



Welridge Academy Pre-School Enrolment Agreement

Name of Learner: _____ Grade: _____

Date of Application: _____

Please note that no enrolment form will be accepted if all the relevant documentation listed below are not attached to this form.

You will be notified within 5 working days from application if your child's application has been successful.

THIS ENROLMENT FORM AS WELL AS ALL TERMS AND CONDITIONS ARE VALID FROM THE DATE OF SIGNATURE THEREOF AND WILL BE VALID AND BINDING FOR THE ENTIRE DURATION OF YOUR CHILD'S ENROLMENT AT WELRIDGE ACADEMY.

		Documentation Required	
School Fee – Full Day	R		
School Fee – Half Day	R	Parent / Guardian ID Books	
Transport Fee	R	Learner ID / Birth Certificate	
Total	R	Immunisation Card	
Registration Fee	R	4 x ID Photos of Learner	
Total	R	Proof of Residence (no older than three months)	
Educational Resources (includes: support material, arts and crafts material, copies and printing)	R	Three Months Bank Statement	
Shows and Outings	R	Copy Medical Aid Card	
Sleeper Levy	R	Morning Bus Time Afternoon Bus Time	
Total	R	Credit Check Done	
Captured on QB/MTL		Learner Number	
Profile Created		Account Number	
Documentation Filed		Pricing Given By	
Captured on SASAMS		FULL OR HALF DAY	

Please note that a security access tag must be purchased from the front office **(to be paid in cash)**

A **stationery requirement** and book list will be available from the front office from the **4th term**

2018 Admission Requirements

PRE-SCHOOL

Grade	Year of Birth	Age
Tiny Tots	2016	12 months to 2
Toddlers	2015	2 turning 3
Grade 000	2014	3 turning 4
Grade 00	2013	4 turning 5



Welbridge Academy Pre-School Enrolment Agreement

Personal Details of Learner

Name and surname of learner: _____

Preferred to be known as: _____

Sex: _____ Date of Birth: _____

ID Number:

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Religion: _____ Position in Family: _____

Home Language: _____ Interests of Learner: _____

Medical Details

Is your child on any chronic or daily medication? _____

If yes, please provide details: _____

Please list any allergies your child may have: _____

All medication is to be given to the register teacher – learners may not keep any medication with them

Name and Number of Doctor: _____

Name and Membership Number of Medical Aid: _____

In case of an emergency do you give us permission to take your child to the nearest hospital?:

Yes No

Please attach a copy of medical aid card to this document

Emergency Contact Details

Name and Surname: _____

Contact Number: _____

Alternate Contact Number: _____

Relationship to learner: _____

Name and Surname: _____

Contact Number: _____

Alternate Contact Number: _____

Relationship to learner: _____



Welridge Academy Pre-School Enrolment Agreement

Additional Information

Please detail any traumas or tragedies your child has experienced		
Has your child received any external therapy or remedial support? If so please provide details thereof, including copies of assessments, reports and contact information for all therapists		
Dexterity	Right Handed	Left Handed

List of People Permitted to Collect Learner from School

Full name and Surname														
ID Number														
Contact Number														
Relationship to Learner														
Full name and Surname														
ID Number														
Contact Number														
Relationship to Learner														

Parent / Legal Guardian Details

	<u>Mother / Legal Guardian</u>	<u>Father / Legal Guardian</u>
First Name		
Surname		
Work Number		
Cell Number		
Email Address		
Home Address		
Occupation		
ID Number		
Who does the learner live with?		
Marital Status		



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School Fees

This section is to be completed by the Parent/Guardian/Sponsor responsible for the account

First Name & Surname													
Id Number													
Work Number													
Cell Number													
Email Address													
Home Address													

Please note that school fees are due on or before the 1st of every month

I/we, being both Parents/Guardians hereby accept joint liability for the payment of school fees, levies or other accounts which may become due in regard to our child's attendance at Welridge Academy. I/we acknowledge that all school fees are payable upfront and undertake to pay such school fees on or before the due date. I accept that late payments carry a penalty and further action as per our terms and conditions.

