



Paddington's EduCare Centre

2 Cilliers Road
Glen Austin
Midrand
EMIS : 700400419

Tel : 011 314 2885
Fax : 0866 949 665
Email : admin@glenAustinprimary.co.za
Web : www.midrandschool.co.za

COVER SHEET

DOCUMENTATION TO BE INCLUDED WITH YOUR APPLICATION

<input type="checkbox"/>	UNABRIDGED Birth Certificate of the Learner	<input type="checkbox"/>	Mom's ID or Passport Copy
<input type="checkbox"/>	Clinic Card of the Learner - Up to Date	<input type="checkbox"/>	Dad's ID or Passport Copy
<input type="checkbox"/>	Most recent School Report - If applicable	<input type="checkbox"/>	Mom's Valid Work Permit if Foreigner
<input type="checkbox"/>	Passport Copy of the learner if Foreigner	<input type="checkbox"/>	Dad's Valid Work Permit if Foreigner
<input type="checkbox"/>	Valid Study Permit if Foreigner	<input type="checkbox"/>	Proof of Employment - Same name as Debit Order
<input type="checkbox"/>	<u>3 months current bank statement - stamped by bank - same name as Debit Order</u>		

IMPORTANT TO REMEMBER

- All Pages must be completed in full.
- Both Parents MUST sign pages 1 and pages 3 to 7 and the signatory on the bank account to be debited must sign pages 8 and 9.
- ALL of the above listed documents MUST be included in the application or your application will not be considered.
- Assessment may be requested. Dates and times will be confirmed and need to be adhered to at all times. Assessment fee to be paid in CASH before the assessment will be done.
- Your child doing an assessment does NOT guarantee them space.
- Once accepted, you will be expected to pay the refundable deposit in full by the due date.
- Should any of the points above not be completed, it could result in your application being incomplete / delayed or discarded.
- Fees stated on the application form is for the period referred to. These fees will be amended for the following year.
- An ITC check will be done on BOTH parents at time of enrollment and from time to time thereafter for affordability purposes.
- Contact will be made with the current / previous school if applicable.
- Application feedback will only be made available 5 -10 days AFTER application / assessment. You will be notified in writing of the schools decision.
- The school reserves the right to decline applications made at their discretion.
- ACCEPTANCE WILL NOT BE DONE SHOULD FORMS BE INCOMPLETE IN ANY WAY IRRESPECTIVE OF WHETHER YOUR CHILD PASSED THE ASSESSMENT OR NOT!!!

PARENT SIGNATURE : _____
ID NUMBER : _____

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ID NUMBER : _____



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APPLICATION FORM

Toddlers (12 months) to Grade R (6 Years)

Application Date : _____ Class : _____
Start Date : _____ Account No : _____

LEARNER INFO

NAME : _____ SURNAME : _____
Child's Home Address : _____
Date of Birth : _____ Home Language : _____
Gender : Girl / Boy Race : _____
Home telephone number : _____ Sibling Name at this School : _____

PARENT INFO

	MOTHER	FATHER
Name & Surname :	_____	_____
ID Number:	_____	_____
Home Address:	_____	_____
Email Address:	_____	_____
Cellular Telephone Number:	_____	_____
Employer Name & Address:	_____	_____
Work telephone number:	_____	_____

GENERAL INFO

If parents are divorced, which parent has custody of the child? Attach copies of relevant documentation

Do you require transport? If yes - additional charges apply. **NB : TRANSPORT IS OUT**

Yes - Select ONLY ONE option :

MORNINGS

AFTERNOONS

BOTH

SOURCED TO PHOKELA TOURS AND LEAVES AT 3:30PM DAILY

If No, who will drop / collect: _____

Can your child speak and understand ENGLISH? YES / NO

Has your child attended school before? YES / NO

If yes, state when and where? Attach copy of last report card _____

Reason for leaving previous school _____

PERSON TO CONTACT IF PARENTS ARE UNAVAILABLE

Name _____ Surname : _____
Address: _____
Relationship to child: _____
Cellular Telephone Number: _____ Telephone Number: _____



