Besige Bytjie Akademie

Enrollment applications are reviewed on a first-come, first-served basis. Once all available spaces have been filled, any additional applications will be placed on our waiting list and families will be contacted should a space become available.

Child Information

First Name: _____ Last Name: _____
Nickname/Preferred Name: _____ Gender: _____
Date of Birth: _____ Home Language: _____
Religion/Cultural Considerations: _____
Home Address:_____
_____
_____

AFTERCARE ONLY
School Name: _____Grade:_____
Sport & Extra Murals: _____

Siblings

Please list all siblings and their ages:
Name & Age
_____
_____
_____
_____

Previous School / Daycare Information

Previous Daycare/School Name:
_____
Contact Person: _____
Contact Number: _____
Reason for Leaving:_____
_____

Required Documents (Copies)

Please attach the following documents:

- □ Child's Birth Certificate
- □ Mother/Guardian ID
- □ Father/Guardian ID
- □ Proof of Residence
- □ ID Copies of all authorised persons
- □ Clinic Book / Immunization Record
- □ Medical Aid Card
- □ Custody Documents (if applicable)
- □ Medical Condition / Allergy Information Form

Parent / Guardian Information

Parent / Guardian 1

First Name: _____ Last Name: _____
Nickname/Preferred Name: _____ Gender: _____
ID Number: _____
Relationship to Child: _____
Cellphone Number: _____ Email Address: _____
Home Address:_____
_____
_____
Occupation: _____ Workplace: _____
Workplace Contact Number: _____

Parent / Guardian 2

First Name: _____ Last Name: _____
Nickname/Preferred Name: _____ Gender: _____
ID Number: _____
Relationship to Child: _____
Cellphone Number: _____ Email Address: _____
Home Address:_____
_____
_____
Occupation: _____ Workplace: _____
Workplace Contact Number: _____

Billing Information

Preferred Method of Receiving Invoices/Statements:
□ Email
□ WhatsApp
□ Printed Copy
Email/Number for Billing Communication:
_____
Person Responsible for Payment:
_____

Custody / Legal Authority

Are there any custody arrangements, court orders, or legal restrictions regarding collection or communication concerning the child?
□ Yes (please attach certified copies)
□ No
Who has legal authority to make medical and educational decisions?
□ Both Parents
□ Mother
□ Father
□ Legal Guardian
_____

Emergency Contact Information (Other than Parent/Guardian)

Full Name:
_____
Relationship to Child:
_____
Cellphone Number:
_____
Alternative Number:
_____

Full Name:
_____
Relationship to Child:
_____
Cellphone Number:
_____
Alternative Number:
_____

Authorized Collection Persons

Please list persons authorized to collect your child from school.

Full Name: _____ Relationship: _____
Contact Number: _____ ID: _____

Full Name: _____ Relationship: _____
Contact Number: _____ ID: _____

Full Name: _____ Relationship: _____
Contact Number: _____ ID: _____

Full Name: _____ Relationship: _____
Contact Number: _____ ID: _____

Child Routine & Daily Care Information

Feeding & Nutrition Information

Feeding Stage
□ Breast-fed
□ Bottle-fed
□ Formula-fed
□ Eats Solid Foods Independently
□ Requires Feeding Assistance

Bottle Information
Bottle Times:
_____
Formula Brand:
_____
Amount per Bottle:
_____
Scoops:_____ / ML per bottle:_____

Bottle Warming Instructions:
_____
May staff offer additional water?
□ Yes □ No

Eating Abilities
My child:
□ Eats independently
□ Needs assistance eating
□ Uses a bottle
□ Uses a sippy cup
□ Uses a spoon/fork
□ Has choking concerns
Additional Notes:
_____

Food Preferences
Favourite Foods:
_____
Foods Disliked:
_____
Dietary Requirements:
_____
Religious/Cultural Dietary Restrictions:
_____

Sleep & Rest Routine

Sleep Schedule
Morning Nap Time: _____
Afternoon Nap Time: _____
Average Sleep Duration: _____

Sleep Habits
My child:
□ Sleeps independently
□ Needs rocking
□ Uses a dummy/pacifier
□ Sleeps with comfort item
□ Needs white noise/music
□ Needs bottle before sleep

Sleep Preferences
Preferred Sleep Position:
_____
What helps your child fall asleep?
_____
Any sleep difficulties?
_____
_____

Development Information

Mobility
My child:
□ Crawls
□ Walks independently
□ Runs
□ Needs mobility assistance

Communication
My child:
□ Uses single words
□ Uses short sentences
□ Uses sign language
□ Is non-verbal

Social Development
My child:
□ Plays independently
□ Enjoys group play
□ Is shy around others
□ Has separation anxiety

Behaviour Information

Triggers that upset child: _____
Best calming methods: _____
Behaviour strategies used at home: _____

Does your child have any fears or anxieties?
□ Yes □ No
If yes, please explain:
_____
_____

Comfort Item (dummy, blanket, toy, etc.): _____

Personality & Temperament Notes:
_____
_____

What comforts your child when upset?
_____
_____

Daily Care Instructions
Please provide any additional information that will help us care for your child safely, lovingly, and effectively.
_____
_____

Is there any emotional, behavioural, family, or personal situation we should be aware of to better support your child?
_____
_____
(Examples: divorce, loss of a loved one, trauma, anxiety, therapy, behavioural concerns, recent changes at home, etc.)

