Registration Form

All registrations are received and reviewed on a first come, first serve basis. Upon filling all open spots, all additional submissions will be added to our waiting list.

Registration for:

☐ **PRESCHOOL** ☐ **AFTERCARE**

Expected Start Date:

CHILD INFORMATION

First Name:

Last Name:

Nickname:

Gender:

Date of Birth:

Religion:

Language:

Address:

Please list siblings and ages:

Previous Daycare: Please provide provider or centre name, contact details and reason for termination.

REQUIRED DOCUMENTS (COPIES)

- ☐ Birth Certificate
- ☐ Mother ID
- ☐ Father ID
- ☐ Proof of Residence
- ☐ Clinic Book (Inoculations)

Please tell us more about your child (e.g. Shy, moody)

AFTERCARE INFORMATION

Grade:

Teacher:

Teacher contact details:

Extra Curricular activities / Sport

☐ Requires extra curricular / sport transportation

Please provide us with more information regarding the following topics & what you are currently doing at home for us to better understand your child.

Meal Times
Babies: Formula/breastmilk & quantities, meal times, feeding preferences, etc.
Toddlers & Pre-schoolers: Experienced difficulties with meal times, food to be avoided etc.

Nap Times
When during the day, duration, certain sleeping positions etc.

Toilet, Potty Diaper
Procedure followed at home.

Child development history (Was child premature? Any early delays or diagnoses? Vision/hearing screenings?)

Is there any emotional/behavioural information or situation information important for us to know to better understand you child?
Divorce, recent death in family, trauma, treatments or seeing a professional like a therapist etc. Kindly provide information if there is any specific ways in which we can help or things you would like us to look out for.

Custody / Legal Authority

Are there any custody arrangements, court orders, or legal restrictions on who may pick up or communicate regarding the child?

□ Yes (please attach a certified copy)
□ No

Who has legal authority to make medical/educational decisions?
☐ Both parents
☐ Mother
☐ Father
☐ Legal guardian _____

Medical Condition / Allergy Information Form

This form is to be completed by the parent/guardian of any child with a known allergy or chronic medical condition. It is essential for the safety and well-being of your child that this information is accurate and up-to-date.

MEDICAL INFORMATION

Doctor Name:	
Doctor Number:	
Medical Aid:	
Medical Aid Plan:	
Medical Aid Nr:	

1. Child Information

Full Name of Child: _____

2. Medical Condition / Allergy Details

Please describe the allergy or medical condition in detail:

_____

_____

What are the signs/symptoms to look out for?

_____

_____

3. Medication and Treatment

Name of Medication:

_____

Dosage Instructions:

_____

Frequency of Medication:

_____

How should the medication be administered?

_____

What should staff do in case of an allergic reaction or medical episode?

_____

_____

_____

4. Emergency Medical Permission

In the event of a medical emergency, I hereby give permission for the school to take my child to the nearest hospital or clinic and authorize medical staff to provide necessary treatment.

Parent/Guardian Name: _____
Signature: _____ Date: _____

5. Parent Responsibility Statement

I acknowledge that it is my responsibility to ensure the correct medication is always available at school, clearly labeled with my child's name and dosage instructions. I will regularly check that the medication has not expired and replace it when necessary.

Parent/Guardian Initials: _____

PARENT/GUARDIAN INFORMATION (1)

First Name:

Last Name:

Nickname:

Gender:

Date of Birth:

Cellphone nr:

Email:

Address:

Occupation:

Workplace Nr:

Workplace:

PARENT/GUARDIAN INFORMATION (2)

First Name:

Last Name:

Nickname:

Gender:

Date of Birth:

Cellphone nr:

Email:

Address:

Occupation:

Workplace Nr:

Workplace:

Emergency Contacts

First Name:

Last Name:

ID Number:

Relationship to child:

Contact nr:

First Name:

Last Name:

ID Number:

Relationship to child:

Contact nr:

People allowed to collect your child:

