

“HELPING HANDS”
AFTERCARE/NURSERY/PRE-PRIMARY
SCHOOL

2/274 TUGELA STREET

GLEN MARAIS

KEMPTON PARK 1619

CONTACT : Bridget Pretorius

CEL : 083 872 1147

REGISTERED WITH THE DEPARTMENT OF HEALTH, KEMPTON PARK

PUBLIC LIABILITY ON DRIVERS' LICENCE

"HELPING HANDS" AFTERCARE

REGISTRATION FORM

DATE OF COMMENCEMENT : _____

MARITAL STATUS OF PARENTS: _____

SURNAME OF CHILD : _____

CHILD'S FIRST NAMES : _____

BIRTH DATE : _____

HOME ADDRESS : _____

HOME TELEPHONE NO. : _____

MOTHER'S NAME : _____

I.D. NUMBER : _____

EMPLOYER MOTHER : _____

TEL NO. / CEL NO. : _____

EMAIL ADDRESS : _____

FATHER'S NAME : _____

I.D. NUMBER : _____

EMPLOYER FATHER : _____

TEL NO. / CEL NO. : _____

FAMILY DOCTOR : _____

TEL NO. : _____

WHICH CRECHE WAS YOUR CHILD ATTENDING PRIOR TO "**HELPING HANDS**"? : _____

ALLERGIES (FOOD/ MEDICAL) : _____

HAS YOUR CHILD HAD ALL DUE IMMUNIZATIONS? _____

PLEASE ATTACH COPY OF CLINIC CARD

DETAILS OF GUARDIAN THAT CAN BE CONTACTED SHOULD PARENTS NOT BE AVAILABLE.

NAME : _____

ADDRESS : _____

TEL NO. HOME : _____

TEL NO. WORK : _____

RELATIONSHIP OF ABOVE NAMED PERSON : _____

SHOULD A MEDICAL EMERGENCY ARISE THE PARENTS OF THE CONCERNED CHILD WILL BE CONTACTED IMMEDIATELY. IF THIS IS NOT POSSIBLE THE DOCTOR NOMINATED WILL BE CONTACTED. HOWEVER SHOULD THIS ALSO NOT BE POSSIBLE THE INITIATIVE WILL REST ON ME TO CONTACT THE NEAREST DOCTOR OR TRANSPORT YOUR CHILD TO THE NEAREST MEDICAL CENTER.

NAME OF DOCTOR : _____

TELEPHONE NUMBER : _____

ADDRESS : _____

MEDICAL AID : _____

MEDICAL AID NUMBER : _____

WHO WILL BE COLLECTING YOUR CHILD FROM **“HELPING HANDS”**?

SHOULD ALTERNATIVE COLLECTION BE ARRANGED FOR YOUR CHILD (OTHER THAN PARENT OR GUARDIAN), PLEASE ENSURE THAT I AM NOTIFIED IN ADVANCE. SHOULD I NOT BE NOTIFIED YOUR CHILD WOULD REMAIN IN MY CARE UNTIL I RECEIVE FURTHER INSTRUCTIONS FROM THE CONCERNED PARENT OR GUARDIAN.

ABSENTEEISM

SHOULD YOUR CHILD NOT BE ATTENDING “**HELPING HANDS**” FOR ANY REASON, PLEASE ENSURE THAT I AM CONTACTED AND INFORMED BEFORE 7 AM ON THE SAME DAY OR PRIOR TO SUCH DAY. DURING THE COURSE OF THE AFTERNOON ON ANY GIVEN DAY, I LEAVE THE PREMISES TO COLLECT CHILDREN FROM EXTRA MURAL ACTIVITIES. DURING THIS TIME (APPROXIMATELY 15 MINUTES) THE CHILDREN ARE IN THE CARE OF MY EMPLOYEES WHO ARE QUALIFIED FOR CHILD AND GENERAL CARE.

IF YOUR CHILD HAS A CONTAGIOUS ILLNESS, A BAD COUGH OR HEAVY COLD, PLEASE KEEP HIM / HER HOME. CHILDREN WITH ILLNESSES SUCH AS GASTRO-ENTERITIS, CHICKEN POX OR SKIN INFECTIONS SUCH AS RING WORM, OR LICE CAN UNFORTUNATELY NOT BE ADMITTED. (OTHER OBVIOUS CONTAGIOUS INFECTIONS / ILLNESSES INCLUDED).

SHOULD I NOT BE AVAILABLE FOR NURSERY/AFTERCARE DUE TO CIRCUMSTANCES BEYOND MY CONTROL OR ILLNESS, ALTERNATIVE ARRANGEMENTS WILL BE MADE OR PARENTS WILL BE NOTIFIED ACCORDINGLY.

