HAASENDAL KIDDIES CAMPUS

PRE-PRIMARY AND NURSERY SCHOOL

REGISTRATION FORM 2027

Welcome to Brackenfell Kiddies Campus — where little minds grow, hearts are nurtured, and bright futures begin.

Building bright, happy futures

Confident and ready for school

Kind hearts and strong friendships

Physical Address:
Piet Fransman Street, Haasendal, Kuils River

Telephone:
074 131 0256

Email:
info@hdkc.co.za

Website:
https://www.hdkc.co.za

Learner's Name: .....

Age: .....

DOCUMENTATION REQUIRED – FOR OFFICE USE

This Registration Agreement is entered into between **Haasendal Kiddies Campus (hereinafter referred to as "the School")** and the Parent/Guardian.

No application will be accepted without all required documentation attached, together with a fully completed and signed Registration Form.

DOCUMENTATION REQUIRED BY THE SCHOOL – FOR OFFICE USE

	Mother's ID Document		Copy of Medical Aid Card		Signed General Indemnity Form
	Father's ID Document		Proof of Residential Address		Signed Financial Terms and Conditions
	Copy of Birth Certificate		Proof of Income (both parents)		Signed General Information and Rules
	Copy of Vaccination Record		Copy of Latest School Report		Credit Check Form
	6-Year Injection Certificate		2 Passport Photos		Transfer Card

Place photo here

FEE STRUCTURE

No application will be accepted without all required documentation attached, together with a fully completed and signed Registration Form.

Baby	R4 850.00	Registration Fee	R650.00
Potty	R4 150.00	Daily Fee	R350.00
Full day	R3 950.00	Mattress (Hiring fee-once off)	R200.00
Half day	R3 600.00	Admin Fee (Late payment)	R100.00

Referred by:

FOR OFFICE USE

DATE APPLICATION WAS RECEIVED: _____ APPLICATION APPROVAL DATE: _____

APPLICATION NR: _____ CLASS: _____ COMMENCEMENT DATE: _____

FOR OFFICE USE – COMMENTS:

Previous school attended: _____

Reason for leaving: _____

_____

IF LEARNERS WILL BE MAKING USE OF TRANSPORT, PLEASE FILL IN TRANSPORT PERSON'S DETAILS AND ATTACH COPY OF PDP

NAME AND SURNAME: _____

CONTACT DETAILS OF DRIVER: _____

MAKE AND MODEL OF VEHICLE: _____

LICENCE AND REGISTRATION: _____

ALTERNATIVE DRIVER: _____

SECTION A: LEARNER'S DETAILS

SURNAME _____ FULL NAMES (as on birth certificate) _____

PREFERRED NAME _____ ID NUMBER

DATE OF BIRTH (DD/MM/YYYY) _____ AGE (YEARS/MONTHS) _____ GENDER _____ YEAR APPLIED FOR _____

HOME LANGUAGE: _____ LANGUAGE OF INSTRUCTION: _____

NO OF CHILDREN IN FAMILY: 1 2 3 4

NAMES OF SIBLINGS	SCHOOL ATTENDING	SCHOOL FEES PER MONTH
1.		R
2.		R
3.		R

NATIONALITY: _____ COUNTRY OF ORIGIN: _____ RELIGION: _____

SECTION B: MEDICAL INFORMATION

ALLERGIES: _____

SPECIAL NEEDS: _____

FAMILY DOCTOR: _____ (NAME & SURNAME) CONTACT NR: _____

MEDICAL AID SCHEME: _____ MEDICAL AID CARD NUMBER: _____

Has the learner received all the necessary immunizations?

If not, please specify which immunizations were not received including reasons:

_____

_____

Please specify if the learner has suffered from the following illnesses (please indicate vir an X)

ASTHMA		MEASELS		TICK BITE FEVER	
CHICKEN POX		GERMAN MEASLES		DIPHTHERIA	
DIABETES		MUMPS		WHOOPING COUGH	
MALARIA		POLIO		EPILEPSY	
TUBERCULOSIS (Law abiding to entry school)					

BLOOD TYPE:	O+	O-	A+	A-	AB+	AB-	B+	B-	UNKNOWN

SECTION C: MEDICAL INFORMATION (Continue)

