

39 Steel Road  
Windermere  
Durban  
4001



031 303 7978  
toylandpreschool@gmail.com  
www.toylandpreschool.co.za

## APPLICATION FORM

**FOR OFFICE USE ONLY**

R550 enrollment fee paid \_\_\_\_\_

Surname: \_\_\_\_\_

Child's Name in Full: \_\_\_\_\_

The Name child is known as: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Circle Child's gender: Male / Female

Starting Date: \_\_\_\_\_

Half Day/ Three Quarter Day/ Full Day: \_\_\_\_\_

Previous Nursery Schools / Playgroups: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Occupation and Name of Company: \_\_\_\_\_

Home Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

39 Steel Road  
Windermere  
Durban  
4001



031 303 7978  
toylandpreschool@gmail.com  
www.toylandpreschool.co.za

Father's Occupation and Name of Company: \_\_\_\_\_

Home Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Is the family unit complete? \_\_\_\_\_ if no, single/divorced/separated/widowed

Who does the child live with? \_\_\_\_\_

Grandparents or other emergency contact and number: \_\_\_\_\_

If Divorced or single please complete the following:

1. Who may collect the child: \_\_\_\_\_

2. Who may not collect the child: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Home Language: \_\_\_\_\_

Position in Family (eldest child = 1, second eldest child = 2) \_\_\_\_\_

**For marketing purposes, please  
let us know how you heard about  
Toyland:**

\_\_\_\_\_  
\_\_\_\_\_

**Banking Details**

Name: Toyland Preschool

Bank: FNB Musgrave

Branch Code: 221126

Account Number: 62316689580

Please use your child's name as reference

39 Steel Road  
Windermere  
Durban  
4001



031 303 7978  
toylandpreschool@gmail.com  
www.toylandpreschool.co.za

### MEDICAL INFORMATION

Allergies: \_\_\_\_\_

Reaction to allergies: \_\_\_\_\_

Infectious diseases child has already suffered:  
\_\_\_\_\_

Serious illnesses/ special needs/ psychological or behavioural disorders etc:  
\_\_\_\_\_

Any operations child has had: \_\_\_\_\_

Chronic medication child is on: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

Medical Aid Company: \_\_\_\_\_

Medical Aid Member Number: \_\_\_\_\_

Medical Aid Telephone Number: \_\_\_\_\_

**I hereby authorise the teacher of the above school to seek any medical advice/attention which my child may require where the family doctor or the school cannot be contacted.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**In the event of an injury at school, we will always contact the parents to inform them as to what has happened and what action should be taken. In the event of a serious injury and we cannot contact the parent or guardian, we shall take the child to the nearest emergency department.**

39 Steel Road  
Windermere  
Durban  
4001



031 303 7978  
toylandpreschool@gmail.com  
www.toylandpreschool.co.za

### **CONSENT AND INDEMNITY**

I \_\_\_\_\_ the parent/guardian of the child  
\_\_\_\_\_ fully understand that whilst Toyland Pre-School is totally committed to the safety and well being of my child, to which end the school shall endeavor to take all necessary steps, nonetheless the school and all its staff paid or unpaid cannot accept liability for the safety and possessions of its pupils and are therefore indemnified against injury, death or damage or loss to the personal possessions of the aforesaid. I hereby give consent for my son/daughter to take part in any extra mural activities of Toyland Pre-School including games, educational tours and excursions, as well as to make use of educational and playground equipment at school.

Signed at Durban on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

#### **N.B:**

**Please bring a copy of your child's Vaccination Record/Clinic Card along with this application as per the Health Department regulations.**

#### **Marketing Consent:**

I hereby give consent to Toyland Preschool to use photos of my child for marketing purposes on our Facebook page, website or where ever we see fit.