MEDICAL HISTORY & INDEMNITY FORM

CONSENT AND INDEMNITY FORM

I, _____ ID No : _____
(Full Name of Parent / Guardian) (ID Number of Parent / Guardian)

Residing at _____
(Full Physical Address of Parent / Guardian)

The Parent / Guardian of _____ Born on : _____
(Full Names of Child / Ward) (Date of Birth of Child)

hereby give my consent for my child / ward to take part in any and all activities of the school, whether conducted on the school premises or extra - murally, including, but not limited to, games; athletics; tours and excursions. I fully understand and accept that all such activities shall be undertaken at my child's / ward's own risk, and I undertake, on behalf of myself, my spouse, my executors and my aforesaid child / ward to indemnify, hold harmless and absolve GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC, as well as any other party designated by GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC to assist in the activities undertaken, against and from any or all claims whatsoever, which, may arise in connection with any loss or damage to the person, or property of my aforesaid child / ward in the course of such activities.

I further indemnify GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC, it's partners and or employees or other parties designated by GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC , against any lawsuit, prosecution and other actions that may arise as a result of injuries sustained by the minor, or his / her death during transport provided at any time or place by GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC and its employees or other parties designated by GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC, regardless of the purpose of the transport.

In the event that I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact me or my child's other guardian(s) before such action is taken. I will be responsible for the payment of such care or treatment. I agree that my child receives the necessary medical attention in the case of an emergency. I further agree that the medical practitioner looking after my child may be called at the schools / staff discretion when needed, at my cost. Should my doctor be unobtainable I give you the right to use your own doctor at my expense.

MEDICAL HISTORY

I have had my child immunized against all childhood diseases and or illnesses and have attached a copy of my child's immunization chart to this application.

Which contagious diseases has your child already had? ie. Mumps, Measels, Chickenpox etc. _____

Mention any problems at Birth: _____

Does your child suffer from any Allergies? ie. Asthma / Hayfever / Food products YES / NO

If YES, state the nature of such allergies : _____

Does your child suffer from any other problems whatsoever? ie. Weak Bladder, Hearing Problems, Sight Problems etc. YES / NO

If YES, state the nature of such problems : _____

Child's Physician : _____ Telephone number : _____

Medical Aid Name : _____ Member No : _____

I declare that I understand the meaning and implications of this indemnity, which have been explained to me. I further declare that all the information declared herein, is true and complete to the best of my knowledge.

PARENT SIGNATURE : _____ PARENT SIGNATURE : _____

ID NUMBER : _____ ID NUMBER : _____

Signed at _____ on the _____ day of _____ 20 _____



Nursery School Pricelist 2024

Fees Toddlers (12 months) to Grade R (6 years) - Subject to increase annually			
		<u>Bumble Bees to Froggies</u>	<u>Grade R</u>
Refundable Deposit - Subject to annual top up	Payable on Acceptance	R 3 350	R 3 900
Annual Fund (2024)	Payable on Acceptance & annually	R 600	R 1 350
Labels for Uniform and Stationery Items (2024) - other learners optional	Payable on Acceptance - Gr R COMPULSORY	Pricing to be confirmed	
Monthly School fees - Jan to Nov 2024- Monthly in advance over 11 months	1st Child (Oldest) - Monthly in advance	R3,350 / month	R3,900 / month
	2nd Child - Monthly in advance	R3,185 / month	R3,705 / month
Monthly Transport fees - 10 months if required (not billed for July and December) NB: Outsourced to Phokela Tours!!!	Olifantsfontein / Clayville / Glen Austin / Ebony Park / Kaalfontein / Randjiesfontein	R1,200 Full Trip OR R600 Half Trip	
	Tembisa	R1,450 Full Trip OR R725 Half Trip	
	Other Areas if agreed upon	R1,350 Full Trip OR R675 Half Trip	
OLDEST CHILD AT THIS SCHOOL WILL BE CONSIDERED TO BE THE 1ST CHILD			
PAYMENT DUE IN ADVANCE – STRICTLY BY DEBIT ORDER ONLY!			

