



4YRS TURNING 5YRS IN 2026- AGE GROUP

APPLICATION FOR ADMISSION TO PINOCCHIO CRECHE INCOMPLETED FORMS WILL NOT BE CONSIDERED

Start Date:		Learner's Name:	
Date of Birth:		Form Number:	
Date Issued:		Date Returned:	
PACKAGE OPTION?		PAYMENT PLAN OPTION?	

IMPORTANT – PLEASE NOTE

- 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 OFFICE USE ONLY	
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 and agreement to the terms and conditions.

Initial: _____

A. APPLICATION FOR CHILD TO ATTEND PINOCCHIO CRECHE

Name of Child: _____

Child's Home Address: _____

Child's Home Telephone: _____

CHILD'S BIRTH DATE _____ 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? **Tick Appropriate** ✓

YES		NO	
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IF YES, PROVIDE DETAILS: _____

Tick Appropriate

Tuberculosis		Polio		Diphtheria		Tetanus (DT)		Whooping cough		Influenza		Other	
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Is there anything else we should know about your child? _____

Name of Previous crèche Child Attended: _____

Reference at Previous Crèche/ECD: _____ Tel/Cell: _____

Is your child receiving medication? Please give details _____

Is your child registered for and receiving a social grant?: _____

Mom's Name&Surname: _____ Tel&Cell: _____

Mom's Email: _____

Mom's Home Addr: _____

Mom's Job: _____ Mom's ID/Passport No: _____

Work/Employer Name & Address of: _____

_____ Work Tel: _____

Initial: _____



Dad's Name&Surname:_____Tel&Cell:_____

Dad's Home Addr:_____

Dad's Email:_____

Dad's Job:_____Dad's ID/Passport No:_____

Work/Employer Name & Address of:_____

Work Tel:_____

Emergency Contact 1 Name:_____ (NOT PARENT)

Relationship:_____Tel&Cell:_____

Addr:_____

Emergency Contact 2 Name:_____ (NOT PARENT)

Relationship:_____Tel&Cell:_____

Addr:_____

Family Doctor:_____Tel&Cell:_____

Medical Aid:_____Membership No:_____

B. FEE STRUCTURE AND AGREEMENT

4yrs turning 5yrs in 2026: School Hours: (07:00am to 17:25pm)	
COST ADVANCE FEE: R2 400 <i>The first month you pay an additional advance payment – which covers the one month's written notice period - starting from the date of the next payment due date.</i> NB: SCHOOL FEES ARE CHARGED FOR 12MONTH PERIOD. FOLLOWING PAYMENT OPTIONS: • R2 400,00 Monthly Over 12 months (Payable by the 1st of every month.) • R2 880.00 Paid over 10 months (Payable By: 1 Jan, 1 Feb, 1 Mar, 1 Apr, 1 May & 1 Jul, 1 Aug, 1 Sep, 1 Oct, 1 Nov) • R9 600 TERMS: 3 PAYMENTS FOR THE YEAR (3% DISCOUNT: If paid by; 1 Jan, 1 May & 1 Sept) <u>R9 312.00 TERMS: 3 PAYMENTS FOR THE YEAR</u> • R28 800.00 ANNUAL PAYMENT (5% DISCOUNT: If paid by; 1 Jan) <u>R27 360.00</u>	PACKAGE INCLUDES: * Secure Stimulating Learning Environment * Catered Meals: Breakfast & Lunch * Wholistic Age-Appropriate Development Program * Majority Stationery * Monthly & Quarterly Assessments * Quarterly Report with Portfolio * Supervised Rest time * Regular Parent / Guardian Engagements * Technology Based Messaging & communication. NB: - Parent's participation in center fundraising is important. NB: Parents provides a healthy afternoon snack daily. NO Sweets, chips, fizzy drinks, energy drinks & junk unhealthy snacks permitted, except for birthday parties and special events (within reason). Kindly note: birthdays parties may only take place on Fridays or the last day of the week.

Initial:_____



4yrs turning 5yrs in 2026: HALF DAY PACKAGE School Hours: (07:00am to 13:00pm)	
COST ADVANCE FEE: R2 000 <i>The first month you pay an additional advance payment – which covers the one month’s written notice period - starting from the date of the next payment due date.</i> NB: SCHOOL FEES ARE CHARGED FOR 12MONTH PERIOD. FOLLOWING PAYMENT OPTIONS: • R2 000,00 Monthly Over 12 months (Payable by the 1st of every month.) • R2 400.00 Paid over 10 months (Payable By: 1 Jan, 1 Feb, 1 Mar, 1 Apr, 1 May & 1 Jul, 1 Aug, 1 Sep, 1 Oct, 1 Nov) • R8 000 TERMS: 3 PAYMENTS FOR THE YEAR (3% DISCOUNT: If paid by; 1 Jan, 1 May & 1 Sept) R7 760.00 TERMS: 3 PAYMENTS FOR THE YEAR • R24 000.00 ANNUAL PAYMENT (5% DISCOUNT: If paid by; 1 Jan) R22 800.00	PACKAGE INCLUDES: * Secure Stimulating Learning Environment * Catered Meals: Breakfast & Lunch * Wholistic Age-Appropriate Development Program * Majority Stationery * Monthly & Quarterly Assessments * Quarterly Report with Portfolio * Supervised Rest time * Regular Parent / Guardian Engagements * Technology Based Messaging & communication. NB: - Parent’s participation in center fundraising is important. NB: Parents provides a healthy afternoon snack daily. NO Sweets, chips, fizzy drinks, energy drinks & junk unhealthy snacks permitted, except for birthday parties and special events (within reason). Kindly note: birthdays parties may only take place on Fridays or the last day of the week.