**Consent given**

**Consent not granted**

39 Steel Road  
Windermere  
Durban  
4001



031 303 7978  
toylandpreschool@gmail.com  
www.toylandpreschool.co.za

### REGISTRATION AGREEMENT

1. I agree to pay a R550.00 non-refundable enrollment fee to secure my child's place. This fee covers admin and includes **basic stationery**.
2. The fees for 2020 which I will pay per month in advance by the 7<sup>th</sup> of the month are: R1800.00 for half day, R1900.00 for three quarter day, or R2000.00 for full day, which includes all meals, light snacks and **basic stationery**. A R600 yearly levy is payable for all current enrolled children, this is due in January of each new year.
3. New Enrolments will pay a R300 levy fee with their first month's fees.
4. Fees are payable over 12 months including December and January. I agree to pay all 12 month's fees by no later than the 7th day of the month.
5. All monthly/termly fee payments must be made by debit order. We outsource our billing and are only able to offer debit orders, it is also for safety reasons that we do not accept large cash payments. Please complete the attached debit order form and return with your application. Ad hoc payments such as Raffle, Extra mural payments, special events etc. will still be accepted by cash. Please send any ad hoc payments in a sealed envelope with your child's name, amount and what the money is for.
6. Should my child be taken out of school for any period due to being sick, going on holiday etc. school fees are still payable.
7. I will give one full calendar month's written and verbal notice to Toyland's management if I will be withdrawing my child from the school. Failing to do so, I shall be liable for full payment of school fees for one month. I acknowledge that any unpaid fees that are still owed once my child leaves the school will be handed over for debt collection and I will be responsible for payment of the outstanding fees and any fees added on by the debt collector. Please note that notice is not accepted in October, November or December, in other words if you wish to withdraw your child in October, then November and December fees still have to be paid.
8. I agree to not engage in slander in any form or on any medium about the school, while my child attends Toyland or once they leave the school as this may result in legal action.
9. I will settle all fees in full before leaving Toyland Pre-School.
10. I will make sure that all belongings are clearly marked.
11. I will not send toys or sweets with my child to school (unless specifically requested, i.e. birthdays, theme work), as they will be removed and returned at home time.
12. I agree to notify the principal of any absence, if possible before 9am.
13. I agree to not send my child to school if they are suffering from any infectious sicknesses, and to keep them at home for at least 24hrs after starting a course of antibiotics.
14. I authorise Toyland to administer Panado Syrup to my child if deemed necessary and Allergex syrup in the case of an insect sting.
15. I agree to fetch my child by 5:15pm each day or to pay a spot fine of R50.00 late pick up fee for every 15 minutes or part thereof to the teacher on duty or to enroll my child for late care till 17:45pm (Monday to Friday) for an additional R400.00 a month.
16. I understand that there are no refunds of any monies paid under any circumstances, including stationery fees.
17. I understand I will need to supply **specialized stationery** such as pritt glue, ream of paper and roll up crayons.

### I fully understand and acknowledge the above terms:

I \_\_\_\_\_ will be responsible for payment of fees Place \_\_\_\_\_

Signature \_\_\_\_\_ ID Number: \_\_\_\_\_ Date \_\_\_\_\_

39 Steel Road  
 Windermere  
 Durban  
 4001



Phone: 031 303 7978  
 Email: [toylandpreschool@gmail.com](mailto:toylandpreschool@gmail.com)  
 Reg:2014/13712907

**BANK DEBIT ORDER INSTRUCTION / CREDIT CARD AUTHORITY**

Name (Debtor) :		Date :	
Address : LINE 1		Contract No. :	
Address : LINE 2		Debit Amount :	
Address : LINE 3		Commencement Date:	
Contact No :		Abbreviated name as registered with the bank :	<b>TOYLANDPRE</b>

The details of my/our account are as follows:

<b>ACCOUNT HOLDERS NAME:</b>	
<b>I.D NUMBER :</b>	
<b>BANK NAME:</b>	
<b>BRANCH TOWN :</b>	
<b>BRANCH NO. :</b>	
<b>ACCOUNT NO. :</b>	
<b>TYPE OF A/C :</b> (savings, current, transmission)	

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by

giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows

i. On the day (payment date: 1 / 7 / 15 / 25) of each and every month commencing on **25 December 2019** In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

SELECT AN OPTION

<b>QUARTLY PAYMENTS:</b> On the first day of each term	<b>OPTION 1</b>	
<b>MONTHLY PAYMENTS (2020):</b> On the 1 <sup>st</sup> of each month (January – December)	<b>OPTION 2</b>	
<b>MONTHLY PAYMENTS (2020):</b> On the 7 <sup>th</sup> of each month (January – December)	<b>OPTION 3</b>	
<b>MONTHLY PAYMENTS (2020):</b> On the 15 <sup>th</sup> of each month (January – December)	<b>OPTION 4</b>	
<b>MONTHLY PAYMENTS (2019/2020):</b> On the 25 <sup>th</sup> of each month (December- November)	<b>OPTION 5</b>	

ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less that the obligation due;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

**MANDATE**

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

**CANCELLATION**

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

**ASSIGNMENT**

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 20____  SIGNATURE _____
--