Does the learner suffer from any other illnesses or disabilities or has the learner suffered from any other illnesses of disabilities: YES NO

If yes, please specify details: _____

_____

Is the learner receiving medical treatment for any conditions? YES NO

If yes, please specify details: _____

_____

Has the learner suffered from or been treated for any psychological or emotional upset: YES NO

If yes, please specify details: _____

_____

Has the learner had any medical operations: YES NO

If yes, please specify details: _____

_____

Should there be any other vital relevant information which is necessary, please specify:

_____

_____

SECTION D: ADMISSION POLICY FOR CHILDREN WITH DISABILITIES

"The School" will ensure that each child affected by a physical or other disability is treated with respect and dignity.

1. There will be no discrimination against any child, and all children will be treated equally.
2. Universal precautions will apply to everyone.
3. Guidance and referral services will be provided where necessary.
4. We will ensure that support systems are implemented to meet the needs of children with disabilities, as far as our resources reasonably allow.

Note: "the School" is not fully adapted to meet the needs of all learners with special needs, and not all staff members are formally trained to work with learners with special needs. Learners will not be excluded from participation in any activities or programmes, provided that such participation does not fundamentally alter the programme for other children. Should this become a concern, the individual case will be investigated, and the necessary options will be discussed and, where possible, implemented. However, "the School" reserves the right to make alternative decisions regarding the learner's continued operation within the facility and/or where the safety of other learners and staff may be affected.
We endeavour to implement an ongoing staff development plan in order to equip and train staff to accommodate all learners to the best of their abilities.

I (parent/guardian) hereby agree to all terms of the "the School's" policy regarding children with disabilities.

Learner disability: _____

Medication required daily: Name:_____ Dosage: _____ Time Given:_____

Referred Doctor: _____ Contact nr: _____

Signature of parent / guardian: _____

Date: _____

Emergency contact nr: _____

SECTION E: CHILD PROTECTION POLICY

In our aim to give children the very best start in life, "the School" undertakes to uphold and protect the rights, safety and wellbeing of all children in accordance with the Constitution of the Republic of South Africa and the Children's Act. This responsibility applies to all children on our premises and, wherever reasonably possible, during authorised off-site activities.

We actively promote and maintain a culture of safety. We acknowledge the serious nature of child abuse and are committed to preventing any form of physical, emotional, psychological or sexual abuse, neglect or exploitation within our school environment.

In the unlikely event that an incident occurs (whether on or off the school premises), the school will respond promptly, responsibly and in accordance with applicable legislation. "the School" will cooperate fully with the South African Police Service, the Department of Social Development and Social Welfare and any other relevant authorities as required by law.

We remain vigilant and monitor the wellbeing of our children carefully. However, while maintaining a duty of care, we also endeavour to remain balanced and objective and will not assume or pursue allegations where no reasonable grounds or evidence exist.

Signature (Parent / Guardian): _____

Date: _____

SECTION F: DETAILS OF FATHER / STEPFATHER / GUARDIAN

_____ _____

SURNAME FULL NAMES (as on ID)

_____

PREFERRED NAME ID NUMBER

RELATIONSHIP: _____ MARITAL STATUS: _____

OCCUPATION: _____ EMPLOYER: _____

ADDRESS 1 – RESIDENCE	ADDRESS 2 – WORK	ADDRESS 3 – POSTAL
_____	_____	_____
_____	_____	_____
CODE _____	CODE _____	CODE _____

TEL. HOME: _____ TEL. WORK: _____ CELL NR: _____

E-MAIL: _____ (please write legibly and correct caps)

PARENTAL STATUS: LEARNER IS LIVING WITH PARENT ☐ LEARNER'S LEGAL GUARDIAN ☐

ACCESS RIGHTS TO LEARNER ☐ ACCISS RIGHTS IN AN EMERGENCY ONLY ☐

SECTION G: DETAILS OF MOTHER / STEPMOTHER / GUARDIAN

SURNAME: _____ FULL NAMES (as on ID) _____

PREFERRED NAME _____ ID NUMBER

RELATIONSHIP: _____ MARITAL STATUS: _____

OCCUPATION: _____ EMPLOYER: _____

ADDRESS 1 – RESIDENCE	ADDRESS 2 – WORK	ADDRESS 3 – POSTAL
_____	_____	_____
_____	_____	_____
CODE _____	CODE _____	CODE _____

