

72c Grace Avenue, Murrayfield 0184  
[MickeyMouseDaycareHouse@gmail.com](mailto:MickeyMouseDaycareHouse@gmail.com)  
[www.MickeyMouseDaycare.co.za](http://www.MickeyMouseDaycare.co.za)

Tel/Fax: 012-803 1269  
083 544 2570  
083 454 2467

## Registration Form

### CHILD'S DETAILS

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*(Copy of birth certificate & immunization card attached)*

### FATHER'S DETAILS

### MOTHER'S DETAILS

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

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

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Passport/  
ID no: \_\_\_\_\_ Passport/  
ID no: \_\_\_\_\_

*(Copy of ID documents / Passport attached)*

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Tel no: \_\_\_\_\_ Home Tel no: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_ e-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Tel no: \_\_\_\_\_ Work Tel no: \_\_\_\_\_

**Alternative contact person not living with you:**

Name: \_\_\_\_\_ Cell No: \_\_\_\_\_ Other No: \_\_\_\_\_

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

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**MEDICAL PRACTITIONER**

Dr.: \_\_\_\_\_ Tel no.: \_\_\_\_\_ Medical Aid \_\_\_\_\_ No: \_\_\_\_\_

*(Copy of medical aid card attached)*

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**Emergency contact person other than parent/guardian who may collect child from centre on their behalf:**

Name: \_\_\_\_\_ Tel No.: \_\_\_\_\_

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**Special Instructions:**

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***NB!***

**It is your responsibility to advise Mickey Mouse Daycare House of any changes in the above information.**

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**Enrolment type (tick appropriate program)**

Full day: \_\_\_\_\_

Half day: \_\_\_\_\_

Enrolment date: \_\_\_\_\_

Agreed fees (per year/month/day): \_\_\_\_\_

Where did you hear about us: Internet: \_\_\_\_\_ Word of mouth: \_\_\_\_\_ Other: \_\_\_\_\_

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*I declare that I understand the content of the above document and that all information is correct and true.*

Signatures : \_\_\_\_\_

Date: \_\_\_\_\_

Payment Agreement:

I undertake to pay the school fees by the 1st of every month and accept that, should I breach this agreement, I will be held liable for any cost incurred by *Mickey Mouse Daycare House* as well as any legal fees regarding debt collection.

- 1. I undertake to pay the above fees monthly in advance by the 1st of every month, over 12 months (i.e. including December of every year); by either EFT or direct deposit.

Initial: \_\_\_\_\_

- 2. I agree that FULL fees will be paid by the 1st (first) to reflect in *Mickey Mouse Daycare House's* bank account by no later than the 3rd (third) of every month and failing to do so, am liable to be charged with a late payment penalty of 10% weekly.

- 3. I understand and agree that fees are payable irrespective of absenteeism due to vacation, illness or any other reason and to give a two (2) calendar month's written notice (1<sup>st</sup>-31<sup>st</sup>) between January and September, and three (3) calendar months' notice if notice is tendered in or after October.

I understand that the last notice date for the year-end is 1st October, and if notice is given after such date, I will be held liable for the full school fees for the remainder of that year.

Initial: \_\_\_\_\_

- 4. I understand and agree that should no payment be made by the 15<sup>th</sup> of the month such an account will be handed over for debt collection and legal fees incurred will be added to this account.

- 5. I understand that each January, school fees are reviewed and notification of this change will be provided at the end of November/beginning December of the preceding year.

- 6. I consent to a credit worthiness check and understand that only if I pass this check will my child be accepted into *Mickey Mouse Daycare House*.

