



UVIWE CHILD AND YOUTH SERVICES

# APPLICATION/ENROLMENT FORM FOR ECD GELVANDALE

EARLY CHILDHOOD DEVELOPMENT CENTRE'S

Dear Parent/Guardian

Please complete the full set of application documents in order to enrol your child at the ECD Centre and submit the application with all the other relevant documentation to the principal of the ECD Centre.

**Please include the following documentation as part of the application:**

- Copy of the ID document of the mother/father/guardian/caregiver of the child
- Copy of the child's clinic card and
- Copy of the child's birth certificate

DATE OF APPLICATION \_\_\_\_\_ DATE OF ENROLMENT: \_\_\_\_\_

**1. CHILD'S DETAILS**

Child's name & surname	
Date of birth	
Gender	Male / Female
No. of children in family	
Position of child in family	
Home language of child	
Religion	

**2. DETAILS OF THE CHILD'S PARENT/GUARDIAN/CAREGIVER (FAMILY)**

**2.1 DETAILS OF MOTHER:**

Full name & surname	
Address	
Telephone number ( H )	
Telephone number (W)	
Cell phone number	
E-mail address	
Religion	
Relationship status	Married / single / divorced / widow

**If you receive grant, please state the following:**

Do you receive grant?	Yes / No
What type of grant /s	
Total monthly income from grant/s	

**Are you employed? Yes / No (If you are employed please full in the details below)**

Occupation / Job	
Employer name / Company	
Your Average Monthly salary income (after deductions – nett pay)	

**2.2 DETAILS OF FATHER – IF RELEVANT:**

Full name & surname	
Address	
Telephone number (H)	
Telephone number (W)	
Cell phone number	
E-mail address	
Religion	
Relationship status	Married / single / divorced / widow

**If you receive grant, please state the following:**

Do you receive grant?	Yes / No
What type of grant /s	
Total monthly income from grant/s	

**Are you employed? Yes / No (If you are employed please full in the details below)**

Occupation / Job	
Employer name / Company	
Your Average Monthly salary income (after deductions – nett pay)	

**2.3 DETAILS OF THE CAREGIVER/GUARDIAN – the person that takes care of the child most of the time:**

Relationship to child	
Full name & surname	
Address	
Telephone numbers (H)	
Telephone numbers (W)	
Cell phone number	
E-mail Address	
Religion	
Relationship Status	Married / single / divorced / widow

**If you receive grant, please state the following:**

Do you receive grant?	Yes / No
What type of grant /s	
Total monthly income from grant/s	

**Are you employed? Yes / No (If you are employed please full in the details below)**

Occupation / Job	
Employer name / Company	
Your Average Monthly salary income	

## 2.4 DETAILS OF FAMILY

### Other Children/Siblings

Name & surname	Date of birth

## ADDITIONAL INFORMATION TO HELP UVIWE TAKE BETTER CARE OF YOUR CHILD

### ATTENDANCE: (please tick the relevant option)

Will your child be attending	Full day / Half day
What time will you bring your child in the morning	
What time will you fetch your child in the afternoon	
What time will you prefer the centre to close in the afternoon – this is important for working moms& dads	
Will someone bring your child to the centre every day or will transport / bakkie bring & fetch your child?	<input type="checkbox"/> a person will take my child to ECD <input type="checkbox"/> I will use transport to take my child

### PREVIOUS PRE-SCHOOL / DAY CARE DETAILS

Last pre-school / day care attended	
Contact Person	
Telephone number	
Reason for leaving	

### GENERAL MEDICAL INFORMATION:

Does your child have any allergies?	Yes	No	
Does your child have any chronic illness / life threatening conditions?	Yes	No	
Does your child have any difficulties with speech/speech problem?	Yes	No	
Does your child have any hearing impairment (difficulties)	Yes	No	
Does your child take any chronic medication	Yes	No	
Has your child received all of the immunizations (are immunizations up to date)?	Yes	No	
Has your child had rheumatic fever?	Yes	No	
Has your child had whooping cough?	Yes	No	
Has your child had malaria	Yes	No	

List of **chronic medication** and how it should be administered:

Other information that you feel the ECD Centre should be informed of to help your child adjust to the centre:

**OTHER INFORMATION ABOUT YOUR CHILD THAT CAN HELP US**

Does your child struggle to fall asleep at night?	Yes	No	
Does your child sleep through the night?	Yes	No	
Does your child wet the bed at night?	Yes	No	
Does your child tend to be aggressive towards others?	Yes	No	
Is your child prone to be more anxious, or does he/she struggle with anxiety?	Yes	No	
Does your child throw temper tantrums when disciplined?			
Other information that you feel the ECD Centre should be informed of regarding your child's behaviour?			