Extra Mural Activities		
BALLET / DANCE	Term Fee - R840 per public school term	Annual Registration fee for 2024 - R200
SOCCER STARZ	Monthly fee - R250 monthly February to November	Annual Registration fee for 2024 - R220
PLAYBALL	Monthly fee - R200 monthly January to December	Annual Registration fee for 2024 - R170
Extra mural activities are invoiced and paid for separately to the individual "vendor" excepting for Soccer Starz which is invoiced and paid for with your school fees to Glen Austin Primary / Paddington's Educare Center CC. Glen Austin Primary / Paddington's Educare Center CC will not be responsible for monies due OR paid over for extra mural activities.		

Different fee structure for parents wishing to pay 6 months or 11 months in advance - please enquire at the office.

Grade R's have guaranteed space into Grade 1 for the following year provided the children can meet the required outcome. **SEPARATE APPLICATION MUST HOWEVER BE MADE!!!** COMPULSORY uniform items for Grade R as follows : Suitcase, Lunch Bag, Blue School Sports Shirt, Black School Sports shorts, School Tracksuit, School Jersey, School Socks with Blue stripes with takkies.

PLEASE LABEL ALL CLOTHING ITEMS - LABELS CAN BE ORDERED DIRECTLY FROM SCHOOL

School Times		
Nursery School (Exclude Grade R) :	6:30am to 17:45pm	<u>LATE COLLECTION FEE OF R100 PER HALF HOUR (OR PART THEREOF) APPLIES TO ALL CHILDREN NOT COLLECTED BY 17:45PM.</u>
Grade R - ALL Grade R children are required to attend :	7:30am to 14:00pm	
Grade R - Aftercare available at no additional charge :	14:00pm to 17:45pm	
FOR GRADE R'S ONLY : SCHOOL CLOSSES AT 12:00PM ON THE LAST DAY OF EACH TERM		

I undertake to pay my child's School fees in Advance in the following manner: (Select the applicable option)

	Monthly over a 11 month period		Annually as a ONCE OFF payment - Due 15/12/2023
	6 months in advance - Due 15/12/2023 and 30/06/2024		

PARENT SIGNATURE : _____

PARENT SIGNATURE : _____

ID NUMBER : _____

ID NUMBER : _____

Signed at _____ on the _____ day of _____ 20 _____



Annual Fund & Grade R Requirements For 2024

The Annual fund is a once off fee per year, invoiced and payable in October. The Annual Fund will cover the cost of Photo's, Camp, Concert Costumes, Mother's & Father's Day surprises & Graduation, where applicable. Each Age group is calculated individually, as some activities are not applicable to certain classes. No refunds will be given as all activities are booked and paid for in advance. Pricing on activities and shows is subject to the number of children attending.

The Annual Fund for 2024 is as follows:

Ladybirds / Butterflies Class – Grade R (6yrs old)	R1 350	Froggies Class – Grade 00 (5yrs old)	R600
Teddies Class – Grade 000 (4yrs old)	R600	Bumble Bees Class – Grade 0000 (12 months -3yrs old)	R600

The above amounts will appear on your Statement and is payable by the End of October. Existing Debit Orders will be changed to accommodate such payments.

NEW ENROLLMENTS: The above amounts are to be settled at the time of enrollment with your registration fee. For any queries in this regard, please do not hesitate to contact us.

TERMS : We are a FOUR term school and use the Department of Education & ISASA recommended 4 Term Calendar as guidelines. Copy of school terms are available on request.

Term dates for 2024 will be communicated once finalized.

HOLIDAYS : We are open during school holidays (unless otherwise communicated), but we do close for a portion of the June / July winter holiday as well as a portion of the December / January summer holiday. We do offer a holiday program for a portion of the June / July holiday, spaces are limited and are strictly on a pre-booked system.

