

WORKING HOURS WORK TELEPHONE NO.

WORK EMAIL ADDRESS PRIVATE EMAIL ADDRESS

NOTE: PARENTS MUST NOTIFY THE CRECHE IF THERE IS ANY CHANGE OF ADDRESS OR EMPLOYMENT OR TELEPHONE NUMBERS.

MARITAL STATUS OF PARENTS

CUSTODY VISITING ARRANGEMENTS IF APPLICABLE

NAME AND CONTACT NUMBER OF A CLOSE FRIEND

FAMILY INFORMATION:

LIST OF SIBLINGS AND THEIR AGES

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ARE THERE OTHER MEMBERS OF THE HOUSEHOLD, IF SO PLEASE LIST THEIR NAMES, AGE AND

RELATIONSHIP TO CHILD

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GENERAL INFORMATION:

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS WE SHOULD BE AWARE OF

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ARE THERE ANY FOODS OR DRINKS YOUR CHILD CANNOT HAVE

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LIST OF PERSONS WHO MAY COLLECT YOUR CHILD

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PLEASE COMPLETE THE LIST OF PERSONS WHO ARE ALLOWED TO COLLECT YOUR CHILD FROM SCHOOL, PLEASE GIVE US AN I.D. SIZE PHOTO OF THE PERSON TO THE SCHOOL WITH THE PERSON'S NAME ON THE BACK.

PERSON'S NAME	I.D. NUMBER	RELATIONSHIP TO THE CHILD
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EMERGENCY / MEDICAL INFORMATION

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CHILD'S NAME

CHILD'S MEDICAL HISTORY

EMERGENCY CONTACT NUMBER

DOCTOR'S NAME

DOCTOR'S CONTACT NUMBER

MEDICAL AID

MAIN MEMBER

MEDICAL AID NUMBER

HAS YOUR CHILD BEEN VACCINATED AGAINST THE FOLLOWING:

B.C.G. SMALL POX POLIO / DWT NEXT BOOSTER

I/WE GIVE PERMISSION TO THE TEACHERS AND MEMBERS OF SAN SALVADOR EARLY CHILDHOOD DEVELOPMENT TO ACT ON MY BEHALF, SHOULD AN EMERGENCY MEDICAL SITUATION ARISE WHICH NEEDS URGENT ATTENTION.

MOTHER/GUARDIAN FULL SIGNATURE

FATHER/GUARDIAN FULL SIGNATURE

DATE

A COPY OF THE CLINIC CARD AND BIRTH CERTIFICATE IS REQUIRED, AS WELL AS THE PARENTS' I.D.'S

SCHOOL RULES:

THE SCHOOL OPENS AT 6.45 AM AND CLOSES AT 5.30 PM. PLEASE MAKE SURE THAT YOU ARE ON TIME TO PICK UP YOUR CHILD/CHILDREN AS WE ARE VERY STRICT IN CLOSING TIME.

THE CHILDREN WILL BE GIVEN BREAKFAST AND LUNCH. PLEASE SEND A SNACK FOR THEM AFTER WAKING UP AT 2.30 PM.

HEALTH ISSUES AND SCHOOL LUNCHES:

SHOULD YOUR CHILD BE ON ANY MEDICATION, PLEASE FILL IN A FORM THAT WE WILL PROVIDE YOU WITH, STATING THE MEDICATION AND GUIDE US TO THE AMOUNT TO BE GIVEN TO THE CHILD.

SHOULD THE CHILD BE SICK, WE WOULD ASK YOU TO PLEASE LET THE CHILD STAY AT HOME UNTIL FULLY RECOVERED. IF YOUR CHILD SUFFERS FROM ASTHMA OR ALLERGIES, E.G. BEE STING, WE ASK THAT PARENTS PLEASE SEND THE SCHOOL A LETTER DISCLOSING THIS CONDITION/DISORDER, AS WELL AS CLEAR INSTRUCTIONS ON HOW TO ADMINISTER ANY PUMPS, ANTI-HISTAMINES, PLEASE INFORM THE SCHOOL IF YOUR CHILD IS ON ANY SPECIAL MEDICATION.

PLEASE BE AWARE THAT IN YOUR CHILD'S 1ST YEAR OF ATTENDING SCHOOL, THEY ARE BOUND TO GET SICK MORE OFTEN THAN BEFORE. THIS IS DUE TO AN IMMATURE IMMUNE SYSTEM BEING EXPOSED TO LARGER GROUPS OF CHILDREN, FOR THIS REASON, PARENTS ARE ASKED TO ENSURE THAT THEIR CHILDREN FOLLOW A HEALTHY DIET CONSISTING OF FRESH FRUIT AND VEGETABLES.

PARENTS ARE ASKED TO PLEASE KEEP CHILDREN WITH TEMPERATURE, EAR, NOSE AND THROAT INFECTIONS, COUGH OR ANY OTHER INFECTIOUS DISEASE AT HOME UNTIL THEY ARE WELL TO ENSURE THAT INFECTIONS DO NOT SPREAD THROUGH THE GROUP.

PARENTS WILL BE CONTACTED TO COME AND FETCH THEIR CHILD FROM SCHOOL IF THEY PRESENT ANY OF THESE SYMPTOMS WHILE IN THE SCHOOL'S CARE. PLEASE INFORM THE SCHOOL IF YOUR CHILD IS AT HOME WITH A CONTAGIOUS DISEASE.

