

39 Steel Road
Windermere
Durban
4001



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

2021 APPLICATION FORM

FOR OFFICE USE ONLY R300 levy fee paid _____ R550 enrollment fee paid _____
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Child's 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 / 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: _____

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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 contacts name 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) _____

**DOCUMENTS REQUIRED FOR
ENROLLMENT**

The following documents must accompany this enrolment form to deem the enrolment of your Child at Toyland Pre-School effective:

- Copy of your Child's Birth Certificate
- Copy of your Child's Clinic Card
- Copy of Father's ID or Passport
- Copy of Mother's ID or Passport

Banking Details

Name: Toyland Preschool

Bank: FNB Musgrave

Branch Code: 221126

Account Number: 62316689580

Please use your child's name as reference

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MEDICAL INFORMATION

Allergies: _____

Reaction to allergies: _____

Infectious diseases child has already suffered:

Serious illnesses/ special needs/ psychological or behavioral 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 authorize 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.

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CONSENT AND INDEMNITY

I _____ the parent/guardian of the child
_____ fully understand that whilst Toyland Pre-School is totally committed to the safety and wellbeing 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 website or where ever we see fit.

Consent given

Consent not granted

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

Google: a friend: an advert: other: _____

Financial Agreement

1. **REGISTRATION FEE**

This enrolment is subject to the payment of a non-refundable registration fee of R550.00 payable in cash or into the bank account of Toyland Pre-School as set out in clause 1 hereunder. Please use your child's full name as a reference when paying.

2. **ENROLMENT OPTIONS**

Please indicate the enrolment option for your child below by ticking the correct box below

Full Day 06h30 to 17h15pm at R2300 per month

Half Day 06h30 to 12h00 R2100 per month

3. **PERSON RESPONSIBLE FOR PAYMENT**

First Name _____ Surname _____

ID Number _____

4. **PAYMENT METHOD**

School fees can be paid at a FNB bank ATM or via Electronic Funds Transfer or via Debit order.

5. **BANKING DETAILS**

Account name: Toyland Pre-School
Bank: FNB Account no.: 62316689580
Reference: Child's Name

6. **PAYMENT DUE DATE**

Fees are payable on or before the 4th of each month in advance of the month ahead unless paying via Debit order, 7th or 15th. Fees are due for 11 months of the year, from January to November or February to December (you must still pay full fees for December and January whichever option is applicable).

7. **DECEMBER FEES**

Toyland Pre-School is operational until the specified date of closure for the December holidays in the yearly planner. This means that school fees are still due at the beginning of December, for children who enroll from 01st February. The full fee amount will be due irrespective of early closure of the facility for the December holidays. Families that are registered from the previous year must bear in mind that irrespective if the child/ren commences childcare on the 01st of February the next year, tuition fees for January must still be paid. If tuition fees are not paid, we have no alternative but to consider your spot to be vacant. You will run the risk of your childcare spot being filled by another family on our waiting list. There is NO exception to this rule.

8. **OVERDUE/ARREARS/NON-PAYMENT**

A late penalty or unsuccessful debit order fee will be added to all overdue accounts by the 4th of the month following the due date. A minimum penalty fee of R150 will be added to the invoice generated for the new month. In the event of default payment by the second month, a childcare suspension letter will be issued, and services will automatically be suspended until full payment has been received.

Toyland Pre-School reserves the right to employ the services of an external agency for collection of overdue fees, the cost of which will be billed to you as the account holder.

9. **FEE INCREASES**

Fees may be subject to an annual increase at a reasonable rate. At least 2 (two) months' notice will be given in respect of such notice.

10. **DECLARATION**

I, _____ and _____

the parents / guardians of _____ hereby 10.1 Accept that the monthly fee of R_____, as selected in clause 2 of this Financial Agreement, is payable by no later than the 1st day of each month; and 10.2 Acknowledge and agree that all signing parties to this agreement will be held jointly and severally liable in respect of payment of any amount due and payable to Toyland Pre-School; and 10.3 Acknowledge that overdue accounts will be handed over to an external party for collection, the cost of which will be billed to me/us as the account holder/s.

Signed at _____ on this _____ day of _____ 20____.

Father/Legal Guardian

ID Number

Mother/Legal Guardian

ID Number

Witness

ID Number

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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 2021 which I will pay per month in advance by the 4th of the month are: R2100.00 for half day or R2300.00 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 11 months, January to November. I agree to pay all 11 month's fees by no later than the 4th day of the month.
5. Children enrolling from the 1st of February 2021 will need to pay up to and including December's fees. Only children enrolling from January do not pay for December.
6. Preferred payment of monthly/termly fee payments is to 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.
7. Should my child be taken out of school for any period due to being sick, going on holiday etc. school fees are still payable.
8. 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.
9. 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.
10. I will settle all fees in full before leaving Toyland Pre-School.
11. I will make sure that all belongings are clearly marked.
12. 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.
13. I agree to notify the principal of any absence, if possible before 9am.
14. 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.
15. I authorize Toyland to administer Panado Syrup to my child if deemed necessary and Allergex syrup in the case of an insect sting.
16. 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.
17. I understand that there are no refunds of any monies paid under any circumstances, including enrolment and levy fees.
18. 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 _____

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Phone: 031 303 7978
 Email: 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 :	TOYLANDPRE

The details of my/our account are as follows:

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

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorize 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 authorized 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 2020**
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

QUARTLY PAYMENTS: On the first day of each term	OPTION 1	
MONTHLY PAYMENTS (2021): On the 1 st of each month (January – December)	OPTION 2	
MONTHLY PAYMENTS (2021): On the 7 th of each month (January – December)	OPTION 3	
MONTHLY PAYMENTS (2021): On the 15 th of each month (January – December)	OPTION 4	
MONTHLY PAYMENTS (2020/2021): On the 25 th of each month (December- November)	OPTION 5	

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 than the obligation due;

I / We understand that the withdrawals hereby authorized 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 _____