We are also closed on weekends, Public Holidays and also on a Monday or Friday where a public holiday falls on a Tuesday or Thursday respectively which are normal working days for some.

GR R Requirements for 2024:

- * **AGE** – Parents are advised that only children 5 turning 6 years old in 2023 will be eligible for Grade R in 2024.
- * **SCHOOL TIMES** ALL Grade R children are required to attend school from 7:30am to 14:00pm
Aftercare is available for Grade R at no extra cost from 14:00pm to 17:45pm.
Late collection fee of R100 per half hour (or part thereof) applies to ALL children not collected by 17:45pm
- * **COMPULSORY** uniform items for Grade R 2024 as follows : School bag, School lunch bag, Blue School Sports Shirt, Black School Sports Shorts, School Tracksuit, School Jersey, School socks with blue stripes and takkies.
- * **MEALS** – Grade R children will ONLY receive Lunch (@12pm) and afternoon snacks (@2:45 & 16:45pm) – PROVIDED BY THE SCHOOL. **CHILDREN MUST EAT BREAKFAST @ HOME!** Each child WILL BE REQUIRED to BRING their own MORNING SNACK to school daily. ONLY HEALTHY SNACKS & JUICE WILL BE ALLOWED and NO TREATS / SWEETS WILL BE TOLERATED! ABSOLUTELY NO FIZZY DRINKS!!
- * **GRADE 1 @ GLEN AUSTIN PRIMARY** – Grade R's have guaranteed space into Grade 1 for the following year provided the children can meet the required outcome. **SEPARATE APPLICATION MUST HOWEVER BE MADE!!!**

PARENT SIGNATURE : _____
ID NUMBER : _____

PARENT SIGNATURE : _____
ID NUMBER : _____



IMPORTANT INFORMATION

1. Above pricing excludes transportation costs and additional extra mural activities, all payable in advance each month.
2. Fees are payable monthly in advance before the 1st of every month, via Debit order.
3. PENALTY OF R500 WILL BE LEVIED MONTHLY FOR ANY ACCOUNT IN ARREARS BY MORE THAN R100 ON THE 5TH OF EVERY MONTH.
4. Parents will be charged all related Cash Deposit fees (as charged by our bank) for Cash Deposits of any nature.
5. An Additional fee of R300.00 will be charged for EVERY rejected Debit Order.
6. Interest accrued relating to monies paid in advanced / deposits is accrued to the school.

I HAVE TAKEN SPECIAL NOTE OF POINT 1 TO 6 ABOVE AND WILL ABIDE BY THIS AND ENSURE MY ACCOUNT IS PAID IN FULL EVERY MONTH.

PARENT SIGNATURE : _____

PARENT SIGNATURE : _____

PROTECTION OF PERSONAL INFORMATION ACT (POPIA / PAIA)

Glen Austin Primary / Paddington's EduCare Center cc (also referred to as the school) takes the protection of personal information very seriously and will only process personal information in accordance with the current South African privacy laws. Accordingly, the relevant personal information privacy principal relating to the processing thereof (including, but not limited to, the collection, handling, transfer, sharing, correction, storage, achieving and deletion) will be applied to any personal information processed by the school.

