



KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel Street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: info@kwetterbekkies.co.za

## Application for admission

Please tick the class you are applying for:

<b>Class: Grade RR:</b>		<b>Class: Grade R:</b>	
Afrikaans		Afrikaans	
English		English	

FULL NAME AND SURNAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

**Please mark where applicable**

**Grade RR**

**Monday to Thursday**

Full day x5 06:30 – 18:00	
Full day x3 06:30 – 18:00	

**Grade R**

**Monday to Thursday**

Grade R: 06:30 – 12:30	
Aftercare: 12:30 – 18:00	

**PLEASE NOTE:**

**FRIDAYS KwetterBekkie's Campus will close 17:30**

For office use:

Approved:	Start:	Documents received:
Date:	Class:	Registration fee received:





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: info@kwetterbekkies.co.za

## Personal information of child

Full name and surname \_\_\_\_\_

Nickname \_\_\_\_\_

Date of birth \_\_\_\_\_

Age \_\_\_\_\_

Identity number \_\_\_\_\_

Gender Male  Female

Position in the family

Only child	1st child	2nd child	3rd child	4th child	5th child
------------	-----------	-----------	-----------	-----------	-----------

Number of children in the family \_\_\_\_\_

Home language \_\_\_\_\_

Nationality \_\_\_\_\_

Religion \_\_\_\_\_

Name of previous daycare/school: \_\_\_\_\_





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

## Medical details of child

Family doctor \_\_\_\_\_

Name \_\_\_\_\_

Tel. no. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Medical Aid \_\_\_\_\_

Name \_\_\_\_\_

Medical Aid number \_\_\_\_\_

Main Member name \_\_\_\_\_

Option \_\_\_\_\_

Main member ID Number \_\_\_\_\_

In case of emergency, to which hospital may your child be taken?

\_\_\_\_\_





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

May we contact your GP in case of emergency?

Yes

No

Blood type \_\_\_\_\_ (if you already know)

Has your child received all the necessary immunisations?

Yes

No

If not, provide reason:

---

---

Does your child have any allergies, as well as food allergies?

Yes

No

If yes, provide details:

---

---

Has your child had any operations?

Yes

No

If yes, provide details:

---

---

Does your child need any special medical help?

Yes

No

If yes, provide details:

---



KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

Does your child suffer from any diseases or disorders? Yes  No

If yes, provide details:

---

---

---

Any hearing, speech, or vision impairment? Yes  No

If yes, provide details:

---

---

Has your child ever been referred to or assessed by a professional (e.g. occupational therapist, speech and language therapist, audiologist, educational psychologist, or play therapist)?

Yes  No

If yes, please specify and attach report to the Application Form:

---

---





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

## Father/legal guardian's details

Full name and surname \_\_\_\_\_

Nickname \_\_\_\_\_

Title \_\_\_\_\_

ID Number \_\_\_\_\_

Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

Profession \_\_\_\_\_

Employer \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number (W) \_\_\_\_\_

Mobile number \_\_\_\_\_





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

## Mother/Legal Guardian's Details

Full name/Surname \_\_\_\_\_

Nickname \_\_\_\_\_

Title \_\_\_\_\_

ID Number \_\_\_\_\_

Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

Profession \_\_\_\_\_

Employer \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number (W) \_\_\_\_\_

Mobile number \_\_\_\_\_





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

## Additional Information

### ALTERNATIVE CONTACT PERSON, IF YOU ARE NOT AVAILABLE:

#### CONTACT

Full name and surname \_\_\_\_\_

Relationship \_\_\_\_\_

Email-address \_\_\_\_\_

Phone Number (W) \_\_\_\_\_

Mobile number \_\_\_\_\_

### WHO IS ALLOWED TO PICK UP YOUR CHILD AT SCHOOL BESIDES YOU?

#### CONTACT 1

Full name and surname \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number (W) \_\_\_\_\_

Mobile number \_\_\_\_\_





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

## CONTACT 2

Full name and surname \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number (W) \_\_\_\_\_

Mobile number \_\_\_\_\_

We, the undersigned, \_\_\_\_\_,  
hereby declare that the information provided in the application, provided by  
us, is complete and correct.