Is your child currently receiving support from a therapist or other professional?
□ Yes □ No
If yes, please provide details:
_____

f your child has been diagnosed with, is currently being assessed for, or you suspect any developmental, behavioural, learning, or sensory condition (including ADHD, Autism Spectrum Disorder, speech delays, sensory sensitivities, or any other additional support needs), this must be communicated to the school. Additionally, if a parent, sibling, or close family relative has been diagnosed with any of these conditions, we kindly request that this information also be disclosed.
Please provide details: _____

Toiletting & Diaper Information

Diapering
My child:
□ Wears diapers full-time
□ Wears pull-ups
□ Is potty training
□ Is fully toilet trained

Diaper Routine
Preferred Diaper Brand:
_____
Diaper Cream Used:
_____
Frequency of Changes Needed:
_____
_____

Potty Training Information
Toilet words used at home (wee, potty, etc.): _____
Signs child gives when needing toilet:
_____

Can child:
□ Pull pants up/down
□ Wipe independently
□ Wash hands independently

Toilet Concerns
Constipation Issues: □ Yes □ No
Sensitive Skin / Nappy Rash: □ Yes □ No
Additional Notes:
_____

Medical Information

Doctor Information
Child's Doctor / Clinic Name:
_____
Doctor's Contact Number:
_____
Medical Aid Name:
_____
Medical Aid Number:
_____

Allergies
Allergies:
_____
Reaction Symptoms:
_____
Required Treatment:
_____

Medical Consent
In the event of an emergency, I hereby give permission for the school to seek medical treatment for my child should I not be reachable.

Parent Signature: _____
Date: _____

Medical Conditions / Medication
Does your child have any medical condition?
_____
_____
Is your child currently on medication?
□ Yes □ No
If yes, please provide details:
_____
_____

Immunisations
Are immunisations up to date? □ Yes □ No
Please attach a copy of the immunisation card.

Parent Responsibility Statement
I acknowledge that it is my responsibility to ensure the correct medication is always available at school, clearly labeled with my child's name and dosage instructions. I will regularly check that the medication has not expired and replace it when necessary.

Parent/Guardian Initials: _____

Permissions

MEDIA / PHOTOGRAPHY CONSENT

We may take photographs or videos of children during daily activities, special events, outings, and school functions at Besige Bytjie Akademie.

Please indicate if you give permission for your child's photos/videos to be used:

- In school newsletters
- On the school website or Facebook page
- In classroom photo albums

Please note: If permission is not granted, your child may not participate in certain events such as the school concert, as these are photographed and video recorded.

If you object, please ensure your child is aware of this where possible.

☐ Granted ☐ Denied

AFTERCARE TRANSPORTATION WAIVER

I give permission for my child to be released to a Besige Bytjie Aftercare Supervisor and to be transported between the school and Besige Bytjie Aftercare in a private vehicle.

I understand that drivers must:

- Be 21 years or older
- Have a valid Professional Driving Permit (PDP)
- Have no reckless driving or DUI convictions within the past 2 years

I understand that Besige Bytjie Akademie / Aftercare is not liable for any incident that may occur during transportation by a private vehicle.

I understand that my child may only be transported by the approved person(s) listed by the school.

☐ Granted ☐ Denied

SUNSCREEN / INSECT REPELLENT / OINTMENT CONSENT

I give permission for Besige Bytjie Akademie staff to apply sunscreen, insect repellent, anti-itch cream, and diaper ointment to my child when necessary.

I understand that I must provide any specific products required for my child.

☐ Granted ☐ Denied

Please find our policies and addendum A (Fees) on our website.

PRESCHOOL INDEMNITY, WAIVER OF LIABILITY AND CONSENT FORM
Name of Preschool: Besige Bytjie Akademie
Child's Full Name: _____
Parent/Guardian Name: _____
ID Number: _____
Contact Number: _____

1. Acknowledgement of Risks
I, the undersigned parent/legal guardian, acknowledge that participation in preschool activities may involve certain risks, including but not limited to accidental injury, illness, falls, collisions, playground incidents, sports-related injuries, transportation incidents (where applicable), and damage to or loss of personal property.

2. Consent to Participation
I hereby grant permission for my child to participate in all normal preschool activities, educational programs, supervised play, excursions, sports, and related activities authorized by the Preschool.