Full Name and Surname
(Parent/Guardian/Sponsor 1)

Signature

Date

Full Name and Surname
(Parent/Guardian/Sponsor 2)

Signature

Date

Banking Details

Bank	Standard Bank
Branch	Northcliff
Branch Code	006305
Account Number	201726092



Welridge Academy Pre-School Enrolment Agreement

Additional Services

Transport	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Morning Pick Up	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Afternoon Drop Off	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please contact the front office for more information pertaining to the above. We have a set bus route which we travel.

Terms and Conditions of Enrolment

1. This enrolment form as well as all terms and conditions are valid from the date of signature thereof and will be valid for the entire duration of your child's enrollment at Welridge Academy.
2. The parent / guardian acknowledges that this application does not necessarily mean automatic enrollment to Welridge Academy.
3. The parent / guardian hereby accepts that Welridge Academy foundations are founded on the Christian faith and Christian principals will be followed.
4. The parent / guardian warrants that all the information furnished above is true and complete in every respect.
5. The parent / guardian hereby gives Welridge Academy their irrevocable consent to check the validity of all information supplied.
6. The parent / guardian undertakes to notify Welridge Academy in writing within 7 days of any change of address or any other information supplied herein.
7. The parents/guardians responsible for the payment of the school fees hereby acknowledges and undertakes to pay the fees in terms of the agreed school fee structure and before the 2nd of the month in accordance with the selected option. Payment must be made notwithstanding the fact that a statement has not been received.
8. Cheques are not accepted – payment only via EFT or cash via the school office.
9. Please do not deposit cash into our bank account, charges by the bank for cash deposits will be added to your account the following month.
10. Monthly installments must be paid in advance and in full, on or before the 1st day of each month (January to December when paying in 12 monthly installments, January to November when paying in 11 monthly installments). Quarterly installments must be paid in advance and in full, on or before the 1st day of each quarter (January, April, July and October). Annual payments must be paid in advance and in full, on or before 01 January. Interest will be levied against any late payments and/or outstanding amounts.
11. If your Shows & Outings fees are not paid up to date your child will not be permitted to attend any shows or outings until these fees are paid up to date. NO REFUNDS WILL BE GIVEN FOR SHOWS/OUTINGS NOT ATTENDED, FOR ANY REASON WHATSOEVER.
12. Should it be necessary for Welridge Academy to institute legal proceedings for the recovery of any outstanding fees, the parent / guardian consents to the jurisdiction of the magistrate's court, notwithstanding that such amount is otherwise beyond the jurisdiction of the magistrates court. Further, the parent / guardian undertakes to pay all legal expenses incurred in the recovery of all amounts due to Welridge Academy, as between attorney and own client, including collection charges and tracing fees.
13. A certificate signed by the principal or duly authorized agent (whose authority it shall not be necessary to prove) setting out the amount of any indebtedness shall be prima facie proof of the amount due and owing by the parent / guardian to Welridge Academy, and the parent / guardian hereby accepts that the amount so specified shall constitute a liquidated amount, and further that such certificate stating that any act or failure to act has occurred, shall be prima facie proof of such act or failure.



Welridge Academy Pre-School Enrolment Agreement

Terms and Conditions of Enrolment (continued)

