



Field & Study Montessori Pre-school

"Help me to do it by myself"

Established in 1992

Address: Field and Study Recreation Park, 45 Louise Ave, Parkmore Sandton
Contact: Julia Gorham 011 884 47 95 / 083 600 68 33 Email: gorham@mweb.co.za
Website: www.montessoripreschool.co.za

ENROLMENT FORM 2017

TO THE PARENTS: Please read this Enrolment Agreement carefully. If you do not understand any provision, please ask the headmistress for clarification. This Agreement, its attachments and the Parent Policy Handbook establish your legal rights and responsibilities and those of the Field & Study Montessori Pre-School (hereinafter "the Pre-School") regarding your child's participation in the Pre-School. Throughout this Agreement and attachments, the terms "you" and "parent" refer to the parent(s) or legal guardian(s) of the enrolled child. The terms "Pre-School" and "we" refer to the Pre-School.

Surname: _____

Child's first name: _____

Name by which they are known /called: _____

Child's date of birth: _____

Home Tel number: _____ Cell: _____ (Mother/guardian)

Cell: _____ (Father/guardian)

Fax number: _____

Home address: _____

Postal address: _____

Occupation of parents: Father/guardian: _____

Mother/guardian: _____

Marital Status: _____

If separated, whom does child reside with: _____

Father's name: _____

Father's work tel: _____

Father's email address: _____

Mother's name:

I have read and understood the terms and conditions on this page

[Please initial]

Mother's work tel : _____

Mother's email address: _____

Father's ID or passport no: _____

Mother's ID or passport no: _____

Person responsible for payment of fees and contact number: _____

Person who can be contacted in case of an emergency: _____

Name: _____ Relationship: _____

Home/Cell no: _____ Work Tel: _____

Language spoken in home: _____ Religion: _____

Date you wish your child to start: _____

Deposit paid: _____

Please note:

- A copy of your child's birth certificate and immunization card must be handed to the school.
- Copies of Parents Identity documents are required .
- An original copy of the Enrolment will only be accepted for admission.

I have read and understood the terms and
conditions on this page

[Please initial]

TERMS AND CONDITIONS OF ENROLMENT

I, / We the undersigned, do hereby agree to follow the Terms and Conditions:

1. 2017 Deposit, Fees and Penalty

- 1.1. Upon acceptance of my child at the Field & Study Montessori Pre-School (hereinafter "the Pre-School") I/we agree to pay:
- 1.2. A non-refundable deposit of R1 800.00 (one thousand and eight hundred rand), which deposit is hereby endorsed.
- 1.2.1 We understand and agree that the deposit is not refundable. We elect to pay the tuition fees of the Pre-School as follows:

(Please tick the box below for your chosen payment option):

- 1.3. My child's **termly** fee of R17 363.00 that I will pay no later than on or before the first day of each term.

Or

- 1.4. My child's **monthly** fee of R 4 986.00 (over 12 month period) that I/We will pay the first payment on or before the first day of pre-school and thereafter I/we undertake to pay the monthly fee no later than the last working day of the month for eleven consecutive months.

Or

- 1.5 My child's **annual fee** of R 45 000.00 (12 months) Applicable only if the annual fees are paid Dec 2016.

Aftercare fees (if applicable)

- 1.6 My child's **monthly aftercare fee** of R1 500.00 that I/We will pay the first payment on or before the first day of pre-school and thereafter I/we undertake to pay the monthly fee no later than the last working day of the month for eleven consecutive months.

- 1.7 My child's **termly aftercare fee** of R4 126.00 payable before the first day of each term.

- 1.8 My child's **annual aftercare fee** of R 13 000.00 (12 months)

The school can withhold any and all services to the child or dismiss the child without notice should the undersigned not pay their fees on the due date.

- 1.9 Be advised that in the event of cancellation or withdrawal of the child's enrolment in the Pre-School the Pre-School shall be entitled, despite any other clause in this Agreement, to charge a penalty in the form of loss of any discount granted for early payments and/or as contemplated in clause 0 herein.

- 2.0 **Accounts two weeks in arrears may result in immediate termination of service,** however, upon payment, enrollment may be reinstated with **I have read and understood the terms and applicable paid tuition and registration fee. Accounts conditions on this page**

[Please initial]

in arrears may be referred to a collection agency. In the event that an account is sent to collections, I/we will be responsible for the balance of my/our account and any reasonable collection and attorney fees and costs associated with the collection of the account.

2.1 I agree that the school fees will increase from year to year at the minimum of the rate of inflation or at the discretion of the school.

3. Penalty on Notice of Termination

3.1 I agree to give one full term's written notice before withdrawing my child from the Pre-School, otherwise fees in lieu of notice will be charged by the Pre-School and paid by us.

4. General

4.1 I /We understand and agree as follows:-

5. To comply with all the rules and regulations of the Pre-School, which rules and regulations are incorporated in these terms and conditions as well as in the Parent Handbook. Failure to comply with the Pre-School rules and regulations will result in the termination of this contract without notice. The Pre-School reserves the right to make any changes to the rules and regulations with or without notice if deemed necessary. The school reserves the right of admission and reserves the right to terminate ongoing tuition at any time during the period of this contract and this will be at the sole discretion of the Pre-School.