TEL. HOME: _____ TEL. WORK: _____ CELL NR: _____

E-MAIL: _____ (please write legibly and correct caps)

PARENTAL STATUS: LEARNER IS LIVING WITH PARENT ☐ LEARNER'S LEGAL GUARDIAN ☐
ACCESS RIGHTS TO LEARNER ☐ ACCISS RIGHTS IN AN EMERGENCY ONLY ☐

SECTION H: DETAILS OF ACCOUNT HOLDER

SURNAME _____ FULL NAMES (as on ID) _____

PREFERRED NAME _____ ID NUMBER

RELATIONSHIP: _____ MARITAL STATUS: _____

OCCUPATION: _____ EMPLOYER: _____

ADDRESS 1 – RESIDENCE	ADDRESS 2 – WORK	ADDRESS 3 – POSTAL
_____	_____	_____
_____	_____	_____
CODE _____	CODE _____	CODE _____

TEL. HOME: _____ TEL. WORK: _____ CELL NR: _____

E-MAIL: _____ (please write legibly and correct caps)

SECTION I: DECLARATION AND ACCEPTANCE OF FINANCIAL RESPONSIBILITY

I, the undersigned, _____hereby certify that the information provided by me in this application is complete and accurate.

We accept full responsibility for the due and punctual payment of all school fees (which are non-refundable) and any other amounts that may become payable to "the School", including fees related to participation in or attendance of any extracurricular activities.

If one parent is unable to pay the fees, the other parent will remain fully liable for the payment of school fees.

I hereby accept and agree to the Financial Terms and Conditions.

Note: Signatures of both the account holder and the second parent are required.

SIGNATURE OF ACCOUNT HOLDER: _____ DATE: _____

SIGNATURE OF 2ND PARENT: _____ DATE: _____

SIGNATURE OF SCHOOL REPRESENTATIVE: _____ DATE: _____

SECTION J: MEDICAL CONSENT

Important: In a critical situation, please be aware that there may not be time to consult your child's records. "the School" reserves the right to utilise the quickest medical service available.
I, the undersigned, being the parent/legal guardian of:

Child's Full Name: _____

Hereby authorise the appointed school practitioner and/or authorised representative to administer any emergency medical treatment deemed necessary.

Signature of Parent/Guardian: _____
Date: _____

Emergency Contact Information
In the event that we are unable to reach a parent/legal guardian, please provide a third contact who is authorized to give consent on your behalf:

Third Contact Name: _____
Relationship: _____
Tel Home: _____ Tel Work: _____ Cell: _____
Email: _____

Parent/Guardian Details
Surname: _____
Full Names (as on ID): _____
Preferred Name: _____
Relationship to Child: _____
Tel Home: _____ Tel Work:_____ Cell: _____
Email: _____

SECTION J: MEDICAL CONTINUE – MEDICATION ADMINISTRATION GUIDELINES

Medication – Please read carefully and comply with ALL requirements regarding medication on "the School" premises:

1. Learners may only return to school once they have completed a 3-day course of antibiotics.
2. All medication must be signed into the medicine register. Medication WILL NOT be administered without written consent from a parent. "the School" will not be held responsible for any medication not recorded in the register.
3. All medication must be sent to school in a sealed bag. All bottles and zip-lock bags must be clearly marked with your child's name.
4. Medication left at school will be discarded after 24 hours.
5. Please attached a copy of your medical aid card.

Medical Aid Number: .....

Provider: .....

Main Member: .....

SECTION K: DECLARATION

We, the undersigned, hereby certify that the information provided by us in this application is complete and accurate. We acknowledge and agree to the following conditions:

1. We accept that "the School" is a school based on Christian principles and undertake not to act in any way that undermines this foundation.
2. The learner's application may be reconsidered if any relevant or important information, which should have been disclosed during the application process, was withheld.
3. We have read " the School's" CODE OF CONDUCT and agree to abide by it rules and expectations.

Note: The signatures of **both parents and/or guardians** are required.

