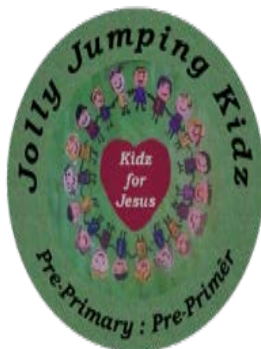


Address: Corner of Brakfontein & Erasmus Road, NHC Health Centre, Centurion
Website: www.jolly-jumpingkidz.co.za e-mail : jollyjumpingkidz@gmail.com.
Phone: 072 538 1608 or (012) 762 6410/11



JOLLY JUMPING KIDZ

Excellent education in a loving environment

REGISTRATION FORM

Application Date: _____ Admission Date: _____

Information of the Child:

Surname:	Full Name:
Nick Name:	Date of Birth:
I.D Number:	Gender
Home Language:	Second Language:

English proficiency ☐ ☐ Good ☐ Medium ☐ Need extra attention

We agree that my child's photographs may be displayed on our website / social media or for promoting the school: Yes ☐ No ☐

Initial

Information of the parents/guardian:

Father/Guardian	Mother/Guardian
Surname:	Surname:
Name:	Name:
I.D/Passport Number:	I.D/Passport Number:
Telephone Number:	Telephone Number:
(W)	(W)
(Cell)	(Cell)
(Home)	(Home)
E-Mail Address:	E-Mail Address:
Home address (Domicilium citandi et executandi)	Home address (Domicilium citandi et executandi)
Postal Address:	Postal Address:
Occupation:	Occupation:
Company Name:	Company Name:
Company Tel Nr:	Company Tel Nr

Particulars of persons that can be contacted in case of an emergency (if the parents cannot be reached):

Name & Surname:	Cell/Telephone Number:	ID Number:
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Authorization for collection of child/children from Jolly Jumping Kidz:

I, _____, being the parent/guardian of:

Initial

Hereby authorize the following person/s to collect my child/children from Jolly Jumping Kidz:

1. Name & Surname:	I.D Number:	Relationship:
2. Name & Surname:	I.D Number:	Relationship:

Medical Report:

1	Has your child received all the necessary immunization?	YES	NO
2	Does your child suffer from any allergies? If yes, please specify:	YES	NO
3	Is your child currently on any medication? If yes, please specify (Ritalin, Epilim)	YES	NO
4	Has your child previously received any therapy? If yes, please specify (speech, occupational, etc....)	YES	NO

General state of child's health? _____

Family Doctor:	Telephone Number:
Address:	Allergies:
Medical Aid Society:	Medical Aid Number:

Please specify any arrangements regarding your child (allergies, bringing own food (Halaal, vegetarian) _____

ACCEPT THAT JOLLY JUMPING KIDZ PRESCHOOL & PRIMARY SCHOOL:

- ☐ May consult a doctor if I cannot be reached in an emergency.
- ☐ Jolly Jumping Kidz cannot be held responsible for necessary doctor's fees and medication.

General:

- ☐ I have received a copy of the school rules and regulations and understand it,

Initial

□ **Banking Details:**

□ Jolly Jumping Kidz

FNB

Account Number: 6254 297 8591

Branch Code: 261 550

Ref: Child's Name & Surname

*******MONTHLY PAYMENT NOT LATER THAN 7th OF EACH MONTH*******

1. I/we undertake to pay the above fees monthly in advance over 12 months by either EFT or direct deposit).
2. I/we agree that fees are payable irrespective of absenteeism due to vacation, illness or any other reason and to give 2 (two) calendar months' notice in writing of termination of schooling. I/we understand that payment is still due within this notice period and do understand that no notice can be given after the 1st (first) October of the corresponding years
3. I/we agree that FULL fees depicted on the invoice will be paid by the 1st(first) of the month or by not later than the 7th (seven) of every month and failing to do so, am liable to be charged with a late payment penalty of 10% (ten) of total invoice amount.
4. I/we understand that Jolly Jumping KidZ reserves the right to terminate the enrolment with immediate effect of my child/children if payment of account is unpaid by the 15th (fifteenth) of the month.
5. I/we understand that each January school fees are reviewable, and notification of this change will be provided before December the preceding year.
6. I/we understand that Jolly Jumping KidZ shall be entitled to all/any costs incurred in legal proceedings instituted against us by Jolly Jumping KidZ to recover any outstanding amounts owned in respect to school fees.
7. I/we understand that the home address set out above in my/our domicilium citan diet executandi and it's my/our responsibility to advise Jolly Jumping KidZ of any charges.

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YOUR APPLICATION FORM MUST BE ACCOMPANIED BY:

- Certified Copy of Father and Mother.
- I.D. Certified Copy birth certificate of child.
- Copy of immunization card.
- **Copy of Medical Aid Card.**
- Proof of payment of the deposit and registration fees.
- Indemnity Form (signed).
- Information, Rules and Regulations (signed).
- Proof of address (not older than 3 months).

INDEMNITY FORM

_____ (full names & surname) parent/guardian of

_____ (full name & surname) born on _____
participate in activities presented and approved by Jolly Jumping KidZ Preschool, Primary School & Aftercare.

I accept the fact that the school will take the necessary precaution for the safety and wellbeing of my child and that should any incident occur that needs medical attention I, the parent/guardian, will be held responsible for the medical expenses, if applicable.

My child is in a healthy state and in good condition and there is nothing that I am aware of that might be a health hazard to him/her or to anybody at the school.

My child has the following condition/allergy and I need the personnel of Jolly Jumping KidZ to be aware of: (indicate aspects of the conditions like epileptic seizures, abnormal bleeding, blackouts etc....)

SIGNATURE OF PARENTS/GUARDIAN: _____

SIGNATURE OF PRINCIPAL OF JOLLY JUMPING KIDZ: _____

DATE: _____

WITNESS 1: _____

WITNESS 2: _____