5.1 I will contact the school telephonically if someone other than myself or my spouse will pick up my child on any day and I will provide the name, phone number and pickup time for that person.

5.2 I understand that the Pre-School prohibits attendance of a child during any illness. I agree to contact the Pre-School when my child has come down with a communicable disease so that other parents can be notified that their child has been exposed.

5.3 I agree to fill out a medication form when I request the Pre-School staff to administer medicine to my child.

5.4 I agree to pay the full tuition fee even if my child is absent for one or more days due to illness or holiday arrangements.

5.5 My child may have the opportunity to participate in a special program. This may result in an additional fee due before the day of the event and may require completion of a specific permission slip.

5.6 In the event that the Pre-School incurs expenses in connection with the enforcement of this contract and/or collection of monies owed to the Pre-School, I/we will be responsible for reimbursing the Pre-School for such expenses incurred, including attorney's fees and costs, tracing fees and collection costs.

5.7. Acting on behalf of yourself and your child, you hereby indemnify, waive and agree to release any claims which you, your child, or your child's heirs and successors may have against the Pre-School for any and all injuries, losses and damages to your child, your child's personal property and your personal property to the extent that those injuries, losses and damages are not covered by the Pre-School's insurance policies, or to the extent that the monetary amount of such injuries, losses or damages exceeds any amount payable under the Pre-School's insurance policies.

I have read and understood the terms and conditions on this page

[Please initial]

6. Continuation of Terms and Conditions

I/we acknowledge and understand that the terms and conditions contained in this Enrolment Form and in the Parent Handbook are binding on me/us for the duration of my/our Child’s attendance at the Pre-School, whether it is for one or more scholastic year(s).

7. Severability

Each of the provisions of this Agreement shall be considered as separate terms and conditions and in the event that this Agreement is affected by any legislation or any amendment thereto, or if the provisions herein contained are by virtue of that legislation or otherwise, held to be illegal, prohibited or unenforceable, then any such provisions shall be ineffective only to the extent of the illegality, invalidity, prohibition or unenforceability and each of the remaining provisions hereof shall remain in full force and effect as if the illegal, invalid, prohibited or unenforceable provision was not a part hereof.

8. Waiver

No waiver of any of the terms and conditions of this Agreement will be binding for any purpose unless expressed in writing and signed by the party giving the same, and any such waiver will be effective only in the specific instance and for the purpose given. No failure or delay on the part of either party in exercising any right, power or privilege will operate as a waiver, nor will any single or partial exercise of any right, power or privilege preclude any other or further exercise thereof or the exercise of any other right, power or privilege.

By signing this Enrollment Agreement, I/We are entering into a legally binding contract to pay the full amount of the annual tuition stated herein and I/we agree to be bound by the terms and conditions contained herein, as well as to those included in the Parent’s Handbook, which we acknowledge to have a copy of.

Signed aton theday of20

Father/Guardian name printed:

Signature:

Mother/Guardian name printed:

Signature:

I have read and understood the terms and conditions on this page

[Please initial]

MEDICAL FORM

Name of Paediatrician: _____

Telephone number: _____

Name of Doctor: _____

Telephone number: _____

Medical aid name: _____

Medical aid number: _____

Any allergies and reactions: _____

Other: _____

Tests/Evaluations: _____

I hereby authorise the principal, teachers, or assistants to seek any medical attention/advice, which my child may require, when the Paediatrician/family Doctor or ourselves cannot be contacted.

Name of parent:

Signature of Parent:

Date:

Name and telephone number of a person /s who can be contacted in a case of emergency:

.....

A copy of child's birth certificate and immunization card must be handed to the Pre-School. This is a requirement of the Health Department.

I have read and understood the terms and conditions on this page

[Please initial]

**CONSENT AND INDEMNITY IN FAVOUR OF THE FIELD AND STUDY MONTESSORI
PRE-SCHOOL ("THE PRE-SCHOOL")**

I, _____ (full name)

ID number: _____

Physical Address

The mother/guardian _____

The father/guardian _____

Hereby give consent for my son or daughter to take part in any mural activities of the Pre-School while on the Pre-School premises or any such place where such activities are engaged in, including but not limited to yoga, kindermusik, playball , karate, drama, monkeynastix, pottery and ballet and to make use of the educational and play equipment at the Pre-School.

I fully understand and accept that all Pre-School activities of the Pre-School shall be undertaken at my son\daughter and my own risk and I undertake on behalf of myself, the executors of my estate, my spouse, and my child aforesaid, to indemnify, hold harmless and absolve the Pre-School, the owner, principal, teachers and paid or unpaid assistants against and from any claims whatsoever that may arise in connection with any loss and damage to the property, or injury, illness or death to the person of my child aforesaid in the course of an excursion or Pre-School activity notwithstanding that the owner, principal, teachers and paid or unpaid assistants will nevertheless take all reasonable precautions for the safety and welfare of my child.

Name of parent(s) and/or guardian:

Signature of mother: _____

Signature of father/guardian: _____

Witness: _____

Dated: _____

Place: _____

No changes, copies, or omitted sections of this indemnity will be accepted

I have read and understood the terms and conditions on this page

[Please initial]