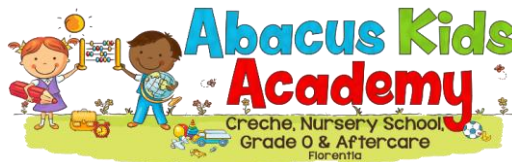


ALL SIGNATORIES TO
PLEASE INITIAL EACH PAGE



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	F
Religion:				
Residential Address:				

FATHER / GUARDIAN

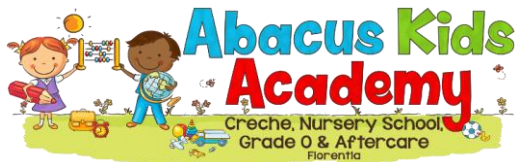
MOTHER / GUARDIAN

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):

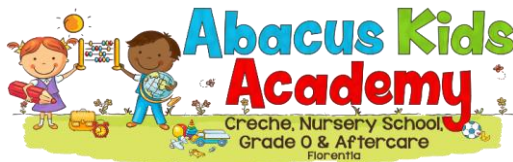
FRIEND / RELATIVE (not living with you)

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:

ALL SIGNATORIES TO
PLEASE INITIAL EACH PAGE



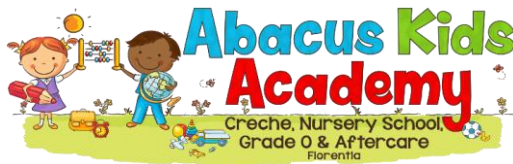
SPECIAL REMARKS / REQUESTS			
PREVIOUS EDUCATIONAL HISTORY			
Name of School:		Year Attended:	
Contact Person:		Contact Number:	
MEDICAL INFORMATION			
Medical Aid Name:		Medical Aid Nr.:	
Main Member:		Medical Aid Telephone:	()
Family Doctor:		Doctor Telephone:	()
Allergies:	1.	Hospital Preferences:	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)	
COVID-19		1.	
Measles		2.	
Chickenpox		3.	
Mumps		4.	
Rubella (German Measles)		5.	
INDICATE AGE AND DESCRIBE ANY OPERATIONS AND/OR HOSPITALISATIONS			
1.			
2.			



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)		
	b)		
	c)		
	d)		
	e)		
	f)		
2.	a)		
	b)		
	c)		
	d)		
	e)		
	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:	



COVID-19 Plan and Infection Control

A copy of our COVID-19 RE-OPENING PLAN AND INFECTION CONTROL UNDER DURATION OF THE STATE OF DISASTER can be requested from the office.

PARENT PREPARATORY:

1. Every Parent or Legal Guardian who returns their child to school is doing so voluntarily and at the sole decision of the Parent or Legal Guardian.
2. Parents or Legal Guardians are advised not to send any students to school should they be ill (Covid-19 or any other illness) or suffer from any immunodeficiency disorders
3. Parent or Legal Guardian are to complete and return the 'Re-opening COVID-19 Questionnaire and Consent Form' (Annexure A), before their child's return to school.
4. Parent or Legal Guardian using a Third Party Transporter/Accompanying Adult are to complete the 'Third Party Transporter/Accompanying Adult Questionnaire and Consent Form' (Annexure D), before their child's return to school.
5. Staff, Parents or Legal Guardians are to teach and model good hygiene practices for children at school, home and in transit.
6. Before departure to school, Parent or Legal Guardian and child to wash their hands.
7. Parent or Legal Guardian to remind the child regularly on basic hygiene practices, such as washing of hands and not touching eyes, mouth and nose if your hands are not clean.
8. Explain hand hygiene to your child. This means washing hands frequently, and especially before and after eating, after using the toilet, and after touching any dirty surface.
9. Teach your child how to wear a face shield and cloth face mask, and try to get your child to understand that its important he or she doesn't fiddle with it.
10. Explain social distancing and explore the options of playing games where less physical contact is required.
11. Parent or Legal Guardian need to observe their child for any symptoms of illness and if there are any symptoms not to send their child to school.
12. Students returning to school will be subjected to daily symptom screening as required.
13. A daily screening questionnaire must be completed by the Parent or Legal Guardian for their child each day (Annexure B).
14. All students must be accompanied by a Parent or Legal Guardian, or if not feasible due to practical reasons, a person designated by a Parent or Legal Guardian, must be present every day when the student arrives and departs the school for screening.
15. Parent or Legal Guardian are to inform the school if their child with a known underlying health condition(s) that may place that child at a higher than normal risk category may not return to school, unless a medical practitioner has given written authorisation that it will be safe for such a child to return to and participate in the school programme.
16. Arrival and screening will take place between 06h30 and 08h30 each morning - NO ACCESS will be granted after said time.