We also agree with the conditions set forth herein. We accept that the school  
is based on Christian principles and undertake not to undermine these  
principles.





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

Is your child an emotional child?

1 2 3 4 5

Is your child an aggressive child?

1 2 3 4 5

Is your child an independent  
and self-employed child?

1 2 3 4 5

Is your child shy and insecure?

1 2 3 4 5

Any additional information you'd like to inform the school regarding your child?

---

---

---

---

Where did you hear of KwetterBekkie's Campus?

---





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

## Account details

Details and statement of account holder



Full name and surname \_\_\_\_\_

Title \_\_\_\_\_

ID number \_\_\_\_\_

Relationship \_\_\_\_\_

Please note the following financial terms:

- School fees must be paid monthly in advance and settled on or before the 30th of the current month
- The school claims the right to charge interest on accounts that are 30 days or more overdue.
- The registration fee is a one-time fee and **non-refundable**.
- The development/writing needs fee is an annual fee, charged with the January invoice.
- If the account holder fails to pay or breaks contract, the child may be denied entry to the school.
- Notice: The account holder undertakes to pass on to the school 30 (thirty) calendar days of written notice of cancellation. The notice month still requires a full month's payment.
- Unfortunately, no notice can be given in the last term, should notice be given for October or November, the account holder will be liable for the full term's fees until the end of December.





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

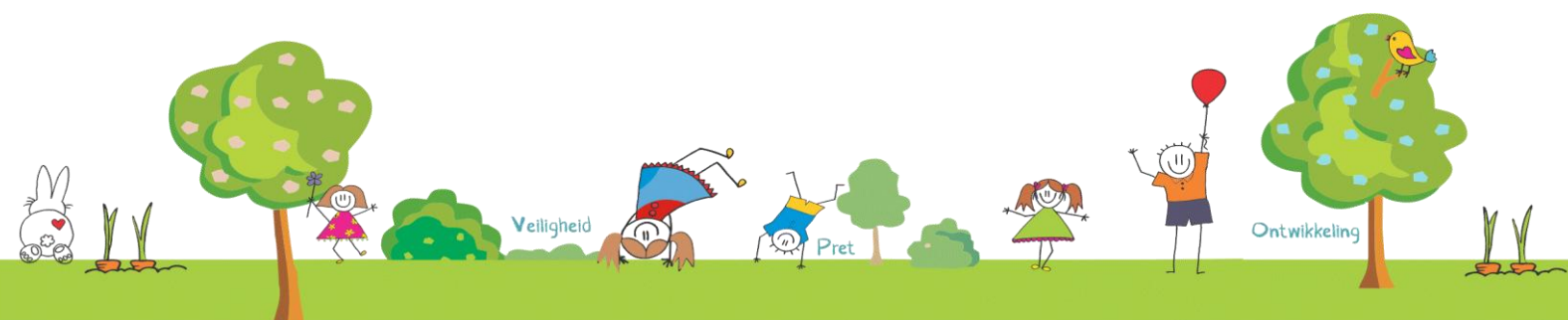
111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

I, the undersigned \_\_\_\_\_, hereby declare that the information provided by the account holder in the Application is correct.

I accept responsibility and accountability for the punctual payment of the one-off non-refundable registration fee, the development fee as well as punctual payment of the monthly school fees to KwetterBekkie's Campus.