**FAMILY DOCTOR:**

Name & surname: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Name of medical aid (if relevant): \_\_\_\_\_ Main member: \_\_\_\_\_

Membership number: \_\_\_\_\_

**IN CASE OF AN EMERGENCY:**

Name of people (other than mother/father/caregiver) to contact in the case of any emergency:

1. Name & surname \_\_\_\_\_ relationship \_\_\_\_\_ Tel/Cell \_\_\_\_\_

2. Name & surname \_\_\_\_\_ relationship \_\_\_\_\_ Tel/cell \_\_\_\_\_

I hereby apply for the enrolment/admission of my child to the ECD centre.

**Mother:**

Name & surname: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Father:**

Name & surname: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Caregiver/Guardian:**

Name & surname: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR UVIWE: DATE THE APPLICATION WAS RECEIVED:** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_ **Signature** \_\_\_\_\_

# AGREEMENTS TO BE SIGNED BY PARENT/GUARDIAN OR CAREGIVER:

## A. INDEMNITY AGREEMENT

The staff of UVIWE'S ECD centre and any other person employed by Uviwe Child & Youth Services look after the children to the best of their ability.

I, \_\_\_\_\_ the undersigned in my

Capacity as parent/guardian of \_\_\_\_\_ (your child's name) hereby indemnify and absolve the UVIWE ECD and any person in the employment thereof acting within the course and scope of his / her duties as such, if any liability that may arise as the result of any injury that the aforesaid child may suffer, whether or not such injury is because of/as the result of negligence of the ECD CENTRE and/or employee thereof acting as aforesaid.

In case of an emergency my child can be taken to the nearest doctor / hospital and I will not hold the ECD CENTRE responsible for any bills.

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

Signature of Parent/Guardian: \_\_\_\_\_

## B. CONSENT TO PARTICIPATE IN EDUCATIONAL OUTINGS (BUS OUTINGS)

As part of a complete education programme UVIWE strives to expose our children attending the centre to various learning opportunities. Once a term children are transported to external venues for educational outings. We need your consent to take your child on these outings.

**Do you give consent** for your child to go on educational outings

Yes  No

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

## C. CONSENT FOR USE OF PHOTOGRAPHS AND VIDEO CLIPS

Uviwe Child & Youth Services is a registered child protection organisation and value your privacy and the safety of your child at our ECD centre above all else. It does however happen that photos of the children are taken, during their normal daily activities and we therefore request your consent to use photos & video footage taken at UVIWE ECD Centres.

Photographs and video footage can be used for two purposes, internal record keeping and sharing with the public in our annual report and Department of Social Development. It can include social media (UVIWE's facebook/ website) and sharing with funders of our programmes, as well as using photographs for marketing of our programmes on flyers, banners or in promotional video's. **We commit to using all images and footage responsibly and only with the consent of the parents/guardians concerned.**

• **Do you give permission that photographs can be taken of your child**

Yes  No

• **Do you give permission that** photographs of your child can be used responsibly by UVIWE on their facebook page and website for marketing purposes (sharing with funders/externally)

Yes  No

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

# ECD CENTRE RULES AND POLICIES

## 1. ATTENDANCE

- The ECD centre's official hours are
  - Monday to Thursday = 07:00am to 16:30pm.
  - Friday 07:00am to 15:00pm = STRICTLY.
- **In failing to collect your child by the above mentioned times, a fine of R50.00 (Fifty Rand) per hour will be payable. This amount will be put on your account for the next month**
- Education starts strictly at 08:00am – please ensure your child is at school by 8 am to benefit fully from the early development, education and stimulation programme offered
- The centre is closed between Christmas and the first week of the New Year. Parents will be notified of closing dates in advance. Due to violence in the community you may be informed of closing the centre during the course of the year.

## 2. FEES

- The first month's fees are to be paid the day the child starts.
- Thereafter fees are to be paid strictly in advance and not later than the 5th of each month.
- If any problem should arise, this matter must be discussed with the ECD Centre principal without delay.
- The ECD center Principal (on behalf of the Management) has the right to suspend services to a child (they may not attend school) if parents pay short, fail to pay at all, or when fees are not paid on time. Arrears will be handed over and legal action will be taken.
- Fees are revised annually and you will be notified of fee changes or increases
- **No SUBTRACTION/REDUCTION of fees will be taken into consideration because of absence, illness or for school holidays.**

## ECD FEE STRUCTURE AND FEE AGREEMENT

I ..... **Parent/guardian are well aware of the fees and fee structure of the ECD Centre and will pay the FULL amount EVERY month before the 5<sup>th</sup> of each month.**

Fees are payable in advance e.g. January fees are payable BEFORE 5th January.