ARE THERE ANY OTHER COMMENTS OR FACTS WITH REGARD TO YOUR CHILD THAT YOU WOULD LIKE TO BRING TO MY ATTENTION?
PLEASE NOTE ANY UNDISCLOSED ILLNESS OR CONDITION NOT BROUGHT TO MY ATTENTION CAN RESULT IN INSTANT NOTICE. THIS IS TO COVER MYSELF AND TO PROTECT ALL PARTIES INVOLVED.

PLEASE NOTE THAT NO CORPORAL PUNISHMENT OR SHOUTING IS TOLERATED AT “HELPING HANDS” FROM ANY PARTY INVOLVED.

SHOULD YOUR CHILD REQUIRE DISCIPLINE IT SHALL BE A “TIME OUT” PERIOD AWAY FROM THE OTHER CHILDREN.

INDEMNITY FORM

WE, THE PARENT / S GUARDIAN OF THE CHILD, HEREBY AGREE:

- 1) TO ACCEPT AND ABIDE BY ALL THE TERMS AND CONDITIONS GOVERNING THE GROUP KNOWN AS "**HELPING HANDS**" WITH WHICH I DECLARE MYSELF FULLY ACQUAINTED.
- 2) THAT WHILE THE PERSON IN CHARGE OF THE SCHOOL WILL CARE FOR THE CHILD TO THE BEST OF THEIR ABILITY, **NEITHER THEY, NOR ANY PERSONS CONNECTED TO THE GROUP, WILL ACCEPT ANY LIABILITY FOR ANY CLAIMS WHILE HE / SHE IS IN THE CARE OF THE SCHOOL SUPERVISOR, AND TO WAIVE AND ABANDON ANY CLAIMS WHICH MAY, AT ANY TIME, ARISE AS AFORESAID, BOTH IN MY PERSONAL CAPACITY, AS GUARDIAN OF THE CHILD, AND I EXPRESSLY INDEMNIFY THE SUPERVISOR OR SUCH PERSON AGAINST ANY SUCH CLAIM WHICH MAY ARISE OR BE INSTILLED. THIS WAIVER COVERS CLAIMS DURING VEHICLE TRANSPORTATION TO / FROM SCHOOL / EXTRA MURAL ACTIVITIES AND COLLECTION FROM THESE ACTIVITIES AND WHILST YOUR CHILD REMAINS ON THESE PREMISES.**
- 3) DAMAGE TO PROPERTY. IN THE EVENT THAT YOUR CHILD CAUSES DAMAGE / VANDALISM TO THE ABOVE PROPERTY I.E. BREAK WINDOWS, FURNITURE, VEHICLE DAMAGE ETC. AN INVOICE WILL BE PRESENTED TO THE PARENTS / GUARDIAN OF THE CHILD FOR THE FULL COST OF REPAIRS.
- 4) TO ENSURE THAT YOUR CHILD HAS BEEN PROPERLY IMMUNISED AGAINST WHOOPING COUGH, DIPHTHERIA, TETANUS, POLIO AND VACCINATED AGAINST TUBERCULOSIS AND WILL FURNISH PROOF OF THIS ON REQUEST.
- 5) THAT THE SUPERVISOR OF THE SCHOOL, OR IN HER ABSENCE, ANY OTHER RESPONSIBLE PERSON CONNECTED WITH IT, MAY GIVE THE REQUIRED PERMISSION AND SIGN THE NECESSARY WRITTEN CONSENT FOR THE CHILD TO BE SUBJECTED TO SURGERY OR OTHER MEDICAL EMERGENCY, PROVIDED THAT THIS WILL BE EXECUTED ON THE ADVICE, OR UNDER THE SUPERVISION OF A MEDICAL DOCTOR.