3. Indemnity and Waiver
To the fullest extent permitted by law, I agree to indemnify and hold harmless the Preschool, its owners, directors, employees, teachers, assistants, volunteers, and agents from any claims, losses, damages, costs, expenses, or liabilities arising from:

- Accidental injuries sustained by my child during normal preschool activities;
- Loss, theft, or damage to personal belongings brought onto the premises;
- Illnesses or infections:
- Injuries resulting from a child's failure to follow instructions or rules.

4. Limitation of Liability
I acknowledge and agree that the Preschool or its employees, shall not be liable for any injury, loss, damage, expense, or claim suffered by me or my child.

5. Medical Treatment
In the event of an emergency and where I cannot be contacted, I authorize the Preschool to obtain emergency medical treatment for my child as deemed necessary. I agree to be responsible for all medical expenses incurred.

6. Health Information
I undertake to provide accurate information regarding my child's medical conditions, allergies, medications, and special needs and to update the Preschool of any changes.

7. Collection of Child
I acknowledge that the Preschool will only release my child to authorized persons identified by me and that I remain responsible for ensuring that collection arrangements are maintained and updated.

8. Compliance with Rules
I agree that my child and I will comply with all Preschool policies, safety procedures, and rules communicated by the Preschool from time to time.

8A. Emergency Transportation Authorization
In the event that my child requires urgent or emergency medical treatment and I or any authorized emergency contact person cannot be reached within a reasonable time, I hereby authorize the Preschool, its employees, or its authorized representatives to arrange and provide transportation for my child to a hospital, clinic, medical practitioner, or other appropriate healthcare facility for the purpose of obtaining necessary medical assessment or treatment. I acknowledge and agree that the Preschool may use an ambulance service, school vehicle, staff member's vehicle, or any other reasonable means of transportation available under the circumstances. I further agree to be responsible for any costs associated with such transportation and medical treatment.

8A. Preschool Policies, Rules, Regulations and Fees
I acknowledge and agree that all Preschool policies, rules, regulations, procedures, codes of conduct, fee schedules, and related information are available on the Preschool's website and/or mobile application. I confirm that I have read, understood, and accepted these policies, rules, regulations, and fees, and I undertake to comply with them for the duration of my child's enrolment at the Preschool. I further acknowledge that it is my responsibility to remain informed of any updates or amendments published by the Preschool from time to time.

8B. POPIA Consent
In accordance with the Protection of Personal Information Act, 2013 (POPIA), I hereby consent to the collection, processing, storage, and lawful use of my personal information and my child's personal information by the Preschool for educational, health, safety, communication, administrative, financial, and legal purposes related to my child's enrolment and attendance. I understand that the Preschool will take reasonable steps to protect such information and that personal information will not be shared with third parties except where required by law or where necessary to fulfil the Preschool's obligations relating to the care and education of my child.

8C. Observation and Assessment of Child Development
I acknowledge and consent to the Preschool conducting ongoing observations, assessments, record-keeping, and monitoring of my child's development, learning progress, behaviour, and wellbeing. I understand that these observations and assessments are conducted for educational planning, developmental support, and feedback purposes. I further acknowledge that should the Preschool identify any developmental, behavioural, educational, or health concerns that may require further evaluation by an external professional, the Preschool will first discuss such concerns with me and obtain my knowledge and involvement before any referral is made.

9. School Fees and Payment Obligations

I acknowledge and understand that the Preschool fee is an annual fee for the academic year, with the option provided by the Preschool to pay the annual fee in monthly instalments from January to December. I further acknowledge and agree that:

- The annual fee remains due and payable in full regardless of whether payment is made upfront or by monthly instalments;
- If notice of withdrawal is given during the year, the full annual fee remains payable;
- The parent/guardian may submit a written request to management for the remaining portion of the annual fee to be waived;
- Any waiver, reduction, or cancellation of outstanding fees is entirely at the sole discretion of Preschool management, and management is under no obligation to approve such request;
- The Preschool may take legal steps to recover any outstanding fees and may obtain judgment for unpaid fees in accordance with applicable law;
- Monthly instalments are due in advance on the first day of each month;
- Failure to make payment by the 7th day of the month may result in suspension of access to the Preschool's services for both the parent/guardian and child until the account is brought up to date;
- Such suspension does not cancel or reduce the obligation to pay the remainder of the annual fee, which shall remain due and owing to the Preschool;
- Late payment fees, administrative charges, collection costs, and any other applicable charges may be added to overdue accounts;
- Late collection of a child may result in additional charges as determined by the Preschool's policies.

10. Severability

Should any provision of this agreement be found invalid or unenforceable, the remaining provisions shall remain in full force and effect.

11. Governing Law

This agreement shall be governed by and interpreted in accordance with the laws of the Republic of South Africa.

Declaration

I confirm that I have read and understood this Indemnity, Waiver of Liability and Consent Form, including the School Fees and Payment Obligations section. I voluntarily agree to its terms and acknowledge that I have had the opportunity to seek independent legal advice before signing.

Parent/Guardian Signature: _____
Name: _____
Date: _____

Witness Signature: _____
Witness Name: _____
Date: _____