, the details of how I/we have performed and how my/our account is conducted.

## 11. PARENTS / GUARDIAN REMARKS:

Please provide any information that Kay-Dee Educare should be aware of that is not mentioned on this registration / enrolment form (example: allergies, special needs, etc.)?

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MOTHER – PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
 FATHER – PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
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## 12. MARKETING FEEDBACK:

Where did you hear about Kay-Dee Educare?

- Kay-Dee billboard
- Word of mouth (please specify name) \_\_\_\_\_
- Kay-Dee website
- Internet search (e.g. Google, please specify) \_\_\_\_\_
- Kidz World website
- Other (please specify) \_\_\_\_\_
- Yellow Pages website
- Connecting Kidz website

**NOTE:** No child will be accepted at Kay-Dee Educare unless the indemnity form attached (below) has been fully completed and signed by the Parent(s) / Guardian. If the application is rejected for whatever reason, management decision in this regard is final.

**NOTE:** Once the registration / enrolment form and all other relevant documents (see page 5) are handed in, only then will the contract form be handed over to the Parent(s) / Guardian. We give seven (7) days for the contract form to be completed and handed into the office. Failure to do so will result in a penalty fine of R200.00 and possible suspension of your child.

The Parent(s) / Legal Guardian(s) of \_\_\_\_\_ (Full name and surname of the child)

I/We hereby certify that all the information supplied on the registration / enrolment 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 this registration / enrolment 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*  
SCHOOL PRINCIPAL  
KAY-DEE EDUCARE CENTRE CC

\_\_\_\_\_  
Witness 1 signature

\_\_\_\_\_  
Witness 2 signature

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MOTHER – PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

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## INDEMNITY FORM

FULL NAME OF CHILD:	DATE OF BIRTH:	DATE OF APPLICATION:
FULL NAME(S) OF PARENT(S) / LEGAL GUARDIAN/S (if applicable):	MOTHER: _____ FATHER: _____ GUARDIAN: _____	

1. This is a **legal document** and forms the basis of a contract between Kay-Dee Educare and the said parent / 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 in no way 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 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.
5. Kay-Dee Educare will not be held liable for children who contract contagious diseases either at home and/or at Kay-Dee Educare.
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.
8. The parent(s) / guardian expressly indemnifies the supervisor or such authorized person against any claim which may arise or be instituted unless criminal negligence is proven against such supervisor or authorised person in a court of law.

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

MOTHER – PRINT NAME: _____	SIGNATURE: _____	DATE SIGNED: _____
FATHER – PRINT NAME: _____	SIGNATURE: _____	DATE SIGNED: _____
GUARDIAN – PRINT NAME: _____	SIGNATURE: _____	DATE SIGNED: _____





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9. The parent(s) / guardian unreservedly accepts full responsibility as the parent(s) / guardian to ensure that the child has been properly immunized 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 registration / enrolment, 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 hospitalization, the supervisor of the group, or, in his/her absence, any other responsible person connected with it, may give the required permission and sign the necessary 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.
11. Furthermore, the parent(s) / guardian accepts full responsibility for and agrees to bear all 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).
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.
15. This registration / enrolment form, shall constitute the entire registration 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.
16. I/We hereby certify that all the information supplied on the registration / enrolment form is complete and accurate.
17. 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.
18. I/We further confirm that I/we agree with the price and method of payment as stipulated in this registration / enrolment form.

I/We the Mother / Father / Guardian of the child (name/surname of child) \_\_\_\_\_  
 hereby agree to accept and abide by the terms and conditions governing Kay-Dee Educare Centre CC, 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	<i>ODETTE LEACH</i> SCHOOL PRINCIPAL KAY-DEE EDUCARE CENTRE CC
Witness 1 signature	Witness 2 signature	

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

MOTHER – PRINT NAME: _____	SIGNATURE: _____	DATE SIGNED: _____
FATHER – PRINT NAME: _____	SIGNATURE: _____	DATE SIGNED: _____
GUARDIAN – PRINT NAME: _____	SIGNATURE: _____	DATE SIGNED: _____

