



Well-rounded learning opportunities for your unique child!

DWA EDUCATIONAL TRUST
50 MAIN ROAD
GREEN POINT
8005
TEL: (021)439-8124
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APPLICATION FOR ADMISSION TO PINOCCHIO CRECHE
INCOMPLETED FORMS WILL NOT BE CONSIDERED

Grade Applied For:		Learner's Name:	
Date of Birth:		Form Number:	
Age Requirements:	Pre-school: 2yrs to 5yrs	Grade R: 5yrs turning 6yrs in 2020	
Date Issued:		Date Returned:	

IMPORTANT – PLEASE NOTE

- * Photocopy of or Incomplete Application Forms will not be considered.
- * Following **CERTIFIED** supporting documents must be submitted with the application form:
 - **CERTIFIED** Copy of Child's Birth Certificate
 - **CERTIFIED** Copy of Child's Clinic Card (Ensure its updated) -
 - 2 ID Photos of each parent/guardian
 - **CERTIFIED** Copy of parent's/guardian's Identity Documents (i.e.; Passport or SA ID)
 - Proof of Employment (i.e.; pay slip, or employment letter)
 - **CERTIFIED** Proof of Residence (i.e.; recent accounts, utility bill, etc.)
 - **CERTIFIED** Foreign Citizens: certified copies of residency & permit documents (Home Affairs/Embassy)
 - Copy of 3 months Recent Bank Statement
 - Stop Order forms / proof of payment (Once application is approved)
- *Once the application form and supporting documents are completed, an interview may be arranged for final consideration of enrollment.

FOR OFFICE USE	
Supporting Documents Received	
2 ID photos of each of parent/guardian = Total 4 ID Pics	
Certified Copy of Child's Birth Certificate	
Certified Copy of Parent's Identity Document	
Certified Copy of Clinic Card (WHOLE BOOK)	
Proof of Employment	
Proof of Residence/ Recent Account/ Affidavit	
3 months Bank Statement	
Non-South Africans: Permits/Proof of Residency/ Evidence from Home Affairs/Embassy	

Please be advised that this is a binding contract and a signature is acknowledgement the information supplied is truthful and accurate.

Initial: _____

A. APPLICATION FOR CHILD TO ATTEND PINOCCHIO CRECHE

Name of Child:.....

Child's Home Address:.....

Child's Home Telephone:.....

Child's Birthday:..... GIRL/BOY:.....

Does your child have any health conditions? Please give details.

.....

Which Childhood Illnesses did your child already have? (i.e. Chicken pox, measles, etc.).....

.....

Does your child have any allergies? Please give details.....

.....

Tick Appropriate

Tuberculosis	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Tetanus (DT)	<input type="checkbox"/>	Whooping cough	<input type="checkbox"/>	Influenza	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Is there anything else we should know about your child?.....

.....

Name of Previous crèche Child Attended:.....

Reference at Previous Creche/ECD:..... Tel:.....

Is your child receiving medication? Please give details.....

Is your child registered for and receiving a social grant?.....

Mother's Name:..... Home & Cell Number:.....

Mother's Email:.....

Mother's Home Address:.....

.....

Occupation:..... Mother's ID/Passport No:.....

Name and Address of Employer:.....

.....

Work Contact Number:.....

Father's Full Name:.....

Father's Home and Cell Number:.....

Father's Email:

Father's Home Address:.....

.....

Occupation:..... Father's ID/Passport No:.....

Name and Address of Employer:.....

.....

Work Contact Number.....

Initial: _____

Emergency Contact 1 Name:(NOT PARENT)

Landline and Cell Number:.....

Address:.....

.....

Emergency Contact 2 Name:(NOT PARENT)

Landline and Cell Number:.....

Address:.....

.....

Family Doctor:

Medical Aid: Scheme Name:.....Membership No:.....

B. FEE STRUCTURE AND AGREEMENT

Monthly fee is R1 450-00 per month – subject to annual increases, the first month you pay an additional once-off advance payment of R1 450-00. If you remove your child from our care, you are required to give us one month’s written notice – starting from the next payment date. The advance amount covers the final notice month. All amounts paid are **NON-REFUNDABLE** – so be 100% sure. (This information was accurate at the time of delivery).

UNDERTAKING TO PAY AGREEMENT:

It is hereby agreed that I/We the guardian(s)/parent(s) of the concerned learner(s) shall be jointly responsible and liable for the monthly fees payments, and any additional charges as per the school within agreed upon and reasonable notice.

PARENT(S) / GUARDIAN(S) TO PLEASE SIGN THIS SECTION.

MOTHER / PARENT 1	
<i>Print Name of Mother/Guardian</i>	<i>I.D. Number/Passport Number</i>
<i>Signature of Mother/Guardian</i>	<i>Date of Signature</i>

FATHER / PARENT 2	
<i>Print Name of Father/Guardian</i>	<i>I.D. Number/Passport Number</i>
<i>Signature of Father/Guardian</i>	<i>Date of Signature</i>

<i>If a company or third party is paying the monthly fees, please include a supporting letter of confirmation, on a letterhead.</i>	
Print name of Company or third party responsible for the account (If different to details above)	Company registration number/ third party's I.D. number

WITNESS NAME AND SURNAME:.....

