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www.welridge.co.za

Reg. No. 2008 / 105293 / 23

Welridge Academy Pre-School (Toddlers to Grade 00) 2015 Enrolment Agreement

ENTERED INTO AND BETWEEN

Name of Parent or Legal Guardian
and
Welridge Academy cc

FOR THE ENROLMENT OF

Name of Learner

Date of Birth (Learner)

STARTING GRADE _____ STARTING MONTH AND YEAR _____

PRE-SCHOOL (Toddlers to Grade 00)

GRADE	YEAR OF BIRTH	AGE
Toddlers (Beginners)	2013	19 months - turning 2
Advanced Toddlers	2012	2 turning 3
Grade 000	2011	3 turning 4
Grade 00	2010	4 turning 5



Please note that no enrolment form will be accepted if **all** the relevant items listed below are not attached to this form
 The learner's position will only be secured upon receipt of aforesaid documentation and payment of all relevant fees

Item	Amount	Item	Done By
School Fee	R	Mom & Dad ID Books	
Transport Fee	R	Learner ID/Birth Certificate	
Total	R	Immunization Card	
Registration Fee	R	4 x ID Photos of Learner	
Total	R	Proof of Residence	
Educational Resources (Excludes Stationery, includes textbooks where applicable)	R	Proof of Banking Details	
Shows & Outings	R	*Current Work Permit	
Mattress / Bed Levy	R	* Name of Previous School	
Total	R	* Previous School Tel No.	
Captured on QB		* Report Card Learner	
Captured on Excel		<i>* If Applicable</i>	
MTL on QB		Morning Bus Time	
File in Class File		Afternoon Bus Time	
Class		Credit Check Done	
Full Day or Half Day		Learner Number	
Number of days per week (if not full week)		Account Number	
If not full week, please list which days your child will be attending			
		Pricing Given By	
		Date	

A Stationery Requirement List is Available from the Office

LEARNER INFORMATION				
First Names				
Last Name				
Please Indicate: boy or girl	Boy		Girl	
Preferred to be known as				
Date of Birth				
Age as at December of Previous Year				
ID Number				
Position in Family				
Religion				
Home Language				
Interests of Learner				
Is the child potty trained?	Yes		No	Please give explanation
Medical Conditions				
Allergies				
Physical Condition				
Chronic Medication				
Any Known Medical Conditions				
Physical Address of Learner (This is regarded as HOME address)				
Postal Code				
Medical Information				
Name of Doctor				
Doctor Telephone Number				
Doctor Cell Phone Number				
Doctor Physical Address				
Medical Aid Name				
Medical Aid Number				
Medical Aid Telephone Number				

MOTHER OR LEGAL GUARDIAN	
First Names	
Last Name	
Home Telephone Number	
Work Telephone Number	
Cell Phone Number	
Fax Number	
E-Mail Address	
Occupation	
Employer	
Employer Address	
ID Number	
Physical Home Address (Clause 1)	
Postal Code	
Postal Address	
Postal Code	

EMERGENCY CONTACT	(Not Mother or Guardian)
First Names	
Last Name	
Relationship to Learner	
Home Telephone Number	
Work Telephone Number	
Cell Phone Number	

FATHER DETAILS	(If not legal Guardian)
First Names	
Last Name	
Home Telephone Number	
Work Telephone Number	
Cell Phone Number	
Fax Number	
E-Mail Address	
Occupation	
Employer	
Employer Address	
ID Number	
Physical Home Address <i>(If not the same as Mother / Guardian)</i> <i>(Clause 2)</i>	
Postal Code	
Postal Address <i>(If not the same as Mother / Guardian)</i>	
Postal Code	

ALTERNATE EMERGENCY CONTACT	(Not Father or Guardian)
First Names	
Last Name	
Relationship to Learner	
Home Telephone Number	
Work Telephone Number	
Cell Phone Number	

SCHOOL FEES		
Name of Person Responsible for payment of Fees		
Surname		
ID Number		
Home Telephone Number		
Work Telephone Number		
Cell Phone Number		
Fax Number		
Physical Address		
Relationship to Learner		
Payment Option (Details available on www.welridge.co.za website)	12 Monthly Payments	
	11 Monthly Payments	
	4 Quarterly Payments	
	Annual Payment	
Payment Method	Cash Payment before or on 1 st	
	EFT Transfer before or on 1 st	
I hereby accept responsibility for the payment of the school fees. I 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 may carry a penalty.	Signature:	
	Print Name:	

Banking Details	
Bank	Standard Bank
Branch	Northcliff
Branch Nr	006 305
Account Number	201 726 092

Additional Information	
Please describe any traumas / tragedies your child has experienced	
Has the learner received any external therapy or remedial assistance? If so please provide information	
If yes to the above, please give contact details for the therapist/support person	
Previous Assessments – Please attach a copy of the results	
Daily medication. Please make a note of required medication. Please ensure to remind the teacher of the required medication on a daily basis	
Who does the learner live with	
Who will fetch the learner from school? Please provide contact number	

SCHOOL SERVICES	(Yes or No – Please give description where required)		
Do you want to use our Bus Services We have a set bus route which we travel – please check with the front office if the area you require is part of our bus route.	<i>(Please familiarize yourself with the bus rules)</i>		
Bus Pick Up – Morning (where)		Time	
Bus Pick Up – Afternoon (where)		Time	
	<i>(Times need to be clarified with staff at Welridge Academy reception)</i>		

External Services (details available from the front office) (Payable to 3 rd party)			
Catrobat Kidz		Little Kickers	
Play Ball		Beaux Arts – Pottery	
Ballet		Kitchen Kids	
Be Sharp Beetles		Swimming	

Terms and Conditions of Enrolment

1. The parent / guardian hereby accepts that Welridge Academy foundations are founded on the Christian faith and Christian principals will be followed.
2. The parent / guardian warrants that all the information furnished above is true and complete in every respect.
3. The parent / guardian hereby gives Welridge Academy their irrevocable consent to check the validity of all information supplied.
4. The parent / guardian undertake to notify Welridge Academy in writing within 7 days of any change of address or any other information supplied herein.
5. The parent / guardian 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.
6. Cheques are not accepted – payment only via EFT or cash via the school office.
7. 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.
8. 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.
9. 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.
10. 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.
11. 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.

