



ABC Kidz

Educare

“We nurture happiness”

ENROLMENT FORM **Ad Hoc Parents**

Welcome to all PARENTS and KIDS

Please read the following documents carefully and familiarize yourself with the general running of ABC KIDZ EDUCARE

Please ensure to sign the documents detailed below and provide the signed copies back to the office as soon as possible.

By signing the following documents, you declare that you have read and understood the policies of ABC Kidz Educare. You agree to comply with all rules and regulations and acknowledge that it is your responsibility to make yourself familiar with the policies.

ABC KIDZ EDUCARE ENROLMENT FORM 2022 AD HOC PARENTS

Name of child :

Name of parent :

Date of birth :

Date of joining ECD Centre :

Item	Page	
Cover page	1	
Registration pack Index	2	
Parent and child details	3	
Permission for your child to be photographed	6	
Authorisation for your child to be collected and attended to	7	
Medical contacts	8	
Authorisation for payment of fees	9	

PARENTS NOT TO COMPLETE: FOR OFFICE USE ONLY

Document	Yes	Comment
Original completed application form		
Mother ID		
Father ID		
Childs birth certificate		
Clinic card/record of vaccinations		
Proof of enrolment fee payment		
Other		

Payment record

Month	Date	Type	Month	Date	Type	Month	Date	Type
January			May			September		
February			June			October		
March			July			November		
April			August			December		

ABC KIDZ EDUCARE AD HOC PARENTS

ENROLMENT FORM 2022

Please read the form before signing it. It is important for the health and safety of your child that the ECD Centre has the correct details, so please complete the form carefully and notify us via email of any changes. Please sign where requested, **initial each page**, and keep your own copy for future reference.

NAME OF CHILD: _____

SECTION 1

First parent	
Surname	
Name	
ID/passport number	
Job title	
Division	
Location	
Home address	
Religion	
Business telephone	
Cell	
Home telephone	
Email	
NB: Name of manager/colleague who sits near you in case we cannot get hold of you in an emergency. This person will not be expected to fetch your child, just let us know where you are.	
Name of manager/colleague	
Work number of manager/colleague above	

Second parent	
Surname	
Name	
Business telephone	
Cell	
Home telephone	
Company	
Work address	
Home address (if child is not living with both parents)	
Religion	
Email	

Emergency contact	
This person should not be one of your child's parents, must not have a child at the ECD Centre and should be <u>mobile, available, and able to take responsibility for your child in an emergency.</u>	
Surname	
Name	
Work	
Home	
Cell	

SECTION 2: DETAILS OF CHILD WHO IS BEING ENROLLED IN THE ECD CENTRE

Surname					
Name(s)					
Date of Birth (use the estimated date if necessary)					
Gender (if known)					
Position in family (e.g. first born)					
Names and ages of siblings (If not first born)					
Proposed date of enrolment in ECD Centre					
Health / Birth history					
Full term/premature					
Type of delivery					
Any complications during delivery					
Congenital abnormalities					
Any illnesses that the child has ever suffered from					
Are there any special medical, physical, or emotional needs that the ECD Centre should be aware of?					
Chronic conditions for which the child is currently being treated (please include the treatment that the child is receiving)					
Family history of significance					
Has your child had any of the following					
	Yes	No		Yes	No
Asthma			Eye infection		
Croup			Bladder infection		
Prone to thrush			Encephalitis		
Scarlet fever			Respiratory tract infection		
Chicken pox			Any others?		
Rubella					
Allergies and Food Intolerances (food/medicine/environmental)					
	Yes	No		Yes	No
Analgesics			Fish		
Dust			Peanuts		

Lactose (Dairy)			Wheat		
Preservatives			Gluten		
Anti-biotics			Pet Hair		
If yes, please specify:			If yes, please specify		
Feeding:					
Drink from bottle/breast /cup					
Formula					
Does your child suck a dummy?					
Full/solid diet					
Does your child feed him/herself					
Does your child use a spoon?					
Current feeding routine					
Special dietary requests (Please note that all meat supplied to the ECD Centre is Halaal, and no beef or pork is served.)					

Potty training	Trained	Not trained	In progress
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General Information	
Does your child have any strong likes or dislikes?	
Is there anything else you would like us to know about your child?	
What time does your child go to bed at night?	
What time does your child wakes up in the mornings?	
Does your child sleep through the night?	
Does your child have a nap during the day? Yes/No If yes, at what times?	
Is it easy to console your child once he/she starts crying	

SPECIAL REQUIREMENTS

If you have any special requirements for your child, please bring this to the attention of the ECD Centre **BEFORE** your application is accepted. Failure to do so may result in you being asked to remove your child from the ECD Centre.

DOCUMENTS REQUIRED ON FIRST JOINING THE ECD CENTRE

The Department of Social Welfare requires that you submit the following documents when your child joins the ECD Centre:

1. Certified copy of child's birth certificate
2. Certified copy of parent's ID/passport
3. Certified copy of second parent's ID/passport
4. Up to date copy of child's clinic/vaccination card (front page and vaccinations page/s).
Not necessary to certify.