First Name:	First Name:
Last Name:	Last Name:
ID Number:	ID Number:
Relationship to child:	Relationship to child:
Contact nr:	Contact nr:
First Name:	First Name:
Last Name:	Last Name:
ID Number:	ID Number:
Relationship to child:	Relationship to child:
Contact nr:	Contact nr:

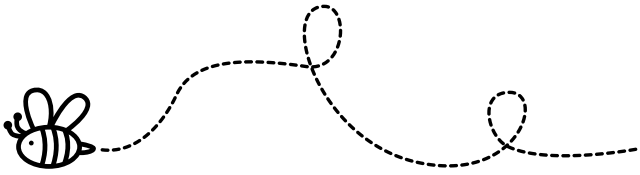
Billing & Payments

Preferred method of receiving invoices/statements:

☐ Email ☐ WhatsApp ☐ Printed

Email/number for billing communication:

Name of person responsible for payment:



MEDIA/PHOTOGRAPHY

IF YOU DO OBJECT, PLEASE ENSURE THAT YOUR CHILD IS AWARE OF THIS – IF POSSIBLE

We would appreciate it if parents completed this consent form to allow their children to be photographed during special events or normal daily activities organized at Besige Bytjie Akademie.

As the parent of a child at Besige Bytjie Akademie, I agree to the following:

- I understand that my child(ren) may be photographed at Besige Bytjie Akademie during normal daycare hours, field trips, or activities.
- I give permission for my child's photographs to be used in school newsletters or posted on the Besige Bytjie Akademie website and facebook.
- I give permission for my child's photographs to be printed off and used in classroom photo albums.

I understand that by not giving permission for Media/Photography my child will not take part in the school concert as this event is photographed and recorded on video.

Permission for MEDIA/PHOTOGRAPHY

☐ Granted ☐ Denied

TRANSPORTATION WAIVER OF LIABILITY

I hereby give permission for my child to be released from school, to a Besige Bytjie Aftercare Supervisor.

I hereby give permission for my child to be transported from school to the Besige Bytjie Aftercare facility.

My child will be transported by Besige Bytjie Akademie in a private vehicle.

I understand that the person transporting my child must meet the following conditions and that it is my responsibility to verify the driver meets these conditions:

- Be at least 21 years of age.
- Possess a valid Professional Driving Permit (PDP).
- Had no convictions for reckless driving or driving under the influence in the past 2 years.

I understand that the Besige Bytjie Aftercare facility is not liable for any event that may occur as the result of my child being transported by a private party in a private vehicle.

I understand that the policy of the school will not allow my child to be transported by any person other than the person named above.

Permission for TRANSPORTATION

☐ Granted ☐ Denied

INSECT REPELLANT PERMISSION FORM

As a parent or guardian of a child at Besige Bytjie Akademie, I understand that it will be required to apply insect /mosquito repellent on my child to maintain my child's physical health.

Therefore, I give my permission for the personnel at Besige Bytjie Akademie to apply an insect / mosquito repellent to my child when needed.

Permission for INSECT REPELLANT

☐ Granted ☐ Denied

ANTI ITCHING CREAM PERMISSION FORM

As a parent or guardian of a child at Besige Bytjie Akademie, I understand that it will be required to apply anti itching cream on my child from time to time as specified below to maintain my child's physical health.

Therefore, I give my permission for the personnel at Besige Bytjie Akademie to apply an anti-itching cream to my child as needed.

Permission for ANTI ITCHING CREAM

☐ Granted ☐ Denied

SUNSCREEN PERMISSION FORM

As the parent or guardian of a child at Besige Bytjie Akademie, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday.
Therefore, I give my permission for the personnel at Besige Bytjie Akademie to apply a sunscreen product of SPF-15, when needed.