PAYMENT PROCEDURES AND CONDITIONS:

1. The monthly tutor center fee, subject to annal increases, are for full day services from 7:00am to 17:25pm and 14:00pm the day before a public holiday. ***The first month you pay an additional advance tutor fees payment – which covers written notice period - starting from the date of the next payment due date.*** Banking details will be issued.

To the extent allowed by law, all fees paid are NON-REFUNDABLE, we therefore request parties to be certain before entering into this agreement.

2. Fees are payable over a 12 (twelve) month period, 10 (ten) month period, 3 (three) terms or annual period which includes December and January. Termly and annual payments will attract discounted rates if paid by deadline indicated on the payment plan breakdown.
3. Fees are payable **IN ADVANCE** by the 1st (First) of the month. All school fees are charged for 12 months.
4. Fees are not refundable, nor shall any amount be set off should your child be absent for whatsoever reason.
5. **IMPAQ REGISTRATION AND PROGRAMME FEE:** This amount is payable directly to IMPAQ upon registration.

PAYMENT METHODS:

1. All payments must paid via EFT (Electronic Funds Transfer) via Internet Banking, Debit / Stop order or Cash Deposit in ATM.
2. Debit/Stop orders may be arranged by each parent directly with their own bank. Once completed, please supply Pinocchio Crèche with a certified copy thereof for our records. *(This is the preferred method)*
3. Please note, use your child/children’s name and surname as the reference, every time a payment is made.
4. Banking details will be furnished at the interview / meeting upon receipt of the application.



UNDERTAKING TO PAY AGREEMENT:

It is hereby agreed that I/We the guardian(s)/parent(s) of the concerned child(ren) shall be jointly responsible and liable for payment of the monthly fees as well as any additional charges relating to his/her admission to the tutor center.

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>	
<i>Print name of Company or third party responsible for the account (If different to details above)</i>	<i>Company registration number/ third party's I.D. number</i>

CONFIDENTIALITY AND PROCESSING OF INFORMATION

The Crèche takes all reasonable steps to:

1. Adhere to the The Protection of Personal Information Act , The General Data Protection Regulations and The Promotion of Access to Information Act.
2. treat personal information as strictly confidential;
3. take appropriate technical and organisational measures to ensure that personal information is kept secure and is protected against unauthorised or unlawful processing, accidental loss, destruction or damage, alteration, disclosure or access;
4. promptly notify data subjects in the event of any unauthorised use, disclosure or processing of personal information;
5. provide reasonable evidence of compliance with regard to obligations under this policy on reasonable request; and
6. retain personal information only for the period for which it is required by law, unless the data subject has consented to a longer retention period;
7. only share personal information with employees and third party service providers for purposes relating to the data subjects' continued employment future employment or for any other legitimate purpose.

I/we hereby:

1. Confirm that all personal information and consents furnished herein to DWA EDUCATIONAL TRUST: Pinocchio Crèche is provided voluntarily, and is true and correct.
2. acknowledge that the submission of my personal information constitutes an indefinite, unconditional consent to the processing of such information. I hereby consent to the Crèche or its duly authorised agent processing the information herein contained, which includes but is not limited to conducting screening checks on my credit history.
3. indemnify the Crèche against any liability that may result from the processing of my personal information, which includes but is not limited to the unintentional disclosure of my personal information and reliance on inaccurate information provided to the Crèche.



PARENT/GUARDIAN 1 NAME & SURNAME: _____

PARENT / GUARDIAN 1 SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN 2 NAME & SURNAME: _____

