

Enrolment Form

DETAIL OF YOUR CHILD TO BE COMPLETED BY PARENT OR GUARDIAN

CHILD'S NAME(S) IN FULL	GENDER
	M <input type="checkbox"/> F <input type="checkbox"/>

CHILD'S DATE OF BIRTH		
Date	Month	Year

CHILD'S ID NUMBER											

Primary Caregiver Details (this caregiver is responsible for payment of school fees)

Secondary Caregiver Details

FIRST NAME

FIRST NAME

SURNAME

SURNAME

RELATIONSHIP TO CHILD

RELATIONSHIP TO CHILD

MARITAL STATUS

MARITAL STATUS

ID NUMBER											

ID NUMBER											

CELL PHONE NUMBER

CELL PHONE NUMBER

WHATSAPP NUMBER (IF DIFFERENT TO CELL PHONE NUMBER)

WHATSAPP NUMBER (IF DIFFERENT TO CELL PHONE NUMBER)

FULL HOME ADDRESS

FULL HOME ADDRESS

HIGHEST LEVEL OF EDUCATION			
< Grade 8	<input type="checkbox"/>	Grade 8 / 9	<input type="checkbox"/>
Grade 10 / 11	<input type="checkbox"/>	Grade 12	<input type="checkbox"/>
Diploma	<input type="checkbox"/>	Degree	<input type="checkbox"/>

HIGHEST LEVEL OF EDUCATION			
< Grade 8	<input type="checkbox"/>	Grade 8 / 9	<input type="checkbox"/>
Grade 10 / 11	<input type="checkbox"/>	Grade 12	<input type="checkbox"/>
Diploma	<input type="checkbox"/>	Degree	<input type="checkbox"/>

Primary Caregiver Details (this caregiver is responsible for payment of school fees)

Secondary Caregiver Details

EMPLOYMENT STATUS			
EMPLOYED	<input type="checkbox"/>	UNEMPLOYED	<input type="checkbox"/>
TYPE OF EMPLOYMENT - PLEASE TICK THE CORRECT BOX			
FULL TIME	PART TIME	CONTRACT	SELF EMPLOYED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF EMPLOYED, NAME OF COMPANY AND POSITION			
IF SELF EMPLOYED, TYPE OF ACTIVITY			

EMPLOYMENT STATUS			
EMPLOYED	<input type="checkbox"/>	UNEMPLOYED	<input type="checkbox"/>
TYPE OF EMPLOYMENT			
FULL TIME	PART TIME	CONTRACT	SELF EMPLOYED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF EMPLOYED, NAME OF COMPANY AND POSITION			
IF SELF EMPLOYED, TYPE OF ACTIVITY			

ADDITIONAL CAREGIVER – this individual may collect this child from school	NAME	PHONE NUMBER

NUMBER OF PEOPLE LIVING IN THE HOME (sleeping in the house at night)	<input type="text"/>	HOW MANY OF THESE PEOPLE ARE EARNING AN INCOME?	<input type="text"/>
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THIS HOME QUALIFIES FOR AND RECEIVES A SASSA GRANT	IF YES, PLEASE PROVIDE A COPY OF YOUR SASSA CARD
YES <input type="checkbox"/> NO <input type="checkbox"/>	

Medical Information

1. PROVIDE A COPY OF CLINIC IMMUNISATION CARD.
2. ENSURE THAT YOUR CHILD IS UP TO DATE ON ALL IMMUNISATIONS.

DOCTOR'S NAME	DOCTORS CONTACT NUMBER	DOCTOR'S ADDRESS

PLEASE LIST ANY KNOWN ALLEGIES	
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HAS YOUR CHILD HAD ANY SERIOUS OPERATIONS OR ILLNESSES? PLEASE PROVIDE DETAILS	
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HAS YOUR CHILD GOT ANY PHYSICAL DISABILITIES OR SPECIAL NEEDS? PLEASE PROVIDE DETAILS	
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IS THERE ANYTHING ELSE THAT WE SHOULD KNOW ABOUT YOUR CHILD MEDICALLY?	
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Raveansmead Educare Centre Agreement

This agreement is made by and between _____ Educare Centre and _____ the Parent/Caregiver of _____ (name of child).

