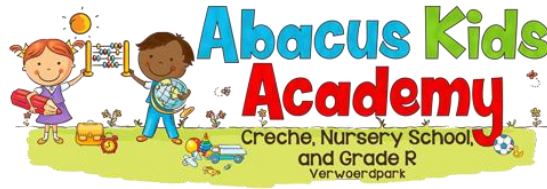


ALL SIGNATORIES TO
PLEASE INITIAL EACH PAGE



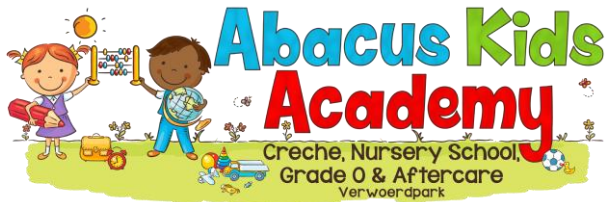
| Full Day | Half Day | Starting Date | Acc. No. |
|----------|----------|---------------|----------|
| | | | |

ABACUS KIDS ACADEMY ENROLMENT CONTRACT

| | | | |
|---|-------|--|---|
| A COPY OF THE STUDENT'S BIRTH CERTIFICATE, CLINIC CARD AND MEDICAL AID CARD AS WELL AS A COPY OF BOTH MOTHER AND FATHER'S ID MUST BE ATTACHED TO THIS ENROLMENT FORM | | | |
| STUDENT | | | |
| Surname: | | Full Name: | |
| Preferred Name: | | Date of Birth: | |
| Home Language: | | Other Language: | |
| Classroom Language: | | Gender (✓): | M <input type="checkbox"/> F <input type="checkbox"/> |
| Religion: | | | |
| Residential Address: | | | |
| FATHER / GUARDIAN | | MOTHER / GUARDIAN | |
| Surname | | Surname | |
| Full Name: | | Full Name: | |
| ID No: | | ID No: | |
| Home Telephone: | () | Home Telephone: | () |
| Mobile Telephone: | () | Mobile Telephone: | () |
| Work Telephone: | () | Work Telephone: | () |
| Name of Employer: | | Name of Employer: | |
| Address of Employer: | | Address of Employer: | |
| E-Mail: | | E-Mail: | |
| Residential Address (if different from Student): | | Residential Address (if different from Student): | |
| FRIEND / RELATIVE (not living with you) | | | |
| Surname: | | Surname: | |
| Full Name: | | Full Name: | |
| Relation to child: | | Relation to child: | |
| Home Telephone: | () | Home Telephone: | () |
| Mobile Telephone: | () | Mobile Telephone: | () |
| Work Telephone: | () | Work Telephone: | () |
| E-Mail: | | E-Mail: | |

| |
|---------|
| Initial |
|---------|

ALL SIGNATORIES TO
PLEASE INITIAL EACH PAGE



SPECIAL REMARKS / REQUESTS

| | |
|--|--|
| | |
|--|--|

PREVIOUS EDUCATIONAL HISTORY

| | | | |
|-----------------|--|-----------------|--|
| Name of School: | | Year Attended: | |
| Contact Person: | | Contact Number: | |

MEDICAL INFORMATION

| | | | |
|-------------------|----|------------------------|--------|
| Medical Aid Name: | | Medical Aid Nr.: | |
| Main Member: | | Medical Aid Telephone: | () |
| Family Doctor: | | Doctor Telephone: | () |
| Allergies: | 1. | Hospital Preferences: | 1. |
| | 2. | | 2. |

VACCINATIONS RECEIVED (✓):

| Age of Child | Vaccine Needed | Age of Child | Vaccine Needed |
|--------------|-----------------|--------------|-----------------|
| Birth | TOPV 1 | 14 weeks | RV 2 |
| | BCG | | PCV 2 |
| 6 weeks | TOPV 2 | | 6/9 months |
| | RV 1 | Hep B 3 | |
| | PCV 1 | 9 months | Measles 1 |
| | DTap-IPV//Hib 1 | 12/18 months | PCV 3 |
| 10 weeks | Hep B 1 | 18 months | Measles 2 |
| | DTap-IPV//Hib 2 | 6 years | DTap-IPV//Hib 4 |
| | Hep B 2 | | Td 1 |

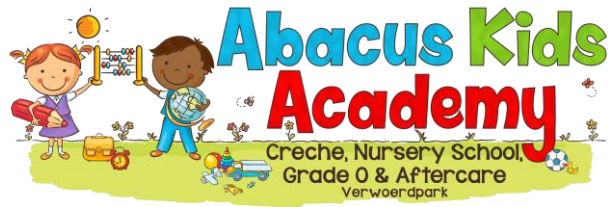
| PREVIOUS ILLNESSES (✓) (and date) | ANY OTHER ILLNESSES (and date) |
|-----------------------------------|--------------------------------|
|-----------------------------------|--------------------------------|

| | |
|--------------------------|----|
| Measles | 1. |
| Chickenpox | 2. |
| Mumps | 3. |
| Rubella (German Measles) | 4. |