Terms and Conditions of Enrolment (continued)

12. 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.
13. 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.
14. The parent / guardian undertake to prescribe to Welridge Academy's Credo and to actively partake in the educational process of the learner.
15. 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.
16. By enrolling your child/ren at Welridge Academy you are giving permission to add any appropriate photographs taken during school events of your child/ren onto either our school website, Facebook page, School Communicator etc.
17. 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.
18. 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.
19. A non-refundable Registration Fee is payable per family on registration.

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.

Declaration

I / We 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 of Witness 1 _____

Name of Witness 2 _____ Signature of Witness 2 _____

For Welridge Academy _____ Signature of Representative _____

Name of Witness _____ Signature of Witness _____



Transport Service Terms and Conditions

Thank you for using Welridge Academy's Transport Service – we are thrilled to have you as part of our family! We would appreciate your co-operation with regards to the following matters, so as to make travelling with our bus comfortable for all.

- ☆ Please discuss travelling safety and manners with your child(ren) as we will not transport children who misbehave and endanger others with their behavior. Bullying, shouting, offensive language, the abuse of other children and/or their property and any other such behavior will not be tolerated. Children who continually misbehave on the bus will no longer be transported and the contract will be terminated.
- ☆ Children must remain seated while on the bus, with their safety belts fastened. This is of vital importance for the safety of all our passengers.
- ☆ Eating and drinking is not allowed on the bus, as is the case with other public transport. Children must finish their food before getting on the bus or wait until they get home to eat it.
- ☆ Please stress the importance of being on time to your child(ren). There have been many occasions where children have either not been at their designated pick up points or have been late. When the driver has to wait for one child, it makes many other children late and causes inconveniences.
- ☆ Should there be an occasion where your child(ren) is going to be late due to unforeseen circumstances, please let us know as soon as possible so as to avoid unnecessary delays.
- ☆ Should we have not have been informed timeously regarding an unexpected delay and the driver needs to make a special trip to fetch your child(ren) who was not ready on time, then an additional trip will be charged for.
- ☆ The driver may not leave the bus to look for children as there are many other children on the bus that need to be supervised. Please ensure that your child knows where the pickup point is and at what time he/she should be there.
- ☆ Please inform us timeously - in person or telephonically - when your child(ren) will not be using our transport service due to illness or any other reason.
- ☆ Please encourage your child(ren) to keep our bus neat and clean at all times so that the bus trip will be a pleasant experience for all.

We thank you for your understanding and co-operation in this regard and we value your continued support.

I, _____ being the parent / guardian of

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- ✓ Acknowledge receipt of the Transport Service Terms and Conditions of Welridge Academy.
 - ✓ Hereby waive all claims I may have against Welridge Academy, it's owner or staff arising from injury, accident or any other cause involving the above-mentioned child, and hereby indemnify the School against all such claims;
 - ✓ Hereby authorize Welridge Academy to take all steps that it in its absolute discretion may deem necessary, to have the said child admitted to a hospital and treated by a doctor or other medical attendant;
 - ✓ Have read the terms and conditions attached and undertake to abide by them;
 - ✓ Accept full responsibility for the payment of all monies due to Welridge Academy for the use of their Transport Service.

Signature: _____ Date: _____



MySchool MyVillage MyPlanet Supporter Card Application

MySchool MyVillage MyPlanet

To apply online go to www.myschool.co.za or e-mail us at cs@myschool.co.za, call 0860 100 445 or simply complete this form and fax to 0866 822 833.

Beneficiary Details (you may support up to 3 Schools/Charities):

This request is for a: New Card Replacement Card

If you are a current MySchool supporter, please provide your card number.

Your card no:

	Beneficiary name	Address/Branch/City	Phone Number (not compulsory)
1.			
2.			
3.			

Your details:

Title: Gender: Male Female Language: English Afrikaans

First Name:

Surname:

ID Number:*

*Your ID number is compulsory in order for us to process your application

Postal Address:

(For card delivery)

Postal Code:

E-mail Address:

Telephone (H):

Cellphone:

Telephone (W):

Children's Details (if applicable):

	Child's name	Surname	Date of Birth (YYYY/MM/DD)
1.			
2.			
3.			

Keep me informed:

1. MySchool will send you a monthly e-mail statement reflecting your transactions and funds raised.

2. Permission for MySchool to talk to you:

MySchool would like to keep you updated about new partners, competitions, exclusive promotions, announcements and other marketing information. You may opt out of this communication at any time.

I DO NOT want MySchool to contact me via the following channels (select if applicable):

Email SMS Post

3. Permission for Woolworths to talk to you

Woolworths offers a tiered loyalty programme and preferential pricing exclusively for Woolworths and MySchool cardholders. The tiered benefits are sent via email and/or post. You may opt out of this communication at any time.

I DO NOT want Woolworths to contact me via the following channels (select where applicable):

Email** SMS Post** Telephone **Please note you will not receive loyalty benefits if selected

I DO NOT want to share my details with a third party (select if applicable)

Your Signature _____ Date _____

Every Swipe Counts! Fax to 0866 822 833 or Call 0860 100 445