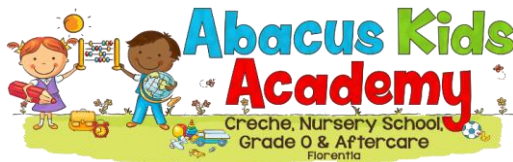
NO MASK OR FACE SHIELDS - NO ENTRY

KEEP – YOURSELF AT HOME IF YOU ARE SICK

KEEP – WASHING YOUR HANDS

KEEP – YOUR PHYSICAL DISTANCE FROM OTHERS

KEEP – AWAY IF YOU COUGH OR SNEEZE AND COUGH AND SNEEZE INTO YOUR ELBOW



ANNEXURE A

**Re-opening COVID-19 Questionnaire and Consent Form
ECD Parents to complete before returning to school**

Students who show any signs or symptoms must please remain at home

STUDENT INFORMATION					
FULL NAME:					
SURNAME:					
SEX/GENDER:					
ID NUMBER/DOB:					
CLASS: (Mark with an X)	GIRAFFE:	RHINO:	ELEPHANT:	BUFFALO:	LION:
STUDENT UNDERLYING HEALTH ISSUES (Mark with an X) IF YES - State the underlying health issue/s.					
Yes:			No:		
1.					
2.					
3.					
STUDENT UNDERLYING HEALTH ISSUES (Mark with an X) IF YES - A Health Care Provider/Doctor's letter has been provided stating that it is safe for my child to attend school.					
Yes:			No:		

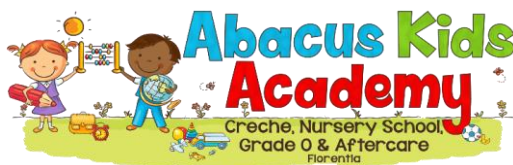
I _____ Parent/Legal Guardian of _____
am sending my child back to school voluntarily and at my sole discretion.

I have read and acknowledge the school's COVID-19 re-opening plan and infection control under duration of the state of disaster document.

I have appropriately explained and prepared my child for returning to school by way of basic hygiene practices education.

I will at all times be honest with my answers in relation to any and all COVID related questionnaires put forward to me by the school.

NAME & SURNAME:	
ID NUMBER:	
SIGNATURE:	
DATE:	



Protection of Personal Information Act (PoPIa)

The Protection of Personal Information Act No 4 of 2013 (POPIA) came into effect on 1 July 2021 and its purpose is to safeguard your personal information by regulating how we collect, process and store personal information.

As a registered educational institution, Abacus Kids Academy (Pty) Ltd is committed to protecting your information and personal details and will at all times ensure to uphold the required conditions.

We would like to assure you that protecting the privacy of the personal data which we have obtained from you is a priority and that it is used appropriately, transparently, securely and in accordance with applicable laws.

We only collect, process and store your information in order to ensure that Abacus Kids Academy (Pty) Ltd is governed and managed in accordance with principles stipulated in all applicable education legislature and policies and to fulfil the mutual obligations we owe to each other pursuant to your contract with Abacus Kids Academy (Pty) Ltd.

Our premises are under CCTV surveillance (excluding the bathroom and church hall) with internal monitoring and confidential onsite record keeping. Data will be retained for seven (7) days and then permanently erased.

Only the owner of Abacus Kids Academy (Pty) Ltd will have the ability to access and review Data recorded by the CCTV surveillance system and then only on a "need to know" basis.

A Parent/Guardian has the right to request the viewing of Data, if reasonable cause is identified. No data may be copied or taken off site.

Your privacy is important to us and we assure you that the measures that we have in place are to preserve your personal information.

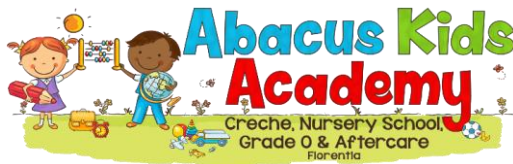
Please mark with a ✓

Child's Full Name:			
Date of Birth:			
I grant permission for my mobile number to be added to my child's CLASS WhatsApp Group.	Yes	No	
I grant permission for photographs of my child to appear on my child's CLASS WhatsApp Group.	Yes	No	
I grant permission for my mobile number to be added on the SCHOOL WhatsApp Group.	Yes	No	
I grant permission for photographs of my child to appear on the SCHOOL WhatsApp Group.	Yes	No	
I grant permission for photographs of my child to appear on the school's Website and Facebook page.	Yes	No	
Parent/Guardian Full Name:			
Parent/Guardian Mobile Number:		Relation to child	
Parent/Guardian Signature:			
Parent/Guardian Mobile Number:		Relation to child	
Date:			

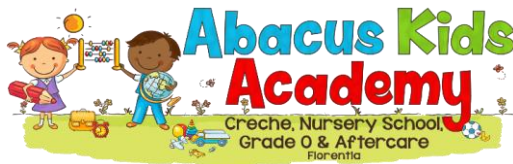
**A COPY OF THE STUDENT'S BIRTH CERTIFICATE, CLINIC CARD AND MEDICAL AID CARD AS WELL AS
A COPY OF BOTH MOTHER AND FATHER'S ID MUST BE ATTACHED TO THIS ENROLMENT FORM**

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. A R500-00 deposit is required, which will be deducted from the first month's fees.
4. Fees are payable in advance, on or before the 5th of each month, as follows: -
 - a. Full day R_____
 - b. Half Day R_____
5. 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).
6. We offer a 5% discount on fees paid in full for the year before the end of January.
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 18h00 (1 September to end April) and 17h45 (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. Screening will take place between 06h30 and 08h30 each morning - NO ACCESS will be granted after said time.
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.
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 and school.

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 _____