INDICATE AGE AND DESCRIBE ANY OPERATIONS AND/OR HOSPITALISATIONS

| | | |
|----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |

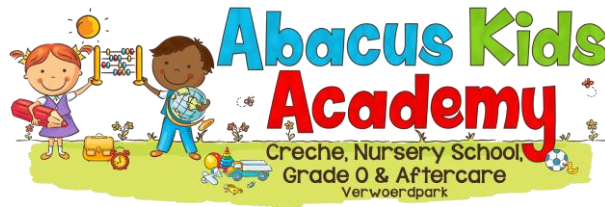
ALL SIGNATORIES TO
PLEASE INITIAL EACH PAGE



Chronic Health Information Form and Procedure

Should your child suffer from any chronic health illness, kindly indicate below the immediate action to be taken. While this action is put in place, you will be contacted and if necessary, emergency services.

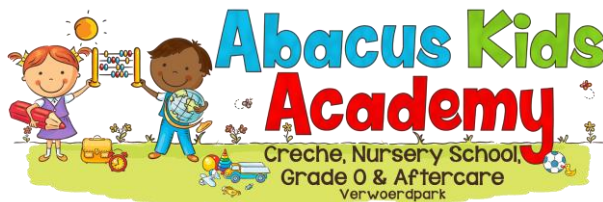
| STUDENT | | | |
|---|----|-----------------------|----|
| Surname: | | Full Name: | |
| Preferred Name: | | Date of Birth: | |
| CHRONIC HEALTH ILLNESS | | | |
| 1. | | | |
| 2. | | | |
| CHRONIC HEALTH MEDICATION CURRENTLY TAKEN | | FREQUENCY AND DOSAGE | |
| 1. | | | |
| 2. | | | |
| CHRONIC HEALTH ILLNESS PROCEDURE | | | |
| 1. | a) | 2. | a) |
| | b) | | b) |
| | c) | | c) |
| | d) | | d) |
| | e) | | e) |
| | f) | | f) |
| FATHER / GUARDIAN | | MOTHER / GUARDIAN | |
| Surname | | Surname | |
| Full Name: | | Full Name: | |
| ID No: | | ID No: | |
| Home Telephone: () | | Home Telephone: () | |
| Mobile Telephone: () | | Mobile Telephone: () | |
| Work Telephone: () | | Work Telephone: () | |
| Email: | | Email: | |



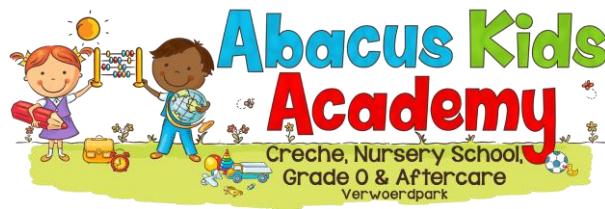
A COPY OF THE STUDENT'S BIRTH CERTIFICATE, CLINIC CARD AND MEDICAL AID CARD AS WELL AS A COPY OF BOTH MOTHER AND FATHER'S ID MUST BE ATTACHED TO THIS ENROLMENT FORM

ABACUS KIDS ACADEMY ENROLMENT CONTRACT

1. This document represents a legal contract between the undersigned and Abacus Kids Academy (Pty) Ltd (Abacus Kids Academy).
2. All requirements outlined in this Abacus Kids Academy Enrolment Contract will remain.
3. Our premises are enclosed, secured and CCTV monitored (excluding the bathroom and church hall) with internal monitoring and confidential record keeping. No CCTV monitoring footage may be copied or taken off site.
4. A R500-00 deposit is required, which will be deducted from the first month's fees.
5. Fees are payable in advance, on or before the 5th of each month, as follows: -
 - a. Full day R_____
 - b. Half Day R_____
6. Fees are divided over a 12 month period. One calendar months written notice, on or before the 1st of the month must be given, prior to taking the child out of Abacus Kids Academy. Failing this, you will be held liable for payment until notice is given (no exceptions will be made).
7. Fees will increase annually in May.
8. November and December will not be accepted as a notice month.
9. A late payment fee of R200-00 will be charged on outstanding accounts. This late payment fee will be charged each month if your account runs in arrears.
10. If your account falls in arrears, your child may not attend school until payment is received in full. This rule will apply from the 6th of each month should your financial obligations not be honoured.
11. If the account is not settled, your account will be handed for collection. Legal fees will be for your account.
12. Fees are not refundable for reasons of illness, holidays or any other cause. Should a child not be present at school for any period of time, for whatsoever reason, the monthly fees will still remain due and payable.
13. Extra mural fees are to be paid directly to the respective Service Provider and not to Abacus Kids Academy.
14. Abacus Kids Academy is closed on all Public Holidays and for a period over December.
15. Abacus Kids Academy is open Monday to Friday from 06h30 and closes strictly at 17h45 (1 September to end April) and 17h30 (1 May to end August).
16. There will be a R80-00 spot fine for late collection of children, payable to the staff member on duty. This fine will be enforced as from closing time up until 15 minutes over. Thereafter, children being collected after 15 minutes over closing time will be charged R100-00 for every 15 minutes or part thereof.
17. If for some unforeseen circumstance you are unable to collect your child on time, you are required, within a reasonable time, to verbally notify the school.