No child will be allowed into ABC Kidz Educare without the documents above. Do not give us the original documents as the documents cannot be certified at the ECD Centre. **Electronic copies are not acceptable.**

If you have more than one child at ECD Centre, please provide a separate set of documentation for each child.

ABC KIDZ EDUCARE
PERMISSION FOR YOUR CHILD TO BE PHOTOGRAPHED

PLEASE COMPLETE AND SIGN THE RELEVANT SECTION AND CROSS OUT THE OTHER SECTIONS. Please consult ECD Centre staff if you want clarification.

PERMISSION FOR PHOTOS TO BE TAKEN

I the undersigned _____
In my capacity as the guardian of _____ (the child) give permission for photos of _____ (the child) to be taken for the purpose of marketing the ECD Centre internally and/or by other parents when they are photographing their own children.

NB:

I agree that I will not publish any photos that may contain photos of other ECD Centre children on any social networking site or distribute via any other electronic media without getting specific permission from all the parents whose children are in the photographs.

Dated at: _____ this _____ day of _____ 20__

Signature of parent/guardian: _____

PERMISSION FOR ONLY OFFICIAL ANNUAL SCHOOL PHOTOS TO BE TAKEN

I the undersigned _____
in my capacity as the guardian of _____ (the child) give permission for school photos of _____ (the child) to be taken.

These may/may not (please delete where not applicable) include class or photos.

NB:

I agree that I will not take any photos of any other child at the ABC Kidz Educare for any purposes whatsoever and that I do not publish any photos that may contain photos of other ECD Centre children on any social networking site or distribute via any other electronic media.

Dated at: _____ this _____ day of _____ 20__

Signature of parent/guardian: _____

PHOTOS NOT TO BE TAKEN

I the undersigned _____
in my capacity as the guardian of _____ (the child), do not give permission for photos of _____ (the child) to be taken at the ECD Centre for any purposes whatsoever.

NB:

I agree that I will not take any photos of any other child at the ABC Kidz Educare for any purposes whatsoever and that I do not publish any photos that may contain photos of other ECD Centre children on any social networking site or distribute via any other electronic media.

Dated at: _____ this _____ day of _____ 20__

Signature of parent/guardian: _____

ABC KIDZ EDUCARE

AUTHORISATION TO FETCH OR ATTEND TO CHILD

PLEASE READ CAREFULLY.

I the undersigned,

in my capacity as the guardian of

_____, hereinafter referred to as ("The Child")

hereby authorise the person(s) listed below to fetch or attend to my child in my absence at any time without me notifying the ECD Centre in advance. Please include the details of your partner if she/he has permission to collect or drop off the child without written permission from you in advance.

Name	Relationship to <u>parent</u>	ID or passport number	Contact Details

I agree to notify the ECD Centre in writing via email to esme@abckidseducare.co.za if anyone other than those listed above is going to drop off or fetch "the child" at the ECD Centre. I will include in the email a copy of the ID of the person fetching or attending to "the child" for identification purposes. The person fetching the child will present her/his ID on request by ECD Centre staff.

Dated at: _____ this _____ day of _____ 20__

Signature of parent/guardian: _____

ABC KIDZ EDUCARE

MEDICAL CONTACT DETAILS RELATING TO CHILD

Child's Name: _____

	Name	Address	Telephone
GP or Family doctor/s			
Paediatrician/s			
Other e.g. Homeopath (Specify)			

Medical aid		
Name of medical aid	Membership number	Name of principal member

Details correct as at (date): _____

Name of parent/guardian: _____

Signature: _____

ABC KIDZ EDUCARE

AD HOC PARENTS

PAYMENT OF FEES

The fee for 2022 is:

Daily fees: R200 per day

Fees must be deposited into ABC Educare's bank account (details below) in arrears and proof of payment must be submitted to the ECD Centre, esme@abckidseducare.co.za by 12h00 on the first working day of the following month. Please confirm if the email has been received. If proof of payment is not received in time your child will not be allowed into the ECD Centre the next month until proof of payment has been received. This is non-negotiable.

ABC EDUCARE (PTY) LTD

Bank: Standard Bank

Account number: 10124746274

Branch: Braamfontein

Branch code: 004805

Please use the word ECD and your child's name as reference.

On the last day of the month an invoice will be send to you by ABC Kidz. You agree to pay all fees for the number of days that your child have attended monthly within 3 days of the date of the invoice.

Fees are based on attendance. Please be advised that fees are payable from January to December, both months included.

I the undersigned, _____

South African ID/passport number: _____

Do agree to deposit fees monthly into the bank account as per above by 12h00 on the first working day of the month as payment of ABC Kidz Educare's monthly fee.

I the undersigned agree to the above.

Dated at _____ this _____ day of _____ 20_____

Signature: _____