Signatures:

Parent/Guardian 1: _____ Date: _____

Parent/Guardian 2: _____ Date: _____

FINANCIAL TERMS AND CONDITIONS

1. ACCEPTANCE OF LIABILITY

1.1. The person(s) responsible for the account (hereafter "the responsible person"), as set out in "the School's" standard Application for Admission ("the Application Form"), hereby assumes liability for the account, alternatively binds himself/herself as co-debtor and surety for payment of all school fees to "the School".

1.2. The guardian, as described in the Application Form, binds himself/herself as surety and co-debtor for the payment of all school fees by the responsible person, or any other payments that may arise from this agreement.

2. TERMS OF PAYMENT

2.1 It is recorded that school fees will be reviewed and adjusted on an annual basis.

2.2. School fees for 12 months are payable in advance by the responsible person, on or before the first (1st) day of each month.

2.3. This is an ongoing contract. In other words, should your child be absent from school due to holiday, sickness, isolation, lockdown, or any other reason, you will remain liable for school fees during the period of absence.

2.4. Payments are to be made via direct deposit or EFT into the school's account without any deductions. Proof of payment must be emailed or handed in to the school.
Email: **info@hdkc.co.za**

2.5. All school fees must be paid upfront, on or before the first (1st) of every month. No deposits or other amounts are redeemable.

2.6. "the School" reserves the right to charge an **administration fee of R100.00 per day should fees not reflect in our account by the 3rd of each month.**

2.7. All learners enrolling at ''the School" are required to pay the full registration and monthly fees before the application can be considered successful. Once-off registration fees, as well as the starting month's fee, must be paid upfront. All payments are non-refundable once deposited into the school's account.

2.8. All existing payments must be paid into the school's account **no later than 3 January** (for current learners) for the month of January, **or by the 15th of December** (for new learners attending the next year). Late payments will incur an administration fee of R100.00 per day. This applies to both new and existing learners for the following year.

2.9. When registering your child/ren at "the School", you are required to pay a R650.00 registration fee + R200.00 mattress fee, as well as one month's school fees.

Initial: .....

2.10. Once a learner has been enrolled and captured in our system, he/she will be assigned a **HKC code**. This code must be used as a reference for all monthly fee payments. Failure to do so will result in **a fee of R150.00**

2.11. Any refund made by the school will incur a R150 release fee. Parents must ensure the correct amount is entered before proceeding with payment.

2.12. All **Grade RR & Grade R** learners' school fees include December, even if the learner leaves in November.

2.13. In the event of any pandemic, lockdown, or school closure for any period (e.g., COVID-19), parents remain responsible for payment of school fees. If a child terminates enrolment during such an event, the **2 (two) months' written notice** still applies.

3. BREACH OF CONTRACT

3.1. If the undersigned surety, responsible person, or guardian commits a breach of any term of this agreement, the school may, at its sole discretion:

3.1.1. Refuse the scholar entry to the school premises until the breach has been remedied; or
3.1.2. Claim damages from the responsible person and/or the sureties and guardian; or
3.1.3. Take any legal steps deemed necessary.

4. GENERAL

This Agreement constitutes the entire agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this Agreement, or any provision or term thereof, nor of any agreement, bill of exchange, or other document issued or executed pursuant to or in terms of this Agreement, and no settlement of any disputes arising under this Agreement, and no extension of time, waiver, relaxation, or suspension of any of the provisions or terms of this Agreement or of any agreement, bill of exchange, or other document issued pursuant to or in terms of this Agreement, shall be binding unless recorded in a written document signed by the parties.

Any such extension, waiver, relaxation, or suspension which is given or made shall be strictly construed as relating strictly to the matter in respect of which it was made or given.

5. LEGAL FEES

If "the School" takes legal action against the responsible person, he/she will be liable for all legal fees on an attorney-client scale, as well as collection costs, commission, interest and tracing fees.

Initial: ……. ……

6. CANCELLATION

6.1. The responsible person undertakes to give **two full calendar months' written notice** of termination of the enrolment of a learner on the school's termination of contract form. Failing to provide such notice will result in liability for the full amount of the following two months' fees.

6.2. "the School" shall be entitled to terminate the enrolment of any scholar under the following circumstances:

6.2.1. Summarily, and with immediate effect, if the learner is guilty of an offence which, in the sole opinion of the school, renders his/her continued enrolment impossible. In such an event, the responsible person, after deduction of all amounts owing to the school, will be refunded a pro-rata proportion of any fees already paid in advance for the learner.