14. In the event of any payment not being made by the parent / guardian on its due date, the full balance outstanding plus the levied amount, will immediately become due, owing and payable.
15. Fees are payable monthly in advance. No refunds will be made for absences. **One calendar month's written notice is required if contract is terminated.** Notice is to be emailed to our Accounts Department on accounts2@welridge.co.za and a copy is to be emailed to the Principal on info@welridge.co.za. Alternatively written notice of termination must be hand delivered to Welridge Academy for attention of "The Principal". Notice of Termination may not result in the last day of attendance being in the month of November. Parents who fall into arrears will automatically be handed over to our attorneys and your child will be suspended from school until such time as fees are up to date. Learners whose fees are not up to date will not receive their progress reports, nor will they receive transfer cards if they are moving on to other schools.
16. Neither the parent / guardian nor or any other family member or legal representative shall hold Welridge Academy liable for any injury to and / or loss incurred by the learner / parent / guardian while on the school premises and or under the supervision of the school's staff where all reasonable precaution has been taken to ensure the welfare of all on the school premises.
17. The parent / guardian undertake to prescribe to Welridge Academy's Credo and to actively partake in the educational process of the learner.
18. The parent / guardian understands and accepts that this agreement will incorporate Welridge Academy rules, transgressions (disciplinary procedures) and regulations and understands that a breach thereof may lead to necessary action being taken as set out in the addendum credo and to actively partake in the educational process of the learner.
19. By enrolling your child at Welridge Academy you are giving permission to add any appropriate photographs taken during school events of your child onto either our school website, Facebook page, School Communicator etc.
20. The Parent/Guardian chooses as his/her domicilium citandi et executandi for all purposes under this agreement the address stipulated in Clause 1 and/or Clause 2 herein.
21. The Parent/Guardian may change his/her chosen domicilium citandi et executandi to another physical address within the Republic of South Africa by giving at least 7 (seven) working days written notice to the other party.
22. A non-refundable Registration Fee is payable per family on registration.
23. The parent / guardian acknowledges that Welridge Academy has the right to amend the fees, provided that 30 (thirty) days written notice shall be given.
24. The parent / guardian exempts Welridge Academy, employees and management of Welridge Academy from any liability incurred on account of any injury, illness or death of the learner howsoever arising from any liability for loss or damage suffered due to any damage to, or loss of articles brought into Welridge Academy by the learner.

Business Continuity

In the event of natural disaster or any other event out of our control, where the school facilities are affected to the extent that they become unusable, Welridge Academy will endeavor to find alternative premises as close as possible to the school, to continue our education process.

In the event that staff members become unavailable for extended periods of time, we will endeavor to replace those teachers immediately to ensure that our learners are not adversely affected by the absence of a teacher.



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Declaration

I have read and we I / we understand all the terms and conditions contained herein and undertake to comply with the stipulated terms and conditions.

Signed before the under mentioned witnesses at _____

On this the _____ day of _____ 20_____

Name of parent / guardian _____

Signature of parent / guardian _____

Name of Witness 1: _____ Signature: _____

Name of Witness 2: _____ Signature: _____

For Welridge Academy: _____ Signature: _____

Name of Witness: _____ Signature: _____

Parents/Guardian

Name and Surname: _____

Signature: _____ Date: _____

Childs name: _____ Grade: _____



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INDEMNITY FORM FOR OUTINGS AND SPORT

Name of Learner: _____

Our learners need to attend various outings throughout the year. In order to facilitate this, Welridge Academy needs to arrange transport to different venues to attend these outings.

All parents and guardians will be informed of every outing or sporting event, either via the school communicator or email. Should you not want your child to attend the outing or event, the onus is on you to send us an email (info@welridge.co.za), at least 24 hours prior to the event, informing us that you **do not want your child to attend the event.**

INDEMNITY FORM FOR OUTINGS AND SPORT

Name and surname of parent / guardian: _____

Name and surname of learner: _____

I hereby give Welridge Academy permission to take my child on all of the scheduled Welridge Academy outings and sporting functions and events. I hereby declare that I will not hold Welridge Academy, it's employees or it's representatives responsible for any loss of property or valuables, any injury and consequence thereof, however arising to my child while they attend any school outing or sporting event.

Signature of parent / guardian: _____

Date: _____

Every care will always be taken to ensure the safety of all learners whilst in the care of Welridge Academy. The learners will always be accompanied by teachers and/or assistants. We will notify you via the D6 School Communication when the learners arrive at their destination as well as when they return.