PLEASE DO NOT LET YOUR CHILD BRING TOYS TO SCHOOL, AS WE HAVE TOYS HERE AT SCHOOL, NO NEED TO SEND ANY.

REQUIREMENTS FOR SCHOOL:

BABIES IN NAPPIES

1 X BOTTLE SAVLON

1 X PAPER TOWEL

1 X BOTTLE VASELINE

1 X FACE CLOTH PLEASE PUT NAME ON THE FACE CLOTH

A CHANGE OF CLOTHING IF NEEDED

5 X KIMBIES, PAMPERS

1 X BOTTLE OR A CUP

IF POTTING TRAINING EXTRA PANTS

2 – 5 YEARS: 1 X BOX CRAYONS, 1 X BOX KOKI PENS, 2 X PENCILS, 1 X 50 PAGE COLOURING IN BOOK, 2 X PRITT GLUE, 1 X BLUNT NOSED SCISSORS, 1 X EXERCISE BOOK, 1 X FILE, 1 X MESSAGE BOOK, HOMEWORK BOOK, 1 X FACE CLOTH PLEASE PUT NAME ON FACE CLOTH, 1 X SHEET.

MONTHLY ITEMS: 1 X BOX OF TISSUES, 1 X BAR OF SOAP, 1 X TOILET PAPER

DAILY: PLEASE MAKE SURE THAT THE CHILD COMES TO SCHOOL WITH A BAG, MARKED WITH HIS/HER NAME ON IT, AND PERHAPS A JERSEY INSIDE THE BAG IN CASE THE WEATHER GETS COLD.

PARENTS DUTIES:

IN ORDER TO PROVIDE A REWARDING EXPERIENCE FOR THE CHILDREN, IT IS ESSENTIAL THAT THE TRUST RELATIONSHIP BETWEEN PARENTS AND THE SCHOOL REMAIN HEALTHY, COURTEOUS AND RESPECTFUL.

PARENTS ARE THEREFORE EXPECTED TO REFRAIN FROM DOING ANYTHING WHICH MAY HARM THIS RELATIONSHIP AND MUST COMMIT TO TREATING THE SCHOOL'S STAFF AND FELLOW PARENTS WITH THE UTMOST RESPECT.

IT IS UNDERSTOOD THAT SHOULD ANY PARENT DO ANYTHING WHICH MAY LEAD TO THE BREAKDOWN OF THIS TRUSTING RELATIONSHIP, THE SCHOOL WILL TAKE REMEDIAL STEPS IN ORDER TO RESTORE THE RELATIONSHIP TO A HEALTHY ONE. IT IS FURTHER UNDERSTOOD THAT SHOULD THE TRUST RELATIONSHIP BECOME IRREPARABLY DAMAGED, THE SCHOOL SHALL BE ENTITLED TO TERMINATE THE ENROLMENT AGREEMENT WHICH MAY LEAD TO THE POSSIBLE SUSPENSION AND OR EXPULSION OF THE GUILTY PARENTS' CHILD/CHILDREN.

SCHOOL FEES:

THE REVISED FEES FOR THE SERVICES THAT WE PROVIDE AT SAN SALVADOR EARLY CHILDHOOD DEVELOPMENT CENTRE CUM NURSERY SCHOOL AND AFTER-SCHOOL CARE CENTRE.

FULL DAY	R 850,00
HALF DAY	R 800,00
AFTER SCHOOL	R 740,00
TRANSPORT	R 280,00

ALL FEES MUST BE PAID ON OR BEFORE THE 4TH OF EVERY MONTH, PARENTS YOU PAY FROM JANUARY TO DECEMBER, AND NO EXCUSES WILL BE ACCEPTED.

NO NON-PAYMENT DUE TO HOLIDAYS, FEES MUST BE PAID BY THE DUE DATE.

FAILURE TO MAKE PAYMENT OF THE SCHOOL FEES BY THE DUE DATE WILL CONSTITUTE A MATERIAL BREACH OF THIS AGREEMENT. IN THE EVENT OF SCHOOL FEES BEING IN ARREARS FOR A PERIOD EXCEEDING 20 DAYS AFTER RECEIPT OF A WRITTEN NOTICE TO THIS EFFECT, THE SCHOOL RESERVES THE RIGHT TO SUSPEND AND/OR EXPEL THE CHILD/CHILDREN OF THE DEFAULTING PARENTS OVERDUE ACCOUNTS WILL BE HANDED OVER FOR COLLECTION. PARENTS SHALL BE LIABLE FOR ALL LEGAL FEES AND ON THE ATTORNEY AND CLIENT SCALE, INCLUDING COLLECTION CHARGES, TRACING COSTS ETC. PERTAINING TO THE RECOVERY OF ANY AMOUNT OWING TO THE SCHOOL ON ANY OVERDUE ACCOUNT.

NOTICE PERIOD:

IN THE EVENT THAT THE PARENTS PLAN TO REMOVE THEIR CHILD FROM THE SCHOOL, PARENTS MUST PROVIDE ONE CALENDAR MONTH'S NOTICE PRIOR TO SUCH REMOVAL, FAILURE TO PROPERLY GIVE SUCH NOTICE SHALL RESULT IN THE PARENTS BEING LIABLE FOR THE PAYMENT OF THE MONTHLY FEE FOR THE NOTICE PERIOD.

SIGNED AT ON THIS DAY OF

PARENTS / GUARDIAN; SIGNATURE DATE