

Besige Bytjie Akademie

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.

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.

MEDICAL INFORMATION

Doctor Name:

Doctor Number:

Child Blood Type:

Does your child
have any hearing
or vision
problems?

Medical Aid: Option & Number

Allergies / Medical Condition/Food not to be served (Please advise how it is dealt with)

PARENT/GUARDIAN INFORMATION (1)

Relationship
to child:

First Name:

Last Name:

Nickname:

Gender: Male Female

Date of Birth:

Cellphone Nr:

Email:

Address:

Occupation:

Workplace:

Work Number:

PARENT/GUARDIAN INFORMATION (2)

Relationship
to child:

First Name:

Last Name:

Nickname:

Gender: Male Female

Date of Birth:

Cellphone Nr:

Email:

Address:

Occupation:

Workplace:

Work Number:

People allowed to collect your child:

First Name: <input type="text"/>	First Name: <input type="text"/>
Last Name: <input type="text"/>	Last Name: <input type="text"/>
ID Number: <input type="text"/>	ID Number: <input type="text"/>
Relationship to child: <input type="text"/>	Relationship to child: <input type="text"/>
Contact nr: <input type="text"/>	Contact nr: <input type="text"/>
First Name: <input type="text"/>	First Name: <input type="text"/>
Last Name: <input type="text"/>	Last Name: <input type="text"/>
ID Number: <input type="text"/>	ID Number: <input type="text"/>
Relationship to child: <input type="text"/>	Relationship to child: <input type="text"/>
Contact nr: <input type="text"/>	Contact nr: <input type="text"/>
First Name: <input type="text"/>	First Name: <input type="text"/>
Last Name: <input type="text"/>	Last Name: <input type="text"/>
ID Number: <input type="text"/>	ID Number: <input type="text"/>
Relationship to child: <input type="text"/>	Relationship to child: <input type="text"/>
Contact nr: <input type="text"/>	Contact nr: <input type="text"/>

Emergency Contacts

First Name: <input type="text"/>	First Name: <input type="text"/>
Last Name: <input type="text"/>	Last Name: <input type="text"/>
ID Number: <input type="text"/>	ID Number: <input type="text"/>
Relationship to child: <input type="text"/>	Relationship to child: <input type="text"/>
Contact nr: <input type="text"/>	Contact nr: <input type="text"/>
First Name: <input type="text"/>	First Name: <input type="text"/>
Last Name: <input type="text"/>	Last Name: <input type="text"/>
ID Number: <input type="text"/>	ID Number: <input type="text"/>
Relationship to child: <input type="text"/>	Relationship to child: <input type="text"/>
Contact nr: <input type="text"/>	Contact nr: <input type="text"/>

FEES

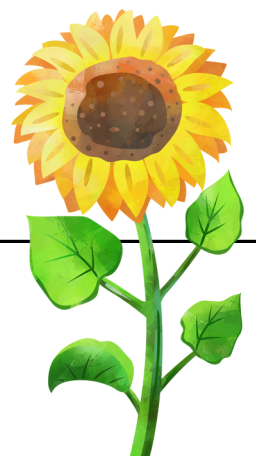
Registration fee

The Registration Fee is non-refundable and covers the following:

- School Supplies (Stationery and Art Supplies)
- Fun days (No additional fee or charge, for your child to participate in fun days at school)
- Essential Supplies (Wet wipes, cream, blankets, pillow, aprons, plates and cups, toilet paper and cleaning supplies)

We provide all school supplies needed during the year, you won't need to buy any school supplies during the year. (Excluding Formula & Diapers).

PLEASE SEE SCHOOL FEES – ADDENDUM A



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 Annemarie Prinsloo 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**

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**

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**

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**

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**

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**



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 Byttjie 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 Byttjie Akademie nor anyone connected with Besige Byttjie Akademie responsible for any accident, illness or injury involving my child or for any loss.

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