1. The school shall collect, process, and store the personal information of the parent / guardian / learner for the purpose intended, and that it shall proceed to act in accordance with the provision of POPIA / PAIA in collecting, processing, and storing the parent / guardian / learner personal information.
2. Further it is acknowledged and agreed by all parties to this agreement that such privacy, confidential or personal information may have value and such information may or may not be in the public domain. For purposes of rendering services on behalf of the parent / guardian and any party associated with this agreement and/ or any subsequent or prior agreement that may have been / will be entered into, irrevocably agreed that " confidential information " shall also include inter alia and shall mean inter alia:
 - a) all information of any party which may or may not be marked confidential , restricted or with any similar designation,
 - b) where applicable, any and all data and business information ,
 - c) where applicable the parties may have access to data and personal as well as business information regarding clients, employees, 3rd parties and the like including personal information as defined in the POPIA / PAIA regulations.
 - d) trade secrets, confidential knowledge, know – how, technical information, data or any other proprietary information relating to the parents / guardians, or any other party associated with this agreement and including, without limitation, all product information, technical know – how, software programs, computer processing systems and techniques employed or used by either party to this agreement and/ or their affiliates.
3. During the business relationship between the parent / guardian / learner and the school, the parent / guardian acknowledges and consents to the processing of the personal information for any purpose relating to the administration, management and operation of the school's legitimate business purposes and legal obligation of the school or anyone acting on behalf of the school.
4. The school undertakes not to disclose the parent / guardian / learner's personal information unless it is legally or contractually required or for its legitimate business purposes. Similarly, the parent / guardian / learner has the corresponding obligation to the school in this regard.
5. The parent / guardian acknowledges that the school will use reasonable effort to ensure that the parent / guardian / learner's personal information in its possession or processed on its behalf is kept confidential, stored in a secure manner, and processed in terms of POPIA / PAIA and for the purposes for which the school has been authorized. Similarly, the parent / guardian / learner has the corresponding obligation to the school in this regard.
6. The parent / guardian declares that all personal information supplied to the school for the purposes of enrolment and related legal and operation reasons is accurate, up to date, is not misleading, and that it is complete in all respect. The provision of misleading information by the parent / guardian may lead to termination of the agreement between the parent / guardian and the school. It shall always remain the responsibility of the parent / guardian to immediately advise the school of any change to its personal information should any of their details change including, but not limited to, a change of physical address or contact telephone number.
7. The parent / guardian hereby provides its consent to the school to process its personal information, as provided above, and acknowledges that it understands the purpose for which it is required and for which it will be used.

PARENT SIGNATURE : _____

ID NUMBER : _____

PARENT SIGNATURE : _____

ID NUMBER : _____



POLICY FOR SICK CHILDREN

As the staff at Glen Austin Primary / Paddington's Educare Center CC takes care to ensure the overall wellbeing of your children, we ask all parents at the school to assist us in preventing cross contamination / infection of the children. It is for this very reason that we appeal to all parents to take note of the following guidelines :

SICK CHILDREN ARE NOT PERMITTED TO ATTEND SCHOOL IF THEY HAVE THE FOLLOWING :

1. Children with runny tummies and or vomiting are not allowed to attend school.
2. Children who are suffering from any contagious illness are not allowed to attend school. (Includes Measles/ Mumps/ Chickenpox/ sinus/ bronchitis/ tonsils)
3. Children with eye infections are not allowed to attend school.
4. Children who are on a course of prescribed antibiotics are NOT allowed to attend school for the first 24hrs.
5. Children with Head Lice may not attend school.
6. Ringworm is highly contagious and Must be treated. Your child may only return to school when a doctor has given them a clearance certificate, stating they are no longer contagious.
7. The school does not administer medication, as stated in the SA Schools Act. Children must take their medication at home. In the case of chronic medication needing to be administered it must be accompanied by a "Medicine Administration Form" as well as a Doctor's letter stating the medication, dosage and the times to be given, with permission for us to administer. Parents are to ensure compliance with the Procedure for Medicine Administration Policy.

The above Rules must be strictly adhered to and are within the prescribed guidelines set out by the Department of Health and Welfare and are aimed at preventing the cross infection of illness in children, and not as an inconvenience for parents.

PLEASE ENSURE YOUR CHILD'S IMMUNIZATIONS ARE KEPT UP TO DATE AT ALL TIMES!

Glen Austin Primary / Paddington's Educare Center CC is NOT a place for sick children and as we make every effort to take good care of your children, we require the co-operation and understanding of each and every parent in this regard.

POLICY REGARDING HIV

As it is the right of each individual or parent of a minor to not disclose their HIV status we are forced to treat each child or adult as if they are HIV positive. With the alarming statistics available, both you and your child are certain to come into contact with an HIV positive adult and or child at some stage. We will probably not even be aware of this person's HIV status.