PARENT / GUARDIAN 2 SIGNATURE: _____ **DATE:** _____

WITNESS NAME AND SURNAME: _____

WITNESS SIGNATURE: _____ **DATE:** _____



**DWA EDUCATIONAL TRUST
PINOCCHIO CRECHE
Acknowledgement of Debt**

1. By entering into this agreement I/we confirm that I/we understand our financial obligation to the center and agree to be legally bound to pay the prescribe tutor center fees as well as additional charges relating to my child/ren admission to the Pinocchio Creche Tutor center and Impaq. 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. All children must be at center by **8:30am** and collected between 15:00pm and 17:25pm for Full Day Options, and 13:00pm for Half Day Options or 2pm the day before a public holiday. We request parties to respect this policy as any time hereafter falls outside our staff's working hours, they too have to travel home and have families to attend to. **Any party failing to adhere hereto will be issued with a penalty of R10 per 1 minute after 13:00pm, 17:30pm or 2pm when applicable. Payment of the penalty sum must be made by next fees payment due date – via EFT.**
3. I/we acknowledge that tutor center fees are payable monthly in advance and that facilities exist for said monthly payments.
4. 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.
5. I/we choose the contact details set out in the application form, for all correspondence, notices and communication from the center to be sent.
6. 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.
7. I/we acknowledge that one month's written notice or the equivalent fee is required before the withdrawal of any learner from the center.
8. I/we confirm that all the particulars that I/we have given is, to the best of my/our knowledge, full, true and accurate.
9. I/we agree to the terms and conditions listed in the Pinocchio Crèche's general information document with the terms and conditions.
10. The fees charged to parents are compulsory and decided upon by the Management Committee.

CHILD'S FULL NAME AND SURNAME: _____

MOTHER/GUARDIAN/ PARENT1 SIGNATURE

FATHER/GUARDIAN/PARENT 2 SIGNATURE

DATE OF SIGNATURE: _____

DATE OF SIGNATURE: _____

**KINDLY NOTE – WE MAKE USE OF CREDIT BUREAUS AND DEBT COLLECTION AGENTS TO VERIFY INFORMATION,
CHECK AFFORDABILITY AND COLLECT OUTSTANDING PAYMENTS.**



INDEMNITY FORM

I/we, the undersigned

FATHER: _____ (FULL NAME & SURNAME)

MOTHER: _____ (FULL NAME & SURNAME)

OF: _____ (CHILD'S FULL NAME & SURNAME)

Hereby:

1. indemnifies and holds DWA EDUCATIONAL TRUST: PINOCCHIO CRECHE (hereinafter referred to as "the Crèche"), its Trustees, Director and staff harmless in respect of any emergency, injury and/or accident, of whatsoever nature, while in the care of the Crèche, if the said emergency, injury or accident was not attributed to the gross negligence of the Crèche;
2. agree that, if the Crèche is unable to reach me/us, and it is the opinion of the Director or staff member of the Crèche that medical treatment is deemed necessary for my/our child, the Director or staff member shall have the authority to remit my/our child to the nearest medical facility in the surrounds, for the necessary treatment, the cost of which I/we acknowledge I/we will be responsible for;
3. acknowledge that I/we have read and understand the Rules and Policies of the Crèche and agree to abide and be bound thereby;
4. confirm that I/we shall ensure that no toys, jewelry and/or items of value are brought to the Crèche as I/we have been advised that the Crèche is unable to secure same. I/we therefore indemnify the Crèche, its Trustees, Directors or staff against any theft, loss, damage or destruction to any property, of whatever nature, brought onto the Crèche premises by myself/us or my/our child.
5. Agree and consent to the Crèche or their duly authorized agents conducting credit enquiries and/or credit information searches on me/us with any credit information bureau 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.
6. Understands that sending their child to the creche is voluntary and no one is forcing anyone to enter the premises to make use of this service.
7. Agrees to adhere to all Covid-19 Health Protocols and Procedures laid out in Department of Social Development's Standard Operating Procedures and Guidelines for early childhood development programs and Partial Care Facilities on Covid-19, Minister of Social Development's Directions on Covid-19 Gazetted on 10 July 2020, Regulations as per the Disaster Management Act, Regulations as per the Basic Education Department and Department of Health Guidelines.

PARENT'S SIGNATURE

FATHER: _____

DATE: _____

MOTHER: _____

DATE: _____



Permission Slip

I, _____, the parent / legal guardian of _____

Do hereby:

1. authorise and give DWA Educational Trust: Pinocchio Crèche (hereinafter referred to as “the Crèche”) my permission to take and make use of any audio recordings and images of me and my minor child/ren which may include but is not limited to photographs, and video footage obtained during daily activities, programs and events of the Crèche. The aforementioned images may be used for any purpose deemed appropriate by the Crèche, which may include but is not limited to informational purposes as well as the promoting and marketing of the Crèche and its activities.
2. waive the right to inspect and/or approve the use of any image prior to its publication.
3. consent to my/our names being displayed in connection with the appearance of my/our image.
4. consent to information, including my/our images, being stored, accessed or disclosed outside of the Republic of South Africa.
5. I/we hereby release the Crèche from all liabilities arising out of the use of my/our names and/or images in any promotional material.
6. I confirm that I have the necessary authority to consent hereto.
7. I understand that my permission is on strict condition that the Crèche respect and upholds my child’s safety and Human Rights and will act responsibly at all times in this regard.
8. I confirm that I have read and understood these terms prior to signing it.

Signed _____
(Parent / Guardian)

Date ____ / ____ / ____

Print Name & Surname: (Parent / Guardian) _____

Mark with a cross in the box who signed:

☐

MOTHER:

☐

OR

FATHER: OR LEGAL

☐

GUARDIAN:

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

Parent / Guardian’s phone number (cell phone): _____

Parent / Guardian’s email address: _____

