



Bellville Creche Care (Pty) Ltd  
 29 Voortrekker Road, Boston, Bellville  
 079 423 2916 / 081 757 0211(Principal)  
 info@crechecare.com  
 www.crechecare.com



# APPLICATION FOR ADMISSION

Age group applied for:

- 1-2 years  
  2-3 years  
  3-4 years  
  4-5 years  
  5-6 years (Grade R)

We require the following supporting documents:

- Copy of child's birth certificate  
  Copy of child's vaccination record

For office use:

Appointment date:	Approved:	Class group:
Notes:	Date:	Family code:
	Start date:	

## SECTION A: PERSONAL INFORMATION

Child's personal details:

Surname: \_\_\_\_\_ Full names: \_\_\_\_\_

Preferred name: \_\_\_\_\_ ID number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Boy  Girl

Home and other spoken languages    Home: \_\_\_\_\_ Other: \_\_\_\_\_

## Family:

Number of children in family: \_\_\_\_\_

Name(s) of children who previously attended CRECHE CARE:

\_\_\_\_\_

Residence:  Parents  Guardian  Other

Person dropping child at school: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Person collecting child at school: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Child's medical details:

Doctor: Name: \_\_\_\_\_ Tel. no.: \_\_\_\_\_

Address.: \_\_\_\_\_

Medical aid (if applicable) Name: \_\_\_\_\_ Member number: \_\_\_\_\_

Main member initials and surname: \_\_\_\_\_

Main member ID number: \_\_\_\_\_ Option: \_\_\_\_\_

Has the child received all the necessary immunizations? If no, please state reason:

Yes  No Reason: \_\_\_\_\_

Does the child suffer from any allergies? If yes, please give details:

No  Yes Details: \_\_\_\_\_

Does the child have any special medical needs? If yes, please give details:

No  Yes Details: \_\_\_\_\_

Does the child suffer from any other illnesses or disabilities? If yes, please give details:

No  Yes Details: \_\_\_\_\_

## Medication Policy:

Creche Care Educare cannot administer any dosage of medications to any child unless proper protocol is followed.

- When applicable, parents must fill in the medicine chart, indicating times and dosages of medication to be given to the child.
- Medication containers are to be clearly labeled indicating the content and name of your child.
- No medication will be given to a child, unless the medicine chart has been completed and signed by the parent.

### Medical consent:

In a critical medical situation the school reserves the right to utilize the quickest medical service available.

Hereby I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ agree that a medical practitioner may provide emergency treatment as necessary.

Signature of parent/guardian: \_\_\_\_\_

### Details of father/legal guardian:

Surname: \_\_\_\_\_ Full names: \_\_\_\_\_

Title: \_\_\_\_\_ ID number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Marital status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Tel(H): \_\_\_\_\_ Tel(W): \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Parental status:  Child living with parents  Child's legal guardian  Access rights to child

### Details of mother/legal guardian:

Surname: \_\_\_\_\_ Full names: \_\_\_\_\_

Title: \_\_\_\_\_ ID number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Marital status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Tel(H): \_\_\_\_\_ Tel(W): \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Parental status:  Child living with parents  Child's legal guardian  Access rights to child

**Additional contact:**

Surname: \_\_\_\_\_ Full names: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email address: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Cell: \_\_\_\_\_

We, the undersigned, \_\_\_\_\_, hereby certify that the information given by us in this Application for Admission is complete and accurate.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## SECTION B: ACCOUNT HOLDER

**Details and declaration of account holder:**

Surname: \_\_\_\_\_ Full names: \_\_\_\_\_

Title: \_\_\_\_\_ ID number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please note the following payment terms:**

- Fees are payable monthly in advance on or before the 2<sup>nd</sup> of every calendar month
- Fees can also be paid annually in advance on or before the 31<sup>st</sup> of December
- The school reserves the right to charge interest on all accounts in arrears for 30 days or longer
- Fee increases will take place in JULY.
- The enrolment fee is an annual fee.
- If the account holder neglects to pay the account, the school may refuse the child access to the school
- Notice: The account holder undertakes to give 30 calendar days notice of termination of the enrolment of the child, failing which the liability be occurred for the full amount of the following month's fee.
- No notice may be given for the last semester of the year. If you give notice for October or November you will be liable for the full terms fee's until the end of December.

I, the undersigned, \_\_\_\_\_, hereby certify that the information given by the account holder in this application for admission is complete and accurate.

I accept full responsibility and liability for the punctual payment of the once-off non-refundable enrolment fee as well as the punctual payment of Creche Care school fees.

\_\_\_\_\_  
Signature of account holder

\_\_\_\_\_  
Date

## SECTION C: SCHOOL HOURS

- Monday - Thursday: 06:30 - 18:00, Fridays 06:30 - 17:30
- The attendance register is to be signed everyday.
- Parents collecting their children after the school closing time, must inform the school in due time. The daycare centre will then arrange to have the child supervised by a child minder at an additional minimum fee of R100.00.  
**This penalty is to be paid the next day that the child attends the daycare.**

## SECTION D: GENERAL INDEMNITY

Creche Care undertakes to implement reasonable and generally acceptable measures with regard to the safety and well-being of all children, educators and visitors to the school. Creche Care does not accept any responsibility for accidents that may take place in the class or on the school terrain.

Please complete the following:

Herewith I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_ indemnify Creche Care of any losses or damage in general whilst participating in school activity, except if such loss or damage arises as a consequence of the gross negligence or willful misconduct of the school.

Signed at \_\_\_\_\_ on \_\_\_\_\_ (date)

\_\_\_\_\_  
Parent/legal guardian

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

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

## SECTION E: PERMISSION TO USE PHOTOS

I understand and acknowledge that, from time to time, informal photographs are taken of the school and it's children, and that these photos may be used in electronic or print media which has been approved by Creche Care.

\_\_\_\_\_  
Parent/legal guardian

## SECTION F: FEE SCHEDULE

Monthly fees are R2300.00 per month, payable in advance for each month. Fees will increase to R2500 July 2025. Annual registration fee of R250 is payable upon acceptance of a learner.

Banking Details:  
FNB account # 6312 446 8629  
Reference: Childs Full Name

THANK YOU FOR TAKING THE TIME TO FILL IN  
THE APPLICATION FOR ADMISSION.

Regards,  
Kim Bergstedt  
Head Principal and Co-Owner