

## Registration Form 2026

### Child Details:

Names / Nickname: \_\_\_\_\_ / \_\_\_\_\_

Surname: \_\_\_\_\_

Birth date: Year \_\_\_\_\_ / Month \_\_\_\_\_ / Day \_\_\_\_\_

Gender: Male  Female

Grade: \_\_\_\_\_

Language / Nationality: \_\_\_\_\_ / \_\_\_\_\_

Enrolment Date: Year \_\_\_\_\_ / Month \_\_\_\_\_ / Day \_\_\_\_\_

Doctor's Name & Number: Doctor: \_\_\_\_\_ Number: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Medical Aid Name & Number: \_\_\_\_\_ / Number \_\_\_\_\_

Medical Aid Main Member: \_\_\_\_\_ / Dependant #: \_\_\_\_\_

Allergies / Notes: \_\_\_\_\_  
\_\_\_\_\_

**Half Day / Full day:** Half Day @ R1950 p/m  Full Day @ R2350 p/m

**Crèche (Incl. meals):** 5x Half Day @ R1950 p/m  5x Full Day R2250 p/m

**Hours:** Half Day 07.00 – 14:00 Full Day 07:00 – 17:00

**Once off registration fee @ R500.00**

**Please attach the following:**

- \* Copy of child's birth certificate
  - \* Copy of parents/guardian ID
  - \* Copy of immunization register (0-5years)
  - \* Last report received if transferring from another school
- Please complete one application per child**

**Parent / Guardian Details:**

Relationship: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Title / First Name(S) ( \_\_\_\_\_ ) \_\_\_\_\_

Surname: \_\_\_\_\_

ID / Passport Number: \_\_\_\_\_

Marital Status: Married  Divorced  Widowed  Single

Contact Details: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work / Daytime Address: \_\_\_\_\_  
\_\_\_\_\_

Home / Evening Address: \_\_\_\_\_  
\_\_\_\_\_

Paying Person: Yes  No  Company

**Other Contacts:**

Relationship: \_\_\_\_\_

Title / Full Name: \_\_\_\_\_ / \_\_\_\_\_

Contact Number(s): \_\_\_\_\_ / \_\_\_\_\_

## Child Development Overview:

- Does your child have any habits (Like nail biting for example) that you would like us to be aware of?  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child have any special medical, physical or emotional needs that you would like us to be aware of?  
\_\_\_\_\_  
\_\_\_\_\_
- Are there any foods or drinks that your child cannot have that we need to be aware of?  
\_\_\_\_\_  
\_\_\_\_\_
- Has your child had any operations that you would like us to be aware of?  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have any specific concerns about an aspect of your child's development?  
\_\_\_\_\_  
\_\_\_\_\_
- Is there anything else that you feel is important for us to be aware of with regards to your child's development?  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach the following:**

- \*Copy of child's birth certificate
- \* Copy of parents/guardian ID
- \* Copy of immunization register (0-5years)
- \* Last report received if transferring from another school

**Please complete one application per child**

## Emergency / Medical Permissions:

Parent / Guardian: \_\_\_\_\_  
Full Name

Child's Full Name: \_\_\_\_\_

In the event of the child being stung, grazed, scratched, cut or sustaining a similar injury to him / herself I hereby,

GIVE PERMISSION  DO NOT GIVE PERMISSION

For the staff of Voetspoortjies Kinder Akademie to administrate an antiseptic ointment/cream to the wound if it is deemed necessary.

In the event of the child unexpectedly being in persistent pain, in pain from an injury or experiencing a fever on any particular day I hereby,

GIVE PERMISSION  DO NOT GIVE PERMISSION

For the staff of Voetspoortjies Kinder Akademie to administrate an age-appropriate dose of paediatric syrup if it is deemed necessary.

In the event of an urgent medical emergency, I hereby,

GIVE PERMISSION  DO NOT GIVE PERMISSION

For the staff of Voetspoortjies Kinder Akademie to seek medical attention, including, but not limited to, the nearest doctor facilities for the child. The permission includes the administration of anaesthetics in a case where parent(s) / guardian(s) cannot be reached. I will also accept all expenses incurred.