CONDITIONS

1. FOR **PRE PRIMARY CARE AND TEACHING** A FEE OF R950.00 (FULL DAY CARE UNTIL 17H30) AND R850.00 (HALF DAY CARE UNTIL 13H00) PER MONTH IS PAYABLE IN ADVANCE PRIOR TO THE 1ST DAY OF EACH MONTH. THIS FEE IS PAYABLE FOR THE **FULL 12 MONTHS** SHOULD YOUR CHILD REMAIN IN MY CARE. **PLEASE NOTE THAT I DO NOT ACCEPT CHEQUES.** BANKING DETAILS WILL BE ADVISED IF YOU WISH TO MAKE A DIRECT DEPOSIT, OR I ACCEPT CASH.
2. PLEASE NOTE A DEPOSIT OF R200 IS TO BE PAID TO HOLD YOUR CHILD'S PLACE
3. **PLEASE NOTE THAT ALL PAYMENTS ARE STRICTLY IN ADVANCE, IF NOT PAID I CANNOT ACCEPT YOUR CHILD INTO MY CARE.**
4. SHORT PAYMENT OF MONTHLY ACCOUNTS IS PROHIBITED. SHOULD THIS ARISE INTEREST AT 20% WILL BE CHARGED ON THE AMOUNT OUTSTANDING AND ADDED TO THE NEXT INVOICE.
5. WRITTEN NOTICE GIVING ONE MONTH IN ADVANCE IS REQUIRED IF YOUR CHILD LEAVES THE SCHOOL. THE FULL FEE IS PAYABLE FOR THE NOTICE MONTH. IN THE EVENT THAT I AM NOT SATISFIED WITH THE BEHAVIOUR OF YOUR CHILD I RESERVE THE RIGHT TO ISSUE ONE MONTHS NOTICE.
6. **PLEASE NOTIFY ME IN WRITING OF ANY CHANGE OF ADDRESS, TELEPHONE NUMBERS AT WORK OR AT HOME.**
7. HOURS OF PRE PRIMARY SCHOOL 06H45 - 13H00 (HALF DAY); 06H45 - 17H30 (FULL DAY).
8. HOURS OF AFTERCARE 13H00 – 17H30
AN ADDITIONAL FEE OF R50.00 PER HALF HOUR OR PART THEREOF WILL BE CHARGED IF OPENING AND CLOSING TIMES ARE NOT STRICTLY ADHERED TO.
9. PLEASE PROVIDE A MIDMORNING SNACK AND JUICE. "HELPING HANDS" WILL PROVIDE A COOKED MEAL AT LUNCHTIME, AN AFTERNOON SNACK AND JUICES THROUGHOUT THE AFTERNOON.

10. ALL NAPPIES AND SUNDRIES WHICH YOUR CHILD USES ON A DAILY BASIS MUST BE PROVIDED BY YOU AND WELL MARKED.
11. SHOULD YOUR CHILD STILL REQUIRE A NAPPY WHEN IT IS NAP TIME IN THE AFTERNOON, IT MUST BE PROVIDED ALONG WITH WETWIPES AND BUMCREAM.
12. SHOULD YOUR CHILD REQUIRE POTTY TRAINING WE WILL DO OUR UTMOST TO ENSURE THAT THEY LEARN THE TOILET ROUTINE.
13. PLEASE NOTE THE ADDITIONAL LIST OF REQUIREMENTS NEEDED FOR PRE PRIMARY SCHOOL, YOU HAVE THE OPTION OF BUYING THEM FROM ME OR FROM YOUR NEAREST STATIONARY SHOP.
14. OUR COMMITMENT TO YOUR CHILD'S WELL BEING IS OF THE UTMOST IMPORTANCE. WE VIEW YOUR CHILD AS A WHOLE PERSON AND WILL ENCOURAGE AND NURTURE THEM AS UNIQUE INDIVIDUALS.
15. **"HELPING HANDS" CLOSES ANNUALLY OVER THE CHRISTMAS HOLIDAYS FOR A PERIOD OF +3 WEEKS. YOU WILL BE NOTIFIED OF THE DATES IN DUE COURSE.**
16. AN ADDITIONAL FEE OF R25 PER DAY SHALL BE CHARGED SHOULD YOUR CHILD REQUIRE CARE OVER THE HOLIDAYS DURING THE YEAR, THIS IS TO COVER TEACHERS' SALARIES WHO WOULD COME IN AND LOOK AFTER THE CHILDREN.
17. "HELPING HANDS" IS AN ORGANISATION WHICH, ALTHOUGH DOING THE BEST FOR YOUR CHILD, WILL NOT TOLERATE ABUSIVE LANGUAGE OR BEHAVIOUR FROM ANY PARTY INVOLVED; SHOULD ANY BEHAVIOUR ARISE THAT IS UNSAVOURY TO "HELPING HANDS" INSTANT NOTICE SHALL BE GIVEN.

THANK YOU FOR ENROLLING YOUR CHILD IN "HELPING HANDS". I LOOK FORWARD TO A LONG AND HAPPY ASSOCIATION.

I HAVE READ, UNDERSTOOD AND WILL ABIDE BY THE RULES AND REGULATIONS LAID OUT FOR "HELPING HANDS"

SIGNED AT _____ ON THE _____

DAY OF _____ YEAR _____

FATHER / GUARDIAN

MOTHER / GUARDIAN

WITNESS

MEDICAL INFORMATION

NAME OF FAMILY DOCTOR : _____

TELEPHONE NUMBER : _____

NAME OF PAEDIATRICIAN : _____

TELEPHONE NUMBER : _____

NAME OF MEDICAL AID : _____

MEDICAL AID SCHEME : _____

MAIN MEMBER ON MEDICAL AID: _____