At Glen Austin Primary / Paddington's Educare Center CC we believe in taking care of the "Whole child" and in offering quality, personal care for the "whole family".

We believe that all children have :

- | | |
|--|---|
| * the right to develop respect for the natural environment | * the responsibility to care for others |
| * the right to protection from neglect, use of drugs and sexual abuse | * the right to an education free of prejudice |
| * the right to grow up with love and security | * the right to privacy |
| * the right to recreation and play, appropriate to the age of the child | * have a right to all rights |
| * the right to develop respect for others and their culture, language and religion | * the right to look after and respect your body |

It is for these particular reasons that we at Glen Austin Primary / Paddington's Educare Center CC follow the "Universal Precautions in Early Childhood Development Centers".

- * ALL blood, body fluids such as vomit, faeces, open wounds, sores and excretions should be treated as if infectious.
- * All caregivers attending to blood spills or any bodily fluid will wear protective gloves.
- * Any materials that are soiled with blood or faeces will be put into disposable bags.
- * If any blood or bodily fluid spillage occurs, the area will be disinfected with a bleach solution.
- * All Glen Austin Primary / Paddington's Educare Center CC pupils will be educated in "germs" e.g. We don't touch our friend's sores or blood, we call an adult immediately if there is any injury, we don't share suckers etc.

I declare that I have read the school's sick / HIV policy and agree to abide by these rules at all times.

PARENT SIGNATURE : _____
ID NUMBER : _____

PARENT SIGNATURE : _____
ID NUMBER : _____



MARKETING PERMISSION

I, _____ ID No : _____
 (Full Name of Parent / Guardian) (ID Number of Parent / Guardian)

Residing at _____
 (Full Physical Address of Parent / Guardian)

The Parent / Guardian of _____ Born on : _____
 (Full Names of Child / Ward) (Date of Birth of Child)

give permission to Glen Austin Primary / Paddington's Educare Center cc to use my child's image / photograph taken during the period of enrolment at the school in any form of print, online, television footage, or social media advertising deemed necessary by the school.

I take note that the images taken of my child, could be utilised in Glen Austin Primary / Paddington's Educare Center cc Public Relations, Marketing, Advertising and Social Media campaigns as well as on the Website for coverage, for the duration of the enrolment period and possibly extend after termination date.

DECLARATION

I declare that the above-mentioned particulars are to the best of my knowledge correct and that I have read and understand the requirements for enrolment and undertake the following:

1. As parent / guardian and student, we undertake to support the school and abide by the Rules & Regulations as set out by this institution.
2. To inform the school in writing of any change in contact details and addresses, as well any custodial changes affecting my child.
3. To ensure that my child attends school regularly and ON TIME. If my child is absent from school for any reason, I will inform the school, stating the reason for such absence and provide the relevant Dr's certificate.
4. To provide my child with stationery, art supplies and textbooks as prescribed by the school, at my own expense. Currently these expenses form part of the schools Annual Fund and are billed for and supplied by the school.
5. To respond promptly should my child be issued with a letter or warning or be called to appear in front of a disciplinary committee.
6. To assist my child with homework & reading, check and sign my child's homework and school books on a daily basis.
7. I further understand and agree that the activities as listed above, as well as all school outings and camps are COMPULSORY in nature and are for my own expense.
8. To pay all costs incurred for damages done or losses caused by my child to the owners & schools property, books and equipment.
9. I understand that the Payment of monthly school fees (including transport and soccer where applicable) must be paid in full no later than the 1st of every month via Debit Order. Should payment not be received on time, I undertake to keep my child at home until full settlement has been made and that the school reserves the right to request we seek alternative schooling for our child in the event of continuous late and unpaid fees.
10. No credit and or refunds will be granted for any absenteeism from school for any reasons whatsoever, including but not limited to holidays, sickness, acts of God or any other national state of disaster as announced from time to time .
11. I agree to give **one calendar month's notice or one month's fees** in lieu of notice before removing my child. Calendar month notice is from the 1st of the month to the last day of the applicable month. Glen Austin Primary / Paddington's Educare Center CC does not accept notice during the months of November and December. Should notice be given during this period, I will be charged for school fees up to and including January. I agree & understand that my full deposit will be offset against any outstanding fees on my account.