7. FUNDRAISERS

"the School" is a private institution; therefore, fundraisers are conducted throughout the year to support the upgrading and expansion of our premises and classrooms. Parents are responsible for all sponsor forms or any fundraising forms/raffles sent out. Any lost or misplaced forms remain the responsibility of the parent.

8. BANK ACCOUNT INFORMATION:

Name: Neuro-Edu-Group, **Bank:** Standard Bank, **Account number:** 272 897 256, **Branch Code:** 051001

ACCEPTANCE

We, the undersigned, hereby accept the **Financial Terms and Conditions** and agree to comply with all terms and conditions contained herein.

SIGNED AT: _____ ON THIS _____ DAY OF _____ 20_____.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

SIGNATURE OF ACCOUNT HOLDER: _____ DATE**:** _____

GENERAL INDEMNITY FORM

"the School", its Owners, Principal and Staff undertake to implement reasonable and generally acceptable measures regarding the safety and well-being of all learners, educators and visitors to our School.

Due to the nature of the matter, the Owner, Principal and Staff **cannot accept responsibility** for accidents that may occur in the classroom, on the school grounds, or on the play fields.

Each parent is therefore requested to complete this form as proof that they accept the position of "the School", the Owner, Principal and Staff as set out above, as well as the risks involved.

PARENT / GUARDIAN DETAILS

Full Names and Surname: _____
Address: _____
Tel: _____

LEARNER DETAILS

Full Names and Surname: _____

I, the undersigned, as parent or guardian of the above learner(s), who is/are enrolled at and accepted by "the School", hereby indemnify "the School", the Owners, Principal and Staff for any losses or damages in general, however caused, that I may suffer as a result of any occurrences involving my child, whether as the causing or suffering party, while participating in any school activity.

I authorize my child to participate in all excursions undertaken by his/her group or class during school days as part of his/her learning experience. Where applicable, I agree that my child may utilize the transport arranged by the school for such excursions. I further indemnify "the School", Owner, Principal, and Staff for any damages or losses I may suffer under such circumstances and voluntarily accept the risks associated herewith.

If my child uses the bus service to and from school, I acknowledge that I am aware that this service is operated by an independent contractor, and that neither "the School", nor the Owner, Principal and Staff, accept any responsibility for it. *(The Owner and Principal have, however, set conditions to ensure that the bus company complies with safety regulations, and that the driver is sober, experienced, and has a proven, unblemished record.)*

SIGNED AT: _____ ON THIS _____ DAY OF _____ 20_____.

_____ _____
PARENT/GUARDIAN (Print Name) PARENT/GUARDIAN (Sign)

GENERAL INFORMATION AND RULES

1. Contact the school immediately regarding any enquiries, complaints, or suggestions.
2. Children must be dropped off at school clean and properly dressed.
3. Remember to complete the medicine register in full, and remove all medicine from your toddler's bag, handing it in at the office.
4. Kindly keep your child at home in the event of any serious or contagious infections or illnesses, e.g., measles, mumps, tonsillitis, lice, etc.
5. In the event of any pandemic (e.g., COVID-19), parents are to follow the COVID-19 Policy and Procedure. Any infected learner must be kept at home in quarantine, and the school must be informed immediately. The learner may return only after 14 days and with confirmation from a doctor of a negative outcome.
6. All your child's belongings must be clearly marked. "the School" will not be held responsible for lost items. Should an item go missing, please contact the school immediately.
7. The office hours of "the School" are from 06:00 – 18:00. A penalty will apply if your child is collected later than the stated office hours. You will be charged R10.00 per minute.
8. This is an ongoing contract. In other words, should your child be absent due to holiday, sickness, etc., you remain accountable for school fees during the period of absence.
9. "the School" reserves the right of admission. Should a parent or learner behave in an unacceptable manner, notice will be given with immediate effect.
10. Parents are informed that "the School" makes use of social media and other forms of visual content for marketing and official communications and therefore reserves the right to use images for these purposes. Only images or footage of children for whom explicit social media permission has been granted will be used. In accordance with the POPI Act, parents are not permitted to view any video footage of incidents involving their child or other children. This includes accidents, conflicts, or any other events at school. "the School" is legally prohibited from sharing such recordings to protect the privacy of all learners.
11. Permission is granted for an occupational therapist to assess your child to support their development and progress.
12. Once a learner has been assessed and placed in their correct age group, parents may not refuse the placement.
13. **"the School" is cashless.** We do not accept any cash for sales or events. All payments must be made via EFT into the school's account using your **HKC code** as reference.

