



Enrolment Form

DETAIL OF YOUR CHILD TO BE COMPLETED BY PARENT OR GUARDIAN

| CHILD'S NAME(S) IN FULL |
|-------------------------|
| |

| GENDER | |
|----------------------------|----------------------------|
| M <input type="checkbox"/> | F <input type="checkbox"/> |

| CHILD'S DATE OF BIRTH | |
|-----------------------|-------|
| | |
| Date | Month |

| CHILD'S ID NUMBER | | | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |

Primary Caregiver Details (this caregiver is responsible for payment of school fees)

Secondary Caregiver Details

| FIRST NAME |
|------------|
| |

| FIRST NAME |
|------------|
| |

| SURNAME |
|---------|
| |

| SURNAME |
|---------|
| |

| RELATIONSHIP TO CHILD |
|-----------------------|
| |

| RELATIONSHIP TO CHILD |
|-----------------------|
| |

| MARITAL STATUS |
|----------------|
| |

| MARITAL STATUS |
|----------------|
| |

| ID NUMBER |
|-----------|
| |

| ID NUMBER |
|-----------|
| |



| | | | |
|--|--|---|--|
| FULL TIME <input type="checkbox"/> | PART TIME <input type="checkbox"/> | CONTRACT <input type="checkbox"/> | SELF EMPLOYED <input type="checkbox"/> |
| IF EMPLOYED, NAME OF COMPANY AND POSITION | | | |
| | | | |
| IF SELF EMPLOYED, TYPE OF ACTIVITY | | | |
| | | | |

| | | | |
|--|--|---|--|
| FULL TIME <input type="checkbox"/> | PART TIME <input type="checkbox"/> | CONTRACT <input type="checkbox"/> | SELF EMPLOYED <input type="checkbox"/> |
| IF EMPLOYED, NAME OF COMPANY AND POSITION | | | |
| | | | |
| IF SELF EMPLOYED, TYPE OF ACTIVITY | | | |
| | | | |

ADDITIONAL CAREGIVER – this individual may collect this child from school

| NAME | PHONE NUMBER |
|------|--------------|
| | |

NUMBER OF PEOPLE LIVING IN THE HOME (sleeping in the house at night)

HOW MANY OF THESE PEOPLE ARE EARNING AN INCOME?

| | |
|---|---|
| THIS HOME QUALIFIES FOR AND RECEIVES A SASSA GRANT | IF YES, PLEASE PROVIDE A COPY OF YOUR SASSA CARD |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | |

Medical Information

1. PROVIDE A COPY OF CLINIC IMMUNISATION CARD.
2. ENSURE THAT YOUR CHILD IS UP TO DATE ON ALL IMMUNISATIONS.

| | | |
|----------------------|-------------------------------|-------------------------|
| DOCTOR'S NAME | DOCTORS CONTACT NUMBER | DOCTOR'S ADDRESS |
| | | |

| | |
|--------------------------------|--|
| PLEASE LIST ANY KNOWN ALLEGIES | |
|--------------------------------|--|



| | |
|--|--|
| HAS YOUR CHILD HAD ANY SERIOUS OPERATIONS OR ILLNESSES? PLEASE PROVIDE DETAILS | |
|--|--|

| | |
|---|--|
| HAS YOUR CHILD GOT ANY PHYSICAL DISABILITIES OR SPECIAL NEEDS? PLEASE PROVIDE DETAILS | |
|---|--|

| | |
|--|--|
| IS THERE ANYTHING ELSE THAT WE SHOULD KNOW ABOUT YOUR CHILD MEDICALLY? | |
|--|--|

GROW Educare Centre Agreement

This agreement is made by and between _____ Educare

Centre and _____ the Parent/Caregiver of

_____ (name of child).

The following has been agreed upon between the two parties beginning _____ (Date)

Please Tick

| | |
|---|--------------------------|
| I/we confirm that all the above information is correct at the time of completing the form | <input type="checkbox"/> |
|---|--------------------------|

| | |
|---|--------------------------|
| I/we agree that, if any of the information (cell numbers, contact detail, medical information) changes we will inform _____ Educare Centre immediately. | <input type="checkbox"/> |
|---|--------------------------|

| | |
|--|--------------------------|
| I have read and agree to full contents of the Parent Manual. | <input type="checkbox"/> |
|--|--------------------------|

| | |
|---|--------------------------|
| I understand that disregarding these policies can result in termination from the GROW Educare Centre. | <input type="checkbox"/> |
|---|--------------------------|

| | |
|---|--------------------------|
| I understand that I must follow the termination policy as it is written in the parent manual. | <input type="checkbox"/> |
|---|--------------------------|



I agree to the monthly school fee rate of R _____ .

I agree that the fee will be paid by the 1st day of each month.

I agree to paying school fees every month from January to December.

Our arrival time at the centre will be _____ am.

Our pick up time will be no later than _____ on Mondays to Thursdays.

Our pick up time will be no later than _____ on Fridays.

Any added time before or after those times will be charged a late pick up fee/early arrival fee of R _____ per hour.

Indemnity

I, _____ THE PARENT / LEGAL CAREGIVER OF

_____ (Child's name and surname)

hereby give permission for him/her to participate in all the activities of _____ Educare Centre including sports, games plus any other activities which may arise out of school or in connection with the school day.

I accept that all reasonable precautions will be taken to ensure the safety of my child and that I shall be held responsible for the payment of medical and / or hospital cost should my child be injured at school.

I therefore agree to indemnify and absolve the Principal, helpers, students and staff of _____ Educare Centre and the GW Foundation, trading as GROW Educare Centres, against and from any / or all claims whatsoever that may arise in connection with any loss or damage to the property of my child or injury to my child.

I agree to hand over responsibility to the principal of the centre or teacher should medical treatment / surgery be necessary for my child. As far as I know, he/she is in good health.



Signed at _____ (Town) on the day of _____ (Date)

Parent / Caregiver Name: _____ Parent / Caregiver Signature: _____

Parent / Caregiver ID No: _____

Witness Name: _____ Witness Signature: _____



Media Consent and Release Form

I, _____ THE PARENT / GUARDIAN of

(CHILD'S NAME AND SURNAME),
who is enrolled at _____ ECD CENTRE,

give permission to the GW Foundation (trading as **GROW Educare Centres**), and any persons acting with their authority and permission, the right to take and create photographs, videos and other graphical depictions of my Child, which may be used on social media, websites and any other media (the "Photographs") to promote and support the work of GROW Educare Centres (including the ECD centre where my child is enrolled).

I understand that

- the Photographs, including the copyright, are the property of GROW Educare Centres, and that I, or someone acting on my behalf, cannot make any claims to these Photographs.
- there is no personal or financial gain to myself or the child.
- the Photographs will be used at the discretion of GROW Educare Centres now and in the future.

GROW Educare Centres will

- take care in using Photographs of children respectfully and within all requirements of the South African law.
- provide or share Photographs with the Parent/Legal Guardian on request and where reasonably possible (for example, through the ECD Centre principal)



Any reference in this document to GROW Educare Centres includes GW Foundation, it's Franchisee ECD Centres, it's Funders, Partners and Supplier companies.

I confirm that I understand this document, which is irrevocable.

Signed at _____ on the day of _____ (Date)

Parent / Guardian Name: _____ Parent / Guardian Signature: _____

Parent / Guardian ID No: _____

Witness Name: _____ Witness Signature: _____

DOCUMENTS REQUIRED:

Copy of Parent's/Guardian ID

Birth Certificate of Child

Clinic Card of Child

SASSA card (if parent/guardian is receiving a SASSA grant)