Permission for SUNSCREEN

☐ Granted ☐ Denied

DIAPER OINTMENTS AND POWDERS PERMISSION FORM

As the parent or guardian of a child at Besige Bytjie Akademie, I recognize that it will be required to apply diaper ointments and powders to my child, to maintain my child's physical health.
Therefore, I give my permission for the personnel at Besige Bytjie Akademie to apply diaper ointments and powders to my child, when needed.

Permission for DIAPER OINTMENTS AND POWDERS

☐ Granted ☐ Denied

HEALTH SCREENING PERMISSION FORM

Early childhood developmental screening includes a health and development screening, that helps detect potential problems, but is not a substitute for a comprehensive health or development exam. This screening does not replace on-going care from your health care provider or dentist.
Screening data collected is private so it may only be shared with anyone listed on the release of information; school district staff with a legitimate educational need to know; by court order; or with others as required by law, including the state or legislative auditor.
This Screening includes:

- Review of your child's immunization record
- Check of your child's growth, such as height and weight
- Check for possible hearing problems
- Check for eye health, including how well your child can see
- Review of factors that might interfere with your child's health, growth, development, or learning
- Check of your child's development
- Your report of your child's growth and learning including emotional and behavior status
- Information about your child's health care and insurance
- Information about community resources and programs based on your child's or family's needs

The standards for screening are the same for every child regardless of race, income, creed, sex, national origin, or political beliefs

Permission for HEALTH SCREENING

☐ Granted ☐ Denied

Please find our policy guide and addendum A (Fees) on our website www.bytjies.com https://www.bytjies.com/registrasie

I, _____(Your Name) the father/mother/guardian of _____(Child Name)

Apply for admission at Busy Bee Learning Academy and undertake to obey the school rules and regulations.

- I/We the undersigned declare that I/we have read the conditions, rules, and regulations (Policy Guide / Addendum A- Fees) of Besige Bytjie Akademie and that I/We understand and accept it.
- I/We also undertake to abide by it for as long as my child or children is enrolled in the pre-school.

I understand that Busy Bee Academy's school fees are yearly fees. Annual fees are payable in monthly installments from January to December. I understand that Busy Bee Academy will not accept notices in November for the month of December and the full year fee will still be payable. Furthermore I will undertake to pay the school fees on or before the 1st of each month in advance and I will give 30 days written notice to take my child out of the school. No school fees (in full or partial) will be reimbursed.

I understand that non-payment or not paying my account on time can result in penalty fees being added to my account or being handed over to the debt collector or lawyer for collecting the outstanding balance. I also understand that I will be held accountable to pay any additional fee added by the debt collector for the lawyer.

I also understand neither myself nor my preschooler will be allowed access if my account is not paid or up to date. Nonpayment will result in access being denied.

I/we will not hold the principal, neither Besige Bytjie Akademie nor anyone connected with Besige Bytjie Akademie responsible for any accident, illness or injury involving my child or for any loss.

POPIA Clause
I consent to the collection, storage, and lawful processing of my and my child's personal information as required for educational, health, and administrative purposes, in accordance with the Protection of Personal Information Act (No. 4 of 2013). I understand this data will not be shared with third parties without my consent, except where legally required.

Observation and Developmental Assessment
I give permission for the staff of Besige Bytjie Akademie to observe and informally assess my child's development. I understand this is for support and planning, and that any concerns will be discussed with me before referral to external professionals.

I/WE DO HEREBY DECLARE AND CERTIFY THAT I/WE HAVE READ THIS DOCUMENT AND I/WE FULLY UNDERSTAND ITS CONTENT. I AM / WE ARE AWARE THAT THIS IS AN INDEMNITY AND RELEASE OF LIABILITY.
I SIGN THIS DOCUMENT OUT OF MY OWN FREE WILL
I CONFIRM THAT I HAVE THE RIGHT TO SIGN THIS DOCUMENT.
I SIGN THIS DOCUMENT ON BEHALF OF BOTH PARENTS/GUARDIANS

Name & Surname

Date

Signature Parent/Guardian

Signed at

Name & Surname

Date

Signature Parent/Guardian

Signed at