\_\_\_\_\_





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

**The following documents must be attached with the application:**

- Identity document of mother/guardian
- Identity document of father/guardian
- Immunization Card/Record of Child
- Child's birth certificate
- Medical aid card of main member (if applicable)
- If there are any medical reports e.g. Occupational therapy, hearing or speech therapist, play therapist, or psychological reports

**Please complete the following forms and policies**

- Acknowledgement letter
- Consent and disclaimer form
- Permission form to share photos on Social Media
- Paracetamol form of consent
- Medical Policy
- Notice period policy form





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

**For office use:**

Identity document mother/legal guardian	Identity document father/legal guardian
Immunization card	Child's birth certificate
Medical aid card of main member (if applicable)	Any reports (such as e.g. Occupational Therapist, Educational Psychologist, Speech Therapist etc.)
Acknowledgement letter	Consent and Disclaimer form
Permission form to share photos on social media	Paracetamol form of consent

**THANK YOU VERY MUCH FOR YOUR TIME IN FILLING OUT THE APPLICATION COMPLETELY**





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

### ACKNOWLEDGEMENT LETTER

I/Us \_\_\_\_\_ (full name and surname) hereby apply for my child \_\_\_\_\_ (full name and surname) in the care of KwetterBekkie's Campus.

I/we agree to promptly comply with the regulations and conditions of KwetterBekkie's Campus (as set out in the information document).

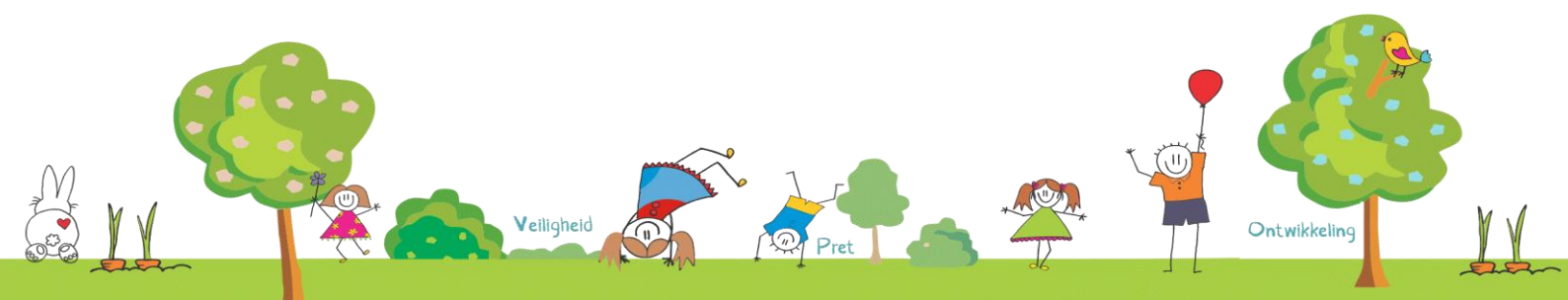
I/we accept that in the event of outstanding fees, the owner has the right to refuse my child, unless arranged with her/him.

I/we also undertake to sign the disclaimer form.

I hereby confirm that all information is valid and correct.

\_\_\_\_\_  
Signature Parent/Legal Guardian

\_\_\_\_\_  
Date





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

### **CONSENT AND DISCLAIMER FORM**

KwetterBekkie's Campus undertakes to establish reasonable and generally acceptable safety standards in all daily activities and to take all possible precautions to ensure the safety and well-being of your child and all staff and visitors.

By the nature of the matter, KwetterBekkie's Campus and the staff cannot accept responsibility for accidents or any contingencies that may occur in class or on the playground or excursions, which are beyond our control.

All staff undergo a formal first aid course every 2 years, but even this cannot prevent unforeseen accidents or similar incidents from happening.

Each parent is therefore requested to complete the form below as proof that you understand the school and staff's position and accept the risk involved.

I, \_\_\_\_\_ (full name and surname),  
ID number: \_\_\_\_\_ the undersigned  
parent/guardian of \_\_\_\_\_ (child's full name and  
surname), who is enrolled and accepted as such at KwetterBekkie's Campus,  
hereby indemnifies and indemnifies KwetterBekkie's Campus and all staff for  
all losses or damages in general, however it may arise, which may lead my  
child or I as parent or guardian of the above-mentioned child, as a result of  
any contingency in which he/she may be involved as a leading or causing  
party due to his/her involvement as a child in the school.