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

\_\_\_\_\_  
Date

## Photograph Permissions:

Parent / Guardian

Full Name: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

I hereby grant the following permissions to Voetspoortjies Kinder Akademie to use photographs / videos of my child in the following ways:

	Grant Permission	Decline Permission
Display photographs possibly containing my child on their premises.	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs / videos possibly containing my child to other parent of children in the school such as photographs taken during a birthday party or special event.	<input type="checkbox"/>	<input type="checkbox"/>
Use photographs / videos possibly containing my child on their official website.	<input type="checkbox"/>	<input type="checkbox"/>
Use photographs / videos possibly containing my child for official marketing related uses such as on flyers or in an advert.	<input type="checkbox"/>	<input type="checkbox"/>

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

\_\_\_\_\_  
Date



## ACKNOWLEDGEMENT OF FINANCIAL POLICY 2026

I hereby acknowledge \* / us, the parent (s) / guardian (s):

Name & Surname: \_\_\_\_\_ ID Number: \_\_\_\_\_

\_\_\_\_\_  
Name & Surname: \_\_\_\_\_ ID Number: \_\_\_\_\_

1. Receipt of the Financial Policy of Voetspoortjies and declare me/us willing to abide by it
2. I / We note that the fee for 2026 is as follows for 12 (twelve) months unless otherwise stated:

### **FEES FOR 2026**

#### **DAYCARE & PRESCHOOL GROUPS (0-5 YEARS)**

5 days a week R1950 per month half day (until 14h00) / R2250 per month full day

Meals are included in preschool fee.

\* Administrative fee of R500 on 1st entry, per entry.

#### **PRIMARY SCHOOL – FOUNDATION PHASE TO INTERMEDIATE PHASE**

5 days a week R1950 per month half day (until class ends) / R2350 per month full day (with homework and aftercare)

\* Administrative fee of R500 on 1st entry, per entry.

\* Stationery and school uniforms excluded

#### **MEALS**

Gr R – 1: Half day – R650/month and Full day – R750/month

If a parent has not made arrangements for a learner to stay late, a supervision fee of R50 / hour will be charged.

### **BANKING DETAILS:**

**VOETSPOORTJIES KINDER AKADEMIE (PTY) LTD**

**Account number: 4099935987 / Cheque**

**Branch Code: 632005**

**Reference: Child's name**

- 2.1 I /We undertake to pay the fees promptly and IN ADVANCE on or before the last day of each month
- 2.2 I /We take note of Voetspoortjies' policy that if the school fees have not been paid before or on the 5th day of the month and no arrangements have been made with the office, my/our child may not attend Voetspoortjies further. If I am one month in arrears, Voetspoortjies may refuse to take further care of my /our child and my/our child's place may be ceded to another child.
3. I / We undertake to give **ONE CALENDAR MONTH** written notice should we cancel our child's place. However, we are aware that we may not give notice for November in October except when we can provide proof of relocation.
4. We undertake not to institute any claim against the staff or management of Voetspoortjies for any accident or unforeseen event in which my /our child may become involved.
- \* the "I" in all cases refers to both parents as well as guardians

SIGNATURE	MOTHER / GUARDIAN	FATHER / GUARDIAN
DATE		
FULL NAME & SURNAME		



**GENERAL DISCLAIMER 2026**

Children use educational and play equipment at Voetspoortjies and although the children are constantly supervised, it would be appreciated if you would sign the following indemnity below:

I, \_\_\_\_\_ (FULL NAME AND SURNAME)

ID NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

the \_\_\_\_\_ parent/guardian/primary caregiver \_\_\_\_\_ of \_\_\_\_\_ agrees:

1. To give my /our permission for my /our child/ren to be seen by any doctor in an emergency  
2. That the Principal of Voetspoortjies or in her absence, any other responsible person, as designated by the Principal of Voetspoortjies, after all possible and reasonable steps have been taken to contact me and such steps have been unsuccessful, may give permission and may sign the necessary forms of consent for my/our child to receive any surgery or any other medical procedure or treatment that may be required, provided that such consent will only be given on the advice and under the supervision of a medical doctor. I /we also accept and agree to the payment of such medical expenses.

3. That although the Principal of Voetspoortjies as well as the employees at Voetspoortjies and/or the caregivers of Voetspoortjies will look after my /our child/ren to the best of their ability, no such person or any person connected to Voetspoortjies, accepts any responsibility and/or liability in respect of any claims that may arise from any accident or injury that may occur to me /our child/ren while he/she is in the care of Voetspoortjies, its Principal, caregivers, and/or employees and I/we hereby waive any claims that I / we may have and that may arise from the above, whether in my/our personal capacity or my/our capacity as parent(s), guardian(s) or primary caregiver(s) of my child/ren and I/we hereby expressly excuse Voetspoortjies's Principal and/or her employees and/or the caregivers from any claims that may arise or that may be instituted against Voetspoortjies, the Principal, caregivers and/or employees.

4. That I/we will ensure that my/our child/ren are properly vaccinated and will provide such evidence to Voetspoortjies on request.

3. That I will inform Voetspoortjies in writing of any change in address, telephone numbers, marital status, business address or any other important information, within seven (7) days of such change occurring.

Voetspoortjies undertakes to take all reasonable precautionary measures to ensure the safety and well-being of all children in Voetspoortjies' care.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Primary caregiver

\_\_\_\_\_  
Witness on behalf of Parent/Guardian/Primary caregiver