Toiletries and Stationery:

- If you fail to forward the required toiletries, the cost will be charged to your account (R300 for toiletries, stationery will be charged according to the learner's needs).
- Should a replacement be required, the class teacher will send a request via the weekly letter.

I fully comprehend and understand the rules of "the School" and agree to abide by them.

SIGNED AT: _____ ON THIS: _____ DAY OF _____ 20_____.

SIGNATURE OF MOTHER: _____ DATE: _____

PRINTED NAME OF MOTHER: _____

SIGNATURE OF FATHER: _____ DATE: _____

PRINTED NAME OF FATHER: _____

STATIONERY AND TOILETRY REQUIREMENTS

Please find below the list of stationery requirements for the year

1-3 years	3-5 years	Grade R
2 x Wood(art) glue	2 x Wood(art) glue	2 x Wood(art) glue
4 x Jumbo Pritt	4 x Jumbo Pritt	4 x Jumbo Pritt
1 x Ream of White copy paper (500 Sheets)	1 x Ream of White copy paper (500 Sheets)	1 x Ream of White copy paper (500 Sheets)
2 x Bright color paper pad	2 x Bright color paper pad	2 x Bright color paper pad
1 x 30 Page flip file	1 x 30 Page flip file	1 x 30 Page flip file
1 x Pack Jumbo wax crayons	1 x Pack Jumbo wax crayons	1 x Pack Jumbo wax crayons
1 x A5 Hardcover book (message book)	1 x A5 Hardcover book (message book)	1 x A5 Hardcover book (message book)
1 x Jumbo Kiddies paintbrush	1 x Jumbo Kiddies paintbrush	1 x Jumbo Kiddies paintbrush
1 x Pack pipe cleaner	1 x Pack pipe cleaner	1 x Pack pipe cleaner
1 x Pack glitter	1 x Pack glitter	1 x Pack glitter
1 x Pack Beads/buttons	1 x Pack Beads/buttons	1 x Pack Beads/buttons
1 x 10-page black paper	1 x 10-page black paper	1 x 10-page black paper
1 x wooden finger grip puzzle	1 x 8/16 puzzle (3-4 years)	1 x 24/48-piece puzzle
	1 x 16/24-piece puzzle (4-5 years)	
1 x Art shirt/apron	1 x Art shirt/apron	1 x Art shirt/apron
1 x A4 plastic envelope (for Art/Letters)	1 x A4 plastic envelope (for Art/Letters)	1 x A4 plastic envelope (for Art/Letters)
2L Ice-cream container	2L Ice-cream container	2L Ice-cream container
1 x Cot mattress size 115cm x 54cm	1 x Cot mattress size 115cm x 54cm	1 x Cot mattress size 115cm x 54cm

Please find below the list of toiletry requirements per term

1-3 years	3-5 years	Grade R
5 x toilet paper rolls	5 x toilet paper rolls	5 x toilet paper rolls
1 x Hand sanitizer	1 x Hand sanitizer	1 x Hand sanitizer
1 x Box of tissues	1 x Box of tissues	1 x Box of tissues
1 x Pack of wet wipes (80's)	1 x Pack of wet wipes (80's)	1 x Pack of wet wipes (80's)
1 x Air Freshener	1 x Air Freshener	1 x Air Freshener

Daily requirements

1 x set of clean clothes (marked with your child's name on)
2 x clean fitted sheets size 115cm x 54cm (Return every Monday)
1 x light fleece blanket (only in Winter)
Snack box and cool drink for snack time

All requirements must be sent to school on time. If you neglect to do so, it will be accredited to your account to the value of and is payable immediately.

I, _____ fully understand the rules of the school regarding the stationery and toiletries.

SIGNED AT _____ ON THIS _____DAY OF _____20_____.

MOTHER: _____(sign) FATHER: _____ (sign)