18. It is your responsibility to arrange for alternate means of transport, should you for some unforeseen circumstance be unable to collect your child on time.
19. Please ensure that your child is at school by 08h30 each day, to avoid them missing out on important class work and activities.
20. Breakfast is served between 08h00 and 08h20. If your child arrives after 08h30, we will assume that he/she has already had breakfast.
21. In compliance with school and health regulations, any child suffering from a contagious ailment, high fever, severe respiratory infection or experiencing vomiting or diarrhoea, must be kept at home.
22. Should specific medication need to be administered during school hours, parents are required to physically hand such medication to a teacher. Parents must then complete the necessary information in the communication book as well as the medicine chart located in the office. If medication is found inside of your child's school bag, such medication will be stored until home time and will not be administered.
23. It is compulsory that you send a school bag to school each day for your child as well as to send a sun hat to school each day during the months of Spring and Summer.
24. Should you prepare additional snacks for your child for school, please pack nutritious items, such as juice, fruit, vegetables, yoghurt, cheese, crackers, etc.
25. Sweets (unless arranged for a birthday party), chocolates, chewing-gum, peanuts and fizzy soft drinks are not permitted at school. If any of these items are found in your child's school bag or lunchbox, such items will be held back until home time.
26. Children are not permitted to bring toys of any nature, balloons, electronic devices, mobile devices, money and jewellery to school. If any of these items are found in your child's possession, such items will be held back until home time.
27. Only Grade R students are permitted to stay awake during sleep time. Consideration may be given to Grade 00 students.
28. Mattress covers are compulsory for all students who sleep during sleep time. These mattress covers are to be taken home every Friday for washing and returned every Monday.
29. An A5 hard cover communication book is compulsory and needs to be present in your child's bag every day. This book needs to display the school front cover with your child's photograph, wrapped in plastic and requires all the requested information.
30. All personal belongings must be clearly marked with your child's name.
31. Please use the school contact numbers if you need to contact us. Messages received on the teacher's private phones will not be acknowledged or replied to.
32. If you experience problems at home, kindly discuss them with your child's teacher or school principal. The information will enable them to understand and assist your child better.
33. If your child has been ill or upset the previous night, the teacher must be informed accordingly.



DISCIPLINE:

1. Students who tantrum, lack good manners and respect and won't listen to reasonable instruction will not be tolerated.
2. Vulgar language, bullying, hitting, pinching and biting will not be tolerated.
3. Should a student purposely break or damage the school / fellow student or teacher's property, the parent will be asked to pay damages.
4. Students who demonstrate bad behaviour will either spend time at the time out wall or report to the office for time out.
5. We will try and remedy bad behaviour in-house, but we need parent's co-operation to help eliminate bad behaviour immediately.
6. Parents will be notified and the necessary action discussed.
7. Should intolerable behaviour continue after a parent has been informed we will ask you to remove your child from our school, as such behaviour has a negative impact on the whole class.

I DO grant permission for photographs of my child to appear on the school's social media platforms.

I DO NOT grant permission for photographs of my child to appear on the school's social media platforms.

Abacus Kids Academy will not be liable for any loss or damage to personal items brought to school.

Abacus Kids Academy will at all-time care for the child in a responsible manner; but will not be held responsible for any accidents or misfortune which may occur while the child is in its care.

A condition of enrolment is that no claim of whatsoever nature will be instituted by the parent/guardian or third party against Abacus Kids Academy (Pty) Ltd and its owners, staff and agents, should an unforeseen event cause the child any harm, whether such harm be caused by any individual or through a medical condition or through an act of God.

Whoever signs this Abacus Kids Academy Enrolment Contract binds himself/herself totally and irrevocably to the conditions herein contained in his/her personal capacity, irrespective of marital standing or relation and by attaching his/her signature hereto acknowledges that he/she has the authority to do so.

I/We have read and hereby accept all of the terms as stated in this Abacus Kids Academy Enrolment Contract. No variations of this Abacus Kids Academy Enrolment Contract shall be binding unless reduced to writing and signed by both parties hereto.

In the event that I/We cannot be reached, I/We hereby give permission for my/our child to receive any necessary emergency medical care or treatment. I/We acknowledge that every effort will be made by Abacus Kids Academy to contact me/us. Before such action is taken I/We will be responsible for the payments for such care or treatment.

I/We hereby declare that the information provided in this Abacus Kids Academy Enrolment Contract to be true and correct.

MOTHER / GUARDIAN FULL NAME

MOTHER / GUARDIAN SIGNATURE

FATHER / GUARDIAN FULL NAME

FATHER / GUARDIAN SIGNATURE

TODAY'S DATE _____

STARTING DATE _____