

**WATERKLOOF EDUCATION CENTRE CC**  
**Trading as**  
**WATERKLOOF PRE-PRIMARY SCHOOL**

317 Milner St, Waterkloof, Pretoria 0181

Office: 012-460 5818

**APPLICATION FORM/CONTRACT**

**CHILD:**

Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Full Names: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Home language: \_\_\_\_\_

**PERSON RESPONSIBLE FOR PAYING THE SCHOOL FEES:**

**\*\* PLEASE SUPPLY A COPY OF YOUR ID DOCUMENT; CHILD'S BIRTH CERTIFICATE AND IMMUNISATION RECORD WHEN HANDING IN THIS CONTRACT**

Surname: \_\_\_\_\_ ID NO. \_\_\_\_\_

Full Names: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Postal address (if not same as above): \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

\_\_\_\_\_

Marital status: (single/married/divorced - please underline)

**CONTACT NO.S OF PERSON RESPONSIBLE FOR PAYING SCHOOL FEES**

Tel. (H) \_\_\_\_\_ **NB** Tel. (W) \_\_\_\_\_

Cell phone: \_\_\_\_\_ **NB** Email: \_\_\_\_\_

**DETAILS OF OTHER PARENT: (Please specify: father/mother)**

Surname: \_\_\_\_\_ ID NO. \_\_\_\_\_

Full Names: \_\_\_\_\_

Residential address: (Please specify if not same as child's residential address):

\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Tel. (H) \_\_\_\_\_ **NB** Tel. (W) \_\_\_\_\_

Cell phone: \_\_\_\_\_ **NB** Email: \_\_\_\_\_

**NB - NAME AND ADDRESS OF FAMILY DOCTOR:**

\_\_\_\_\_  
\_\_\_\_\_ Tel. (W) \_\_\_\_\_

**MEDICAL AID:** \_\_\_\_\_ **MED.AID NO:** \_\_\_\_\_

**PLEASE PROVIDE COPY OF MEDICAL CARD**

**NB - IS THE CHILD ALLERGIC TO ANYTHING?** If yes, give full details

\_\_\_\_\_  
\_\_\_\_\_

Does the child suffer from any physical or psychological handicaps? If yes, give full details:

\_\_\_\_\_

**WATERKLOOF PRE-PRIMARY SCHOOL**

**NAME OF CHILD:** \_\_\_\_\_

**EMERGENCY CONTACT (FAMILY):**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**TEL NO.:** \_\_\_\_\_ **CELL :** \_\_\_\_\_

**EMERGENCY CONTACT (FRIEND):**

**NAME:** \_\_\_\_\_ **TEL NO.** \_\_\_\_\_

**CELL:** \_\_\_\_\_

**NB If parents cannot be reached during a medical emergency, the parent/guardian/responsible person hereby consent that the staff may act according to their own discretion.**

**I, the child's parent/guardian, \_\_\_\_\_  
Herewith give permission to Waterkloof Pre-Primary School to transport my child by ambulance to the nearest medical care centre in case of a medical emergency. I take note that I or my medical aid scheme will remain responsible for settlement of the full costs incurred.**

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**WITNESSES:**  
(no family members as witnesses)

1. \_\_\_\_\_

2. \_\_\_\_\_

**DATE:** \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

**WATERKLOOF EDUCATION CENTRE CC, Trading as WATERKLOOF PRE-PRIMARY SCHOOL  
APPLICATION FORM/CONTRACT**

**TERMS AND CONDITIONS**

1. **ACCEPTANCE**  
The undersigned, responsible person, parent, legal guardian, or surety of the child, hereby assumes liability as the principal debtor, for the payment of any claims by Waterkloof Pre-Primary School arising from services rendered.
2. **TERMS OF PAYMENT**  
Any person who signs this document in any of the capacities above, confirms that (1) he is appraised of the tariffs charged by Waterkloof Pre-Primary School (2) that he will settle the account in advance in/on the 5<sup>th</sup> of each month for the period of 12 months (3) in the event of non-payment for the period of 2 months for which service was rendered, the service will be terminated and the account will be handed over for collection
3. **TERMINATION OF CONTRACT/WITHDRAWAL OF CHILD**  
**Any person who signs this document in any of the capacities above, confirms that he/she undertakes to give a calendar month's written notice before taking a child out of Waterkloof Pre-Primary School. Also note that 1 October is the last date on which notice can be given for that year.** Any termination after this date will require the payment of the full annual outstanding fees. **Notice cannot be given during November and December for that specific year.**
4. **BREACH**  
In the event where any of the above mentioned parties commits a breach of contract, Waterkloof Pre-Primary School is entitled to take immediate legal action and charge arrears interest at a rate of 24% per year on the outstanding balance from the date of invoice to the date of payment.
5. **INDEMNITY**  
The owners, teachers and staff take all reasonable precautions to ensure the children's safety and well-being while they are on the school premises. However, if any accident should occur and the child is injured, I indemnify the owners, teachers and staff from any claim that may arise. The owners, teachers and staff cannot be held responsible for any loss or damage of goods belonging to myself or my child. During outings the owners, teachers and staff, as well as drivers who transport children to and from outings are indemnified from any loss or damage as the result of an accident or any other occurrence. I agree that if I have given my verbal agreement to an outing for the pupil it will be considered to be my final permission. I will be bound to this each time an outing is undertaken.
6. **JURISDICTION**  
This agreement is subject to and shall be interpreted and construed in terms of the laws of the Republic of South Africa and is subject to the jurisdiction of a competent court in the Republic of South Africa.
7. **PERSONAL INFORMATION**  
The undersigned, parent, responsible person, legal guardian or surety of the child, hereby authorises Waterkloof Pre-Primary School to collect, share and exchange credit information concerning them with any credit bureau, or any other person or corporation with whom they may have had or may have financial dealings, as well as, where applicable, other information requested pursuant to, or in any circumstances contemplated in the National Credit Act, Act 34 of 2005.
8. **DOMICILIUM**  
The parties choose the *domicilium citandi et executandi* at the address shown overleaf.
9. **LEGAL COSTS**  
Should Waterkloof Pre-Primary School commence legal proceedings, the parent or person responsible for settling the child's school fees undertakes to pay all legal costs relating to the recovery of the outstanding monies in respect of professional services rendered, including attorney fees on an attorney-client scale, collection fees and commission, interest and tracing costs. The undersigned gives permission for a request for a garnishee order should it be necessary.

Signed at PRETORIA on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature: PARENT

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
Signature: GUARDIAN/RESPONSIBLE PERSON/SURETY

WITNESS 1: \_\_\_\_\_  
(no family members as witnesses)

\_\_\_\_\_  
GUARDIAN/RESPONSIBLE PERSON/SURETY PRINT NAME

WITNESS 2: \_\_\_\_\_

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