PARENT SIGNATURE :	PARENT SIGNATURE :
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12. I understand that my deposit is only refundable once all fees, transport and extra mural activities are paid in full and that the appropriate notice period has been given.

PARENT SIGNATURE :	PARENT SIGNATURE :
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13. Should I fail to honour this agreement in any manner, I will be held liable for the outstanding account which will include penalties calculated monthly on the outstanding amount, as well as any legal costs incurred and that Glen Austin Primary / Paddington's Educare Center CC subscribes to standards issued by Trans Union and the Nation Credit Bureau. As a result I may be listed on their database for failing to comply with the conditions, as set out above.

PARENT SIGNATURE :	PARENT SIGNATURE :
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14. Glen Austin Primary / Paddington's Educare Center CC reserves the similar right to Terminate the contract.
15. I further understand that should my child utilise the aftercare and transport facilities offered by Glen Austin Primary / Paddington's Educare Center CC at any given time during their enrolment, the same conditions relating to payment and notice periods, as stipulated above, apply.
16. I accept and agree that upon application at Glen Austin Primary / Paddington's Educare Center CC a full Credit Check will be performed prior to acceptance of my child.

PARENT SIGNATURE : _____	PARENT SIGNATURE : _____
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ID NUMBER : _____	ID NUMBER : _____
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Signed at _____ on the _____ day of _____ 20_____



BANK DEBIT ORDER INSTRUCTION

Child's Name : _____ School Ref Number : _____

Parent Name & Surname : _____ Parent Contact Number : _____

Address : _____

Debit Amount : _____ Commencement Date : _____

The details of my / our bank account are as follows:

BANK : _____ TYPE OF ACC : _____

BRANCH NAME : _____ BRANCH CODE : _____

ACCOUNT NAME : _____ ACCOUNT NUMBER : _____

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our above mentioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows

i. On the _____ day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

Signed at _____ on the _____ day of _____ 20 _____

PARENT SIGNATURE : _____ ID NUMBER : _____

PARENT EMAIL ADDRESS : _____

SIGNATURE AS USED FOR SIGNING CHEQUES OR BANK ACCOUNT TRANSACTIONS



MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Furthermore, I understand and accept the following conditions of this authorization:

1. All withdrawals hereby authorized will be processed by computer through a system known as NETCASH / SAGE and Credited to the School's Standard Bank Cheque Account. It will be printed on my bank statement as follows: Paddington (followed by numbers) NETCASH / SAGE. An email will be sent as a reminder of your upcoming debit.
2. The charge, levied for unpaid debit order transactions will be R300.00 and is for my account.
3. I authorize the School to adjust the above amount automatically in the event of:
 - 3.1 Non-payment for whatever reason of the debit order for a particular month
 - 3.2 New enrolment of an additional child
 - 3.3 My child leaving the school
 - 3.4 Increase of school fees as determined by Glen Austin Primary / Paddington's Educare Center CC with prior notice by order of a notice in a newsletter of the School,
 - 3.5 An existing credit / deposit / registration fee / Annual fund on my account
4. The School may cancel the debit order should my bank disallow a debit against my Account on three consecutive occasions because of insufficient funds or for any other reason.
5. This authorization will be in force as long as my child/children attend(s) the School or until cancelled by myself with 30 days notice in writing to Glen Austin Primary / Paddington's Educare Center CC at its physical address.

Signed at _____ on the _____ day of _____ 20 _____

PARENT SIGNATURE : _____ ID NUMBER : _____

PARENT EMAIL ADDRESS : _____

SIGNATURE AS USED FOR SIGNING CHEQUES OR BANK ACCOUNT TRANSACTIONS