Initial: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parents/Guardians

\_\_\_\_\_

\_\_\_\_\_  
Date

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## Indemnity Form

### CHILD'S DETAILS

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

### **We the parent/guardian of the above mentioned child, hereby agree:**

1. To accept and abide by all terms and conditions of *Mickey Mouse Daycare House* with which I declare myself fully acquainted with.
2. That *Mickey Mouse Daycare House* will care for my child to the best of their ability and *Mickey Mouse Daycare House*, any staff member or any other entity connected to the Centre will not accept liability for any claim/s arising from any accident or injury happening to my child while he/she is in the care of *Mickey Mouse Daycare House* on or outside their premises or any other claim/s of whatsoever nature that I or my child may have and do waive any claim/s which may at any time arise as aforesaid, both in my or my child's personal capacity and in my capacity as parent or guardian of my child.
3. Not to hold *Mickey Mouse Daycare House* or any staff member liable for lost, stolen, damage and/or injuries to property of my child or any natural person who is directly or indirectly related to my child.
4. That I have disclosed all relevant information pertaining to my child's medical condition and have ensured that my child has been properly immunized against whooping cough, diphtheria, tetanus, and polio and vaccinated against tuberculosis, and will furnish proof of this on request.
5. That the staff at *Mickey Mouse Daycare House* may give medical attention in the case of any accident or injury. I hereby give permission that the owner/staff may transport my child in case of any emergency. I do acknowledge that all medical expenses are liable to me if an event like this arises.
6. That *Mickey Mouse Daycare House* has the right to send home or refuse receipt of my child during the time that my child is sick to protect the safe being of other children until the condition has been diagnosed, stabilized and/or a medical certificate is issued by a medical professional. To contact *Mickey Mouse Daycare House* immediately if my child contracts a contagious disease so that other parents can be informed.
7. To pay the abovementioned fees punctually (1<sup>st</sup> of the month or before) and accept that, should I breach this agreement, I will be held liable for any costs incurred by the owner of the school, as well as legal fees incurred in the process. I accept that payment received after the 3rd of the month will attract a penalty charge of 10%, including holidays and weekends and may result in me losing my space at *Mickey Mouse Daycare House*.
  - a) I agree to pay school fees for 12 (months) of the year, including December.
8. I agree to give *Mickey Mouse Daycare House* two (2) calendar month's written notice between January and -September and three (3) calendar month's after 1 October. Also, I understand that the last notice date for the year -is 1 October and that if notice is given after such date, I will be held liable for the full school fees for the remainder of such year.
9. I hereby give permission that the abovementioned child may participate in all activities at *Mickey Mouse Daycare House*
10. I hereby give permission that photographs of my child may be posted on the school's Facebook page, website, newsletters and other relevant marketing material.
11. That *Mickey Mouse Daycare House* reserves the right to terminate the enrolment of my child on two weeks' notice if any behavior of my child is deemed intolerable by *Mickey Mouse Daycare House* to any of our staff, other parents or to the safety and well-being of other children at *Mickey Mouse Daycare House*. Also, in the event of a breach of any terms and conditions set out in this or any other document.
12. I hereby indemnify *Mickey Mouse Daycare House* and the owner, JENNY DU PREEZ, her spouse, executors or family and any of the staff employed, or acting upon instruction by *Mickey Mouse Daycare House* from any claim rising out of any accident or injury sustained by my child whilst being in their care.

*I declare that I understand the content of the abovementioned document and that all information that I supplied is correct and accurate.*

Date: \_\_\_\_\_

Signature of Parents/Guardians: \_\_\_\_\_

Indemnity form 01.12.2017.Owner: Jenny du Preez

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## Medical History

### CHILD'S DETAILS

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

Does your child suffer from (tick where applicable):

Anemia \_\_\_\_\_  
Asthma \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Epilepsy \_\_\_\_\_  
Hemophilia \_\_\_\_\_  
Any other \_\_\_\_\_

2. Has your child had any of these diseases (tick where applicable):

Chicken pox \_\_\_\_\_  
German measles \_\_\_\_\_  
Measles \_\_\_\_\_  
Mumps \_\_\_\_\_  
Any other \_\_\_\_\_

3. Allergies \_\_\_\_\_

4. Behaviour problems \_\_\_\_\_  
Speech problem \_\_\_\_\_  
Physical problem \_\_\_\_\_

5. Any other information/problem that *Mickey Mouse Daycare House* should be made aware of:

I hereby confirm that I have disclosed all relevant information pertaining to my child's medical condition.  
(Copy of immunization card attached)

\_\_\_\_\_  
Signature of Parents/Guardians Date: \_\_\_\_\_