In the event of a medical emergency, I hereby authorize first aid to be administered. I transfer my powers as a parent/guardian to the Head of School or her representative, if medical treatment may be necessary for my child and I am NOT contactable/available.



KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

I accept that all reasonable precautions will be taken for the safety and well-being of my child and accept responsibility for the payment of all medical and/or hospital bills for the treatment of my child should he/she require it.

Signed to \_\_\_\_\_ on this \_\_\_\_\_

day of \_\_\_\_\_ 20\_\_

Parent/Legal Guardian FULL NAME

Parent/legal guardian signature

\_\_\_\_\_

\_\_\_\_\_

Owner of KwetterBekkie's Campus FULL NAME

\_\_\_\_\_

Owner of KwetterBekkie's Campus SIGNATURE

\_\_\_\_\_

Witness 1 FULL NAME and SURNAME

\_\_\_\_\_

Witness 1 SIGNATURE

\_\_\_\_\_

Witness 2 FULL NAME and SURNAME

\_\_\_\_\_

Witness 2 SIGNATURE

\_\_\_\_\_



KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

### PERMISSION FORM TO SHARE PHOTOS ON SOCIAL MEDIA

I/we understand and accept that from time to time informal photos are taken of KwetterBekkie's Campus's children.

These photos of the children may from time to time be used in electronic and/or printed media, including KwetterBekkie's website, brochures, flyers, posters, banners, Instagram or Facebook.

Since all marketing materials of the school depict excellence, the school will at all times, insofar as the use and publication of the photographs has been placed in the control of the school, ensure that these photographs are used in good taste.

You hereby give permission for photos of

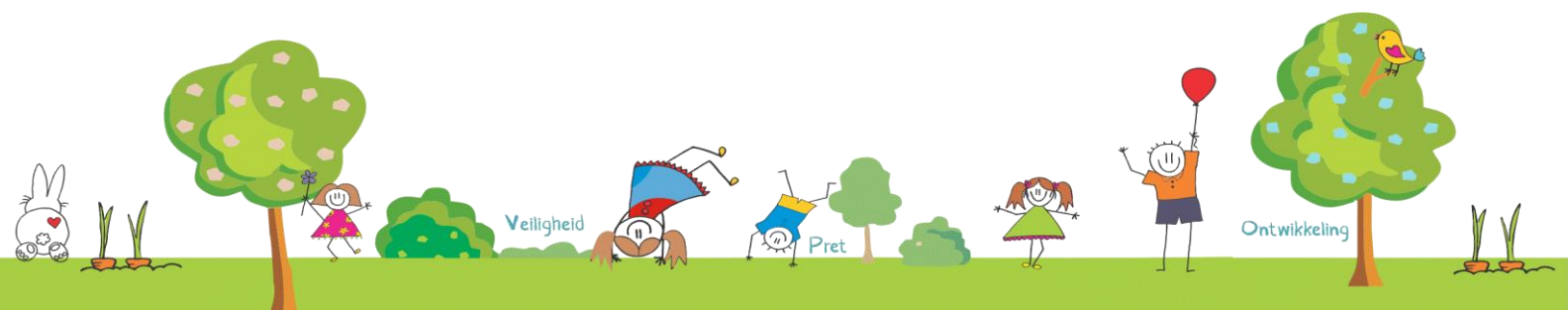
\_\_\_\_\_ (child's full name and surname)

**(please underline what applies)**

**MAY BE USED/NOT USED.**

\_\_\_\_\_  
Signature Parent/Legal Guardian

\_\_\_\_\_  
Date





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

### PARACETAMOL FORM OF CONSENT

#### **This form is not mandatory**

If your child develops a high fever during school hours and you want us to administer medication.

By law, **NO** medication may be given to your child without your consent.

We will always contact you **FIRST** before administering any medication.