### **PERSON(S) RESPONSIBLE FOR THE PAYMENT OF THE FEES:**

1. Name and Surname: \_\_\_\_\_ ID number: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Name and Surname: \_\_\_\_\_ ID number: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 3. CHANGE OF PARTICULARS

Any change of home address, work and telephone numbers must be reported to the principal immediately in writing or by email. Up to date contact details are vital for contacting parents in emergencies. It is the responsibility of the parent/guardian to ensure the Centre has the correct contact details at all times.

## 4. CLOTHING AND PERSONAL BELONGINGS

Please ensure your child is appropriately dressed for their day. Children that engage in play and learning are likely to get dirty, and need clothing that helps them to explore, climb, jump etc., and that is suitable for the weather. Please send along a change of clothing, or more in case the child needs to be changed. All clothing and shoes, as well as other personal **belongings MUST BE CLEARLY MARKED** with your child's full name. The ECD Centre does not accept any responsibility for lost property.

## 5. TOYS AND SWEETS / SNACKS

NO toys and sweet snacks may be brought to the ECD Centre. We provide meals in the morning and afternoon. Birthdays may be the exception to this rule. PLEASE CHECK WITH YOUR ECD CENTRE'S REQUEST FOR BREAD, WATER OR 1 YOGHURT.

## 6. JEWELRY AND CELLPHONES

No jewelry (especially earrings) and no cellphones are allowed.

## 7. INJURIES

We take all possible precautions to secure the safety of your child(ren). The children are supervised at all times, however, accidents do happen. The centre, other children at the centre and their parents cannot be held responsible for medical costs as a result of injury during daily supervised activities and interaction. We will at all times inform you if there is any serious injury that needs medical attention. When a child sustains a minor injury the teacher will communicate with the parent about the cause of the injury and action taken at school.

## 8. MEDICATION

- The centre will assist with administering chronic medication to children that require medication during the school day, but **ONLY IF THE PARENT GIVES VERY CLEAR INSTRUCTIONS**
- If your child is on an antibiotic, or is feeling unwell and needs to be medicated to be comfortable at school, **please rather keep your child at home until they have fully recovered**
- Please mark medication clearly and explain to the principal or class teacher how the medication needs to be administered. **DO NOT LEAVE MEDICATION IN YOUR CHILD'S BAG.**
- All medicine should go with the child to his/her class where the parent/guardian needs to fill in and sign a medicine register.
- Please ensure that medication is collected from the class teacher or principal's office at the end of each day

## 9. ILLNESS

NO child with a contagious disease e.g. head lice / chicken pox etc. may attend the ECD Centre

- Please see the schools policy on illness and school attendance attached to this application form.

**- PLEASE KEEP YOUR CHILD AT HOME IF HE/SHE IS SICK**

## 10. FETCHING CHILDREN

Children may only be fetched by persons that have been indicated on the application form. If someone other than yourself will be collecting your child the ECD Centre (class teacher or principal) needs to be informed. **Your child will only be sent home with persons that you have indicated on this form.** You will have to contact the centre should there be any changes in the arrangements.

### Persons allowed to fetch my child from school

1. Name and Surname: \_\_\_\_\_ ID number: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Name and Surname: \_\_\_\_\_ ID number: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. TRANSPORT - will your child be dropped off and collected from the centre by transport (bakkie)

Transport - name and surname of driver: \_\_\_\_\_

ID number: \_\_\_\_\_ Contact Numbers: \_\_\_\_\_

## 11. PROBLEMS AND ENQUIRIES / COMMUNICATION BOOK

All problems and/ or enquiries are to be discussed with the ECD Centre Principal. If your cell phone number does not change often, do you want to receive sms notifications about your child's centre

- Yes, I want to receive sms notifications

If yes, the cellphone number you must use is: \_\_\_\_\_

## RULES AGREEMENT

I, \_\_\_\_\_ (name & surname of parent / guardian)

of \_\_\_\_\_ (child's name) undertake to STRICTLY comply with all the rules and policies of the ECD centre as set out in this application and other school policies provided.

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