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APPLICATION FORM 2020

Please note this form must be signed and completed in full by both parent/legal guardians, prior to admission. All application documentation appears in the checklist below. Please fill in the checklist accordingly.

Documentation checklist	(✓) or n/a	For Office Use Only
1. Application Form signed by both parents/legal guardian		
2. ID document/passport of both parents/legal guardian, in addition the ID of the person responsible for payment (if other than parent/legal guardian)		
3. Birth certificate or ID document or Passport of pupil		
4. Copy of inoculation records		
5. Proof of payment of admission fees		

Please note that completion of this form and an interview does not imply automatic acceptance

Please indicate how you heard about our school
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1. Pupil's details

Attendance option (✓)	Half day	Full day	Start date(dd/mm/yy):	
Surname				
First names:				
ID/Passport No:		Date of birth:		Age:
Gender: (✓)	Male	Female	Home Language	
SA Resident: (✓)	Yes	No	Study permit	Yes No N/A
Nationality:		Religion		
Previous care facility/school attended by pupil				



2. Medical and Emergency Information

Emergency Contact person:			
Telephone Number:		Cell Phone Number:	

Family Doctor:		Telephone Number:	
Address:			
Medical Aid company:		Membership no:	
Has the pupil received the necessary inoculations? If no, give details.			Yes No
Does the pupil have any allergies? If yes(✓), give details.			Yes No
Does/ has the pupil suffer/suffered from any illness or disability? If yes(✓), give details.			Yes No
Is the pupil receiving any medical treatment or chronic medication for any condition? If yes(✓), give details.			Yes No
Has the pupil suffered, or been treated for, any psychological or emotional upset? If yes(✓), give details.			Yes No
Has the pupil had any operations? If yes(✓), give details.			Yes No
Please specify any other relevant information pertaining to the pupil's health and well-being.			

2.1 Consent

I, _____, being the parent/legal guardian of _____, hereby cede my power as parent/legal guardian to act as in loco parentis to the principal of the school or his/her representatives, should medical treatment/surgery to my child be deemed necessary. As far as I know, my child is physically capable of participating in the various activities and he/she is in good health and all relevant medical information is detailed in the form above.

Signature of Mother/Guardian	Date	Signature of Father/Guardian	Date

3. Indemnity Form

I, _____, acknowledge that whilst my son/daughter is attending Mosaic ECD Centre the school does not accept any liability for mishap, loss or injury which may be suffered during attendance at the school or during participation in any pre-arranged school excursions, or extra-curricular activities, within or outside school premises.

I accept that I shall be held responsible for the payment of medical and/or hospital accounts where applicable should any injury or loss be sustained by my child. I specifically indemnify and hold the school and its staff blameless against any claims of any nature arising out of injury, damage or loss sustained in pursuance of the aforesaid participation, including but not limited to, costs of all treatments.

I hereby indemnify Mosaic ECD Centre in respect of all occurrences relating to, and consequences arising thereof, relating to the abovementioned.

_____ Signature of Mother/Guardian		_____ Signature of Father/Guardian	
Print Name:		Print Name:	
Date (dd/mm/yy):		Date (dd/mm/yy):	

4. General Details

Pupil resides with: (✓)	Parents	Mother	Father	Other
Next of kin/alternative contact:			Telephone:	
No. of children in family				

	Mother/Legal Guardian				Father/Legal guardian			
Full name:								
Relationship to pupil								
Marital Status: (✓)	Married	Divorced	Single	Widowed	Married	Divorced	Single	Widowed
ID Number:								
Work telephone:								
Home Telephone:								
Cell phone:								
Email Address:								
Residential Address:								
Postal Address:								
Occupation:								
Name of Employer:								
Employer's Address:								
Employer's Telephone:								
Email Address (w):								
If there is any background information, LEGAL or family history of which we should be aware, please specify below.								

5. Authorized person to pick child up

Name:	Relationship:	Tel:
Name:	Relationship:	Tel:

6. Fees

6.1 Details of person responsible for Payment

Person responsible for payment of school fees (✓)	Father	Mother	Other
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If other, please supply the following details and attach a copy of ID document

Surname:		First name:	
ID number:			
Relationship to pupil:		Home Tel:	
Cell Phone Number		Work Tel:	
Email Address:			
Residential Address:			
Postal Address:			
Occupation:			
Name of Employer:			
Employer's Address:			
Employer's Telephone:		Email (w):	

6.2 Admission fees- Refer to Structure Form

6.3 School Fees

Select 1 of the following attendance options: (✓)	Half Day: 7:00-12:30	Full Day(Aftercare): 7:00-17:00
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Select 1 of the following attendance options: (✓)	Option 1: Annual Payment	Option 2: Monthly Payment
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7. Terms and Conditions

Parents/guardians are jointly and severally liable for the payment of school fees irrespective of their marital status, and irrespective of maintenance and court orders which may exist between the parties. By signing this Application, I/we acknowledge liability for payment of all fees and that if this application has been signed by more than one parent, the liability of signatories will be joint and several. I/we choose **domicilium citandi et executandi** for any correspondence or the service of any court processes at the residential address recorded on the application form and acknowledge liability for all attorney and own client costs, plus collection commission in the event of any outstanding account being handed over to the school's attorneys for collection.

I/we, the undersigned:

- Hereby certify that the information provided by us on this application form is true, complete and accurate.
- Are aware that annual fees are payable in advance, on or before the first day of the first term.
- Are aware that monthly fees are payable in advance, on or before the 1st day of each month and are payable over eleven months **(1st January – 1st November)** and that a full deposit must be paid to reserve your child's space in the school.
- Understand and accept that school fees will increase at the schools discretion each year from the month of January.
- Hold ourselves accountable for the prompt payment of school fees on or before the 1st day of each month.
- Understand and accept that the school reserves the right to refuse admission to a child with outstanding fees.
- Understand and accept that the school reserves the right to refuse administration of school report/s to a child with outstanding fees.
- Understand and accept that school fees are due irrespective of absenteeism due to illness, vacation or for any other reason whatsoever.
- Understand and accept that in the event that I/we wish to remove my/our child from the school, two full month's written notice must be submitted to the office, on or prior to the final day of the penultimate term of attendance.
- We understand and accept that failure to do so will result in the forfeiture of the deposit, in addition to being liable for two full month's fees in lieu of notice.
- Undertake to ensure that the pupil is punctual at the beginning of each school day and is collected on time at the end of each school day. **Furthermore I/we accept that the late collection of my/our child is subject to a late collection charge of R50 per 30minutes or part thereof, which is payable immediately to the teacher on duty.**
- Undertake to reimburse the school for any damage to school property that may be caused by the pupil.
- Understand and accept that the school cannot be held liable for any losses or damage to the pupil's clothing and equipment.
- Understand, accept and have discussed the school's rules and code of conduct with my/our child.



- Understand and accept all policies of the school (copies of the policies will be e-mailed to parents and are available on the school's file/website to be viewed at any time).

- We hereby expressly consent and/or authorize Mosaic Early Childhood Development Centre to:

- use the services and records of any registered credit bureau and other suppliers of information required by them in assessing the financial position of myself;
- disclose any information regarding my credit worthiness and conduct on any of my accounts to any credit bureau and other information suppliers;
- obtain information from any institution with regards to my financial position, including but not limited to any bank, building society or other financial institution or any government department;
- conduct aforesaid searches on any legal entity of whom I am a member or in which I have an interest.

_____ Signature of Mother/Guardian		_____ Signature of Father/Guardian	
Print Name:		Print Name:	
Date (dd/mm/yy):		Date (dd/mm/yy):	