The following has been agreed upon between the two parties beginning _____ (Date)

Please Tick

I/we confirm that all the above information is correct at the time of completing the form	<input type="checkbox"/>
I/we agree that, if any of the information (cell numbers, contact detail, medical information) changes we will inform _____ Educare Centre immediately.	<input type="checkbox"/>
I have read and agree to full contents of the Parent Manual.	<input type="checkbox"/>
I understand that disregarding these policies can result in termination from the GROW Educare Centre.	<input type="checkbox"/>
I understand that I must follow the termination policy as it is written in the parent manual.	<input type="checkbox"/>
I agree to the monthly school fee rate of R _____ .	<input type="checkbox"/>
I agree that the fee will be paid by the 1st day of each month.	<input type="checkbox"/>
I agree to paying school fees every month from January to December.	<input type="checkbox"/>
Our arrival time at the centre will be _____ am.	<input type="checkbox"/>
Our pick up time will be no later than _____ on Mondays to Thursdays.	<input type="checkbox"/>
Our pick up time will be no later than _____ on Fridays.	<input type="checkbox"/>
Any added time before or after those times will be charged a late pick up fee/early arrival fee of R _____ per hour.	<input type="checkbox"/>



Indemnity

I, _____ THE PARENT / LEGAL CAREGIVER OF

(Child's name and surname)

hereby give permission for him/her to participate in all the activities of
_____ Educare Centre including sports, games plus any other activities
which may arise out of school or in connection with the school day.

I accept that all reasonable precautions will be taken to ensure the safety of my child and that I shall be held responsible for the payment of medical and / or hospital cost should my child be injured at school.

I therefore agree to indemnify and absolve the Principal, helpers, students and staff of
_____ Educare Centre and the GW Foundation, trading as GROW
Educare Centres, against and from any / or all claims whatsoever that may arise in connection with any loss
or damage to the property of my child or injury to my child.

I agree to hand over responsibility to the principal of the centre or teacher should medical treatment / surgery
be necessary for my child. As far as I know, he/she is in good health.

Signed at _____ (Town) on the day of _____ (Date)

Parent / Caregiver Name: _____ Parent / Caregiver Signature: _____

Parent / Caregiver ID No: _____

Witness Name: _____ Witness Signature: _____

Media Consent and Release Form

I, _____ THE PARENT / GUARDIAN of
_____ (CHILD'S NAME AND SURNAME),

who is enrolled at _____ ECD CENTRE,

give permission to the GW Foundation (trading as **GROW Educare Centres**), and any persons acting with their authority and permission, the right to take and create photographs, videos and other graphical depictions of my Child, which may be used on social media, websites and any other media (the "Photographs") to promote and support the work of GROW Educare Centres (including the ECD centre where my child is enrolled).

I understand that

- the Photographs, including the copyright, are the property of GROW Educare Centres, and that I, or someone acting on my behalf, cannot make any claims to these Photographs.
- there is no personal or financial gain to myself or the child.
- the Photographs will be used at the discretion of GROW Educare Centres now and in the future.

GROW Educare Centres will

- take care in using Photographs of children respectfully and within all requirements of the South African law.
- provide or share Photographs with the Parent/Legal Guardian on request and where reasonably possible (for example, through the ECD Centre principal)

Any reference in this document to GROW Educare Centres includes GW Foundation, it's Franchisee ECD Centres, it's Funders, Partners and Supplier companies.

I confirm that I understand this document, which is irrevocable.

Signed at _____ on the day of _____ (Date)

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

Parent / Guardian ID No: _____

Witness Name: _____ Witness Signature: _____

DOCUMENTS REQUIRED:

Copy of Parent's/Guardian ID

Clinic Card of Child

SASSA card (if parent/guardian is receiving a SASSA grant)