This consent form is for 1 (one) dose of Paracetamol according to your child's age.

I, \_\_\_\_\_ (parents full name and surname) hereby authorize \_\_\_\_\_ (child's name and surname) to receive 1 (one) dose of a paediatric Paracetamol syrup, administered by a staff member of KwetterBekkie's Campus, if she or he develops a fever above 37.5 degrees during school hours.

\_\_\_\_\_  
Signature Parent/Legal Guardian

\_\_\_\_\_  
Date





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

## MEDICAL POLICY

**NO** sick child is allowed to attend school.

### **When is a child sick?**

- High fever, anything above 37.5 degrees and above
- A child on antibiotics, we request that the child stay at home for the first 2 (TWO) days of the course as certain antibiotics' recovery process only begins after 48 hours
- Runny nose, when there is a colour change
- Diarrhea
- Vomiting
- Serious lung-related diseases such as e.g. bronchitis, pneumonia etc.
- Any infectious diseases such as measles, chickenpox and hand, foot and mouth
- Sores in the mouth
- Red, pink, or eyes that carry
- Ears discharge
- Skin rash where we cannot identify the core problem
- AGREED Covid symptoms

### **Why?**

- Your child might be contagious and spread the illness to other children or staff members
- A child with a runny stomach can dehydrate quickly
- When a child is ill, they crave extra attention and love, which can sometimes lead to a decrease in supervision

### **Medication**

- If a parent cannot arrive at the school within 30 minutes to pick up the sick learner, only Panado will be administered by the principal/owner with the parent's permission.
- The necessary form must be filled in



KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

## Head lice

- All children will undergo regular inspection
- If lice or nits are found, you will be called immediately to pick up the child
- This is a reality and there is no reason for shame
- Treatment must please be done correctly to prevent spread and also to remove all nits and lice.

## Allergies

- We prefer that children with allergies will wear a "medic alert" bracelet, specifically for younger learners who are not yet able to verbalize their condition
- Food allergies must be communicated to us in writing (**VERY IMPORTANT**)

We understand that working parents cannot always respond immediately to a call over a sick child, or in the event that the child is unable to stay home, but we do need to be considerate of the other children, as well as staff, at all times, which is why your child remains your first priority.

We trust that you will find the above in order. Feel free to contact me for any further queries.

I, \_\_\_\_\_(full name and surname) parent of  
\_\_\_\_\_ (child's name and surname)

hereby accepts KwetterBekkie's Campus's medical policy and promises to abide by this.

\_\_\_\_\_  
Signature Parent/Legal Guardian

\_\_\_\_\_  
Date





KwetterBekkie's Daycare (PTY) LTD REG Nr. 2020/726742/07 Directors: JG Greyling, HC Greyling

111 Amandel street, Amanda Glen, Durbanville Cell: 079 694 4448 or 082 897 3939

Email: [info@kwetterbekkies.co.za](mailto:info@kwetterbekkies.co.za)

### NOTICE PERIOD POLICY

For KwetterBekkie's Campus to act fairly towards children on a waiting list, we must at all times apply the policy regarding the notice period. We understand that life does not always go according to plan, but we believe you will accept the views below and act accordingly:

- **One calendar month notice** is required for each month through the third term. For example – if you decide that during the month of March you will leave KwetterBekkie's Campus, a written notice will be accepted and you will still be responsible for the school fee for the month of April.
- **No** notice will be accepted during the fourth term. Should you decide to take your child out during October, you will still be responsible for the school fees of November and December.
- We would like to remind you that the above principles are based on the school's policy of paying the school fees over 12 months. Our budget is worked out according to these amounts.

We trust that you will find the above in order. Feel free to contact me for any further queries.

I, \_\_\_\_\_ (full name and surname)

parent of \_\_\_\_\_ (full name and surname)

hereby accepts KwetterBekkie's Campus's notification policy and promises to abide by this.

\_\_\_\_\_

\_\_\_\_\_

Signature Parent/Legal Guardian

Date

