

BATHO BOTLHE DAY CARE CENTRE



**3811 MALEBO STREET
NELLMAPIUS EXT 4
072 944 2793**

ADMISSION FORM FOR DAY CARE

CHILD'S NAME: _____

SURNAME: _____

DATE OF BIRTH: _____

ALLERGIES: _____ ON MEDICATION: YES/ NO

PARENT'S NAME & SURNAME: _____

IDENTITY NUMBER: _____

HOME ADDRESS: _____

CELL NO: _____

EMAIL ADDRESS: _____

COMPANY/EMPLOYMENT INSTITUTION: _____

WORK ADDRESS: _____

WORK TEL NO: _____

Working Document for Batho Bothle day care centre



BATHO BOTLHE DAY CARE CENTRE



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NELLMAPIUS EXT 4
072 944 2793**

EMPLOYER/SUPERVISOR'S NAME: _____

EMPLOYEE/ PERSONAL NUMBER: _____

OCCUPATION: _____

PAY DATE: _____

SCHOOL FEES AMOUNT: _____

PERSON RESPONSIBLE FOR TRANSPORTING CHILD: _____

CONTACT NUMBER: _____

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DAY CARE TERMS & CONDITIONS

This Agreement commences on _____ and continues a month-to-month basis until terminated by either party in terms of clause 8 below. The initial minimum period is six (6) months, after which it automatically continues monthly unless terminated.

2. ADMISSION DOCUMENTS REQUIRED

The Parent confirms that the following documents have been submitted and are valid:

- Certified copy of child's birth certificate/unabridged birth certificate
- Valid immunization card (clinic card)
- Certified copy of Parent/Guardian's ID document
- Proof of residence (utility bill or lease agreement)

3. DAYCARE OPERATING HOURS AND FEES

3.1. Operating hours are from _____ AM to _____ PM, Monday to Friday, excluding public holidays and Centre closure periods as notified.

3.2. **Monthly Fee:** The monthly fee is R _____ per child, payable in advance on or before the **1st day** of each month.

3.3. **Late Collection Penalty:** A penalty of **R50.00 per hour or part thereof** will be charged for children collected after the closing time.

3.4. **Late Payment Fee:** Accounts not paid by the **7th day** of the month will incur a late payment administration fee of **R100.00**.

4. PAYMENT TERMS AND METHODS

4.1. Fees are payable monthly in advance, regardless of attendance, public holidays, or incidental closure days, except when the Centre is closed for more than five (5) consecutive working days.

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DAY CARE TERMS & CONDITIONS

4.2. Preferred payment methods:

- Electronic Funds Transfer (EFT)
- Cash (receipt will be issued)

4.3. Bank Details:

Bank: **FNB**

Account Name: **Batho Botlhe Day Care**

Account Number: **62887777658**

Reference: **[Child's Surname] + [Child's Name]**

5. SUPPLIES REQUIRED

After registration, the Parent must provide:

- **Toiletries:** Sunscreen, wet wipes, nappies (if applicable), face cloth
- **Stationery:** As per the Centre's annual stationery list
- **Additional:** Two (2) complete changes of clothing, clearly marked with child's name

6. CENTRE ACTIVITIES AND PARENTAL INVOLVEMENT

6.1. The Centre focuses on child development and education. Parents are encouraged to ensure their child participates in Centre events, fundraising activities, and educational excursions.

6.2. **Optional Paid Activities:** Excursions, photo sessions, and graduation ceremonies are optional and incur additional costs. Written notice and separate payment will be required for each such activity. No child will be excluded from core educational programs if parents opt out of paid activities.

6.3. **Parent Meetings:** Will be held regularly with reasonable notice. Parents are expected to attend or arrange alternative representation.

6.4. **Progress Reports:** Will be issued quarterly (every three months).

7. LIABILITY AND INDEMNITY

7.1. **Medical Costs:** The Parent is responsible for medical costs if a child becomes ill or injured at the Centre, except where such illness or injury results from the gross negligence or willful misconduct of the Centre's staff.

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DAY CARE TERMS & CONDITIONS

7.2. **Personal Property:** The Centre will not be held liable for lost, stolen, or damaged clothing, bottles, or other personal items. All items must be clearly marked.

7.3. **General Indemnity:** The Parent indemnifies the Centre, its staff, and volunteers against any claims arising from the child's participation in normal Centre activities, except where caused by proven gross negligence.

8. SUSPENSION AND TERMINATION

8.1. **Suspension for Non-Payment:** The Centre may immediately suspend care services if fees are not paid by the 7th day of the month. Services will resume only upon full payment of all arrears, including late fees.

8.2. **Termination by Parent:** Requires one (1) full calendar month's written notice. Fees for the notice period are payable regardless of attendance.

8.3. **Termination by Centre:**

- For persistent non-payment (after 30 days in arrears)
- For material breach of this Agreement
- For behavioral issues endangering other children or staff
One week's written notice will be given, except in cases of immediate danger.

8.4. **Early Withdrawal:** If the Parent withdraws the child during the initial six-month period, they remain liable for fees for the notice period (one month) or until a replacement child is admitted, whichever is shorter.

9. DEBT RECOVERY AND COLLECTION COSTS

9.1. Should the Parent default on payment, the Centre will issue a final written demand allowing 7 days for payment.

9.2. If payment is not received, the account will be handed over to collections or an attorney. The Parent agrees to be liable for all collection costs, including:

- Collection commission (as per the Debt Collectors Act)
- Tracing agent's fees

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DAY CARE TERMS & CONDITIONS

- Legal costs on the attorney-client scale
- 9.3. The Parent consents to their credit record being updated with default information in accordance with the National Credit Act.

10. GENERAL

- 10.1. **Domicilium:** The addresses above will be used for all legal notices.
- 10.2. **Entire Agreement:** This document constitutes the entire agreement between the parties.
- 10.3. **Variations:** Any changes must be in writing and signed by both parties.
- 10.4. **Governing Law:** This Agreement is governed by South African law.

ACKNOWLEDGEMENT AND ACCEPTANCE

I, THE PARENT/GUARDIAN:

1. Confirm that I have read and understood all terms and conditions.
2. Agree to pay fees timeously as outlined.
3. Understand that failure to pay will result in suspension of services and debt collection proceedings.
4. Authorise the Centre to obtain emergency medical treatment for my child if I cannot be reached.
5. Consent to my child being included in group photographs for Centre records and display (not for commercial use).

PARENT/GUARDIAN SIGNATURE: _____

PRINT NAME: _____

DATE: _____

FOR THE CENTRE:

AUTHORISED SIGNATORY: _____

PRINT NAME: _____

POSITION: _____

DATE: _____

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