WITNESS SIGNATURE:..... DATE:.....

DWA EDUCATIONAL TRUST: PINOCCHIO CRECHE

Acknowledgement of Debt

1. I/we are legally bound to pay the prescribe crèche fees. I/we commit to all undertakings and we accept responsibility for monies that are due according to the agreement set out within this document, and the terms and conditions listed in the general information.
2. I/we acknowledge that crèche fees are payable in advance and that facilities exist for monthly payments.
3. I/we acknowledge that should any one installment payable not be paid on the due date, then the whole outstanding balance will be due and payable immediately or a month's written notice of termination of this childcare agreement will be issued.
4. I/we choose the contact details set out in the application form, for all correspondence, notices and communication from the crèche to be sent.
5. I/we hereby agree in terms of section 45 of the Magistrate's Courts Act No.32 of 1944 that the crèche shall, at its option, be entitled to institute any legal proceedings for the recovery of any monies owing by me/us to the crèche in respect of such proceedings in terms of section 28 of that Act.
6. I/we acknowledge that one month's written notice or the equivalent fee is required before the withdrawal of any learner from the crèche.
7. I/we confirm that all the particulars that I/we have given is, to the best of my/our knowledge, full, true and accurate.
8. I/we agree to the terms and conditions listed in the Pinocchio Creche general information document.
9. The fees charged to parents are compulsory and decided upon by the Trust Committee.

PAYMENT OPTIONS:

1. The three payment options available to parents are; EFT (Electronic Funds Transfer) via Internet Banking, Debit / Stop order or Cash Deposit.
2. A stop order form maybe requested for all Debit/Stop order applications. Once completed please issue original document to your bank for loading and give Pinocchio Crèche a certified copy of the completed form, for records. *(This is the preferred method)*
3. Please note your child/children's name and surname must be used as the reference, every time a payment is made.
4. The day your child officially starts at the crèche – is the date you'll be liable to pay fees every month. I.e. if your child started on 16 January 2018 then the 16th of every month will be your payment due date.

BANKING DETAILS:

DETAILS WILL BE GIVEN AT THE INTERVIEW – WHERE YOU'LL SUBMITT THIS APPLICATION.

Reference: Child's name and surname

CHILD'S FULL NAME AND SURNAME:.....

.....
MOTHER/GUARDIAN/ PARENT1 SIGNATURE

.....
FATHER/GUARDIAN/PARENT 2 SIGNATURE

DATE OF SIGNATURE:.....

DATE OF SIGNATURE:.....



Your Creditworthiness is an important Asset. Protect it by paying promptly!



www.accountability.co.za



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INDEMNITY FORM

WE, THE UNDERSIGNED

FATHER:.....(FULL NAME AND SURNAME)

MOTHER:.....(FULL NAME AND SURNAME)

OF:.....(CHILD'S FULL NAME AND SURNAME)

HEREBY INDEMNITY

DWA EDUCATIONAL TRUST: PINOCCHIO CRECHE IN RESPECT OF ANY EMERGENCY, INJURY, OR ACCIDENT OF WHICHEVER NATURE AND UNDER WHICHEVE CIRCUMSTANCES THAT OUR CHILD MAY ACQUIRE WHILST HE/SHE IS UNDER THE CONTROL AND CARE OF **DWA EDUCATIONAL TRUST: PINOCCHIO CRECHE.**

*** Medical**

Furthermore, in the event of an accident or medical emergency, and the crèche is unable to reach me/us, I/we hereby give consent for my/our child to be taken forthwith to the nearest emergency clinic/hospital for treatment, with the cost thereof being for my/our account.

*** School Rules and Policy**

Yes I/we agree to the crèche rules and policies, listed in the general information document, by which my/our child and I/we must abide.

*** Disclaimer**

DWA Educational Trust: Pinocchio Crèche does not take any responsibility for any theft or loss of, or damage or destruction to any property of whatever nature brought onto the crèche premises by myself/us or my/our child.

*** Credit Enquiry**

The school may conduct a credit enquiry and/or credit information search about the parent/s with a credit information bureau/person acting as their agents and/or credit grantors for the purpose of making credit risk management related decisions. The crèche may hold and process by computer or otherwise any information obtained about the parent/s as a result of their liability for crèche fees.

PARENT'S SIGNATURE

FATHER:.....

DATE:.....

MOTHER:.....

DATE:.....

Permission Slip

I give the DWA Educational Trust: Pinocchio Creche my permission to:

Make use of photographs, audio recordings and video footage, of my child,

CHILD'S NAME: _____

taken at the crèche during lessons, playing, events and concerts; for training, presentations, research, marketing and advertising on their website, social media, print, radio, and audio visual mediums.

I understand that my permission is on strict condition that the DWA Educational Trust: Pinocchio Creche respect and upholds my child's Safety and Human Rights, and will act responsibly at all times in this regard.

Signed _____
(Parent / Guardian)

Date ____ / ____ / ____

Print Name & Surname: (Parent / Guardian) _____

Mark with a cross in the box:

MOTHER: OR FATHER:

Parent / Guardian's phone number (home): _____

Parent / Guardian's phone number (cell phone) _____