



Lyttelton Manor Nursery School

130 Cantonments Road
Lyttelton Manor
Centurion

Tel: 012 6640327
email: info@lmns.co.za

- ♥ Please note that both parents are responsible for the payment of monthly fees.
(Except where indicated, otherwise in writing)
- ♥ Copies of ID of persons responsible for payment of the account, must be submitted with enrolment
- ♥ A copy of the Child's/Children Road to Health chart must accompany the enrolment form (if vaccinations are not up to date, a written undertaking as to when it will be done)
- ♥ **One calendar month's written notice is required, NO exceptions**
- ♥ **Registration fee R1200 per child** (not refundable)
- ♥ **Fees will increase in January each year by approximately 10%**

Date of application:

First day of school:

Particulars of child

Full name and surname:

Nickname:

Gender:

Boy

Girl

Home address:

Date of birth:

Child's ID number:

Previous school/playgroup:

Intended primary school:

Allergies:

Disabilities/premature baby:

Known illnesses:

Home language:

Second language:



	Person 1 responsible for account:	Person 2 responsible for account:
Full name and surname:		
ID number:		
Home address:		
Employer:		
Occupation:		
Work tel:		
Home tel:		
Cell:		
Email:		
Particulars of parents IF different from person/s responsible for account		
	Father:	Mother:
Full name and surname:		
Home address:		
Employer:		
Occupation:		
Work tel:		
Home tel:		
Cell:		
Email:		
Please note any specific information / situation(s) that our personnel must know about E.g. does your child have any emotional problem / did your child experience any trauma / is there a specific person not allowed to fetch your child without your attendance?		
Name, address and telephone number of person who may be contacted in case of emergency.		
Name:		
Address:		
Tel number:		



Medical information of child		
Medical aid:		
Principal member:		
Membership number:		
Allergies:		
Any other relevant medical information regarding the child that we should be informed about?		
We have a website and Facebook page:		
May your child's photograph be displayed on the website?	Yes	No
May your child's photograph be displayed on our Facebook page?	Yes	No
Do you want us to send you your child/children's photograph on your child/children's birthday and special events, happening at school?	Yes	No
Cellphone number to which SMS's can be sent:		
E-Mail address to which newsletter can be sent:		



ENROLMENT AGREEMENT

In consideration of enrolling my child in Lyttelton Manor Nursery School, I hereby agree that:

(please tick to indicate your preference of each area)

I will ensure that my child is brought to Lyttelton Manor Nursery School and taken from Lyttelton Manor Nursery School by an Adult, responsible for the child. Such adult will be known to the staff, and notification will be given of any changes to these arrangements. This adult, unless the parent, must be aged 18 years or older.

I agree to keep my child at home if he/she is ill or suffering from an infectious illness.

I agree to notify the school of any absence and the reason for such absence.

I understand that, if in the case of sudden illness or accident, if parents cannot be contacted, the Director as agent for the Parents shall have discretionary power to provide appropriate immediate medical, hospital and/or ambulance attention. In the event of my child requiring medical attention I authorize for a medical practitioner to provide medical attention as required. I also understand that I will be responsible for any expenses incurred.

I give permission for my child to be photographed or videoed from time to time for use in the school only.

I give permission for my child to be photographed to be used outside of the school i.e. Local paper.

In the event of sudden pain or fever that cannot be stabilized, (temperature 38 °C or above), and a parent cannot be contacted, I give permission for my child to be given ONE dose of Panado such dose to be given in accordance with directions relative to the age of my child.

I agree that my family will follow all Lyttelton Manor Nursery School Policies, Procedures and Practices whilst enrolled at Lyttelton Manor Nursery School.

I understand and accept that fees must be kept IN BALANCE or in CREDIT at all times to avoid the possibility of suspending or reducing my child's days.
(School fee to be paid for a month, not at the end of a month).

I have read and signed the fee Policy Agreement and agree to abide by this policy at all times.

SIGNED:

RELATIONSHIP TO CHILD:

DATE:

____/____/____



Fee policy Agreement

Lyttelton Manor Nursery School aims to provide a quality child care service, at an affordable price to parents. Fee levels are set by the management of our Centre, on completion of the annual budget and after the review of our Centre fees, taking into consideration the increase in the cost of services, resources and staff wages, in order to provide quality care for each and every child.

- ✚ Fees must be paid monthly. **Fees need to be paid in advance and kept up to date at all times.**
- ✚ **Failure to pay fees will place the child's enrolled days at risk of being reduced or terminated.**
- ✚ Absent days (including Public Holidays) are classified as a booked day and normal fees apply.
- ✚ Fee statements are send out to you via e-mail monthly.
- ✚ Fees can be paid, EFT or debit order.
- ✚ If you are having trouble paying fees, for whatever reason, you are **strongly** encouraged to speak to the principal, before you are handed over.
- ✚ **Parents who allow their fees to become more than 1 month in arrears will result in the cancellation of enrolment. Outstanding fees will be sent to a Debt Collector!!!!**
- ✚ It is the policy of the Centre that the Debt Collectors administration fee will be added to all outstanding fees, should a debt collection agency be required to recover debts. This is to cover any costs entailed by the Centre in debt recovery.
- ✚ All overdue amounts will attract interest at a rate of prime +3 percent.
- ✚ **Bank details:**
Account Name: Lyttelton Manor Nursery School
Bank: First National Bank
Account number: 628 820 403 65
Branch code: 250 655

Fee Policy Agreement Acknowledgment

I acknowledge I have read the above "fee Policy Agreement" and understand if I allow my fees to become more then 1 month in arrears, my enrollment will be cancelled. I also acknowledge that I understand that if my outstanding fees are sent to a Debt Collection Agency, then I will be responsible for the payment of all Agency fees.

Parent Name: _____ Signature: _____ Date: _____
(Person 1 responsible for account)

Parent Name: _____ Signature: _____ Date: _____
(Person 2 responsible for account)



Child profile/Background information for class teacher

Childs name					
Date of birth:					
Fathers name:			Father occupation:		
Mothers name:			Mother occupation:		
Siblings:	Age:		Age:		
	Age:		Age:		
Days attending:	Monday	Tuesday	Wednesday	Thursday	Friday
Nationality:					
Language spoken					
Previous childcare:	YES	NO	Name of child care centre:		
What holidays or special days do you celebrate?					
Routine at home: (sleeping and eating)					
Child's comfort toy:					
Food allergies:					
Specific dietary requirements: Please indicate allergy, reaction, treatment and management plan:					
Specific illnesses:	YES	NO	If yes, please specify illness, symptoms, precautions and treatment		
Does your child have any developmental delays?	YES	NO			
Does your child have any behavioural problems?	YES	NO			
Is your child potty trained?	YES	NO			
General Health? (Has your child had any operations or health concerns?)	YES	NO			
Any additional information that you believe may help us know your child and family better?					

**Personal and Emergency details: 2021**

Name of child/-ren: _____ Date of birth: _____

1. Known Allergies / Medical conditions	Does your child have any allergies or specific dietary requirements?	Please indicate allergy, reaction, treatment and management plan:
2. Medical Aid details	Name of Medical Aid	
	Membership number	
	Details of main member	
3. Contact details of parents 3.1 <u>Mother's first name:</u> _____ Birthday: _____	-Home telephone number	
	-Work telephone number	
	-Cell phone number	
	-Email address	
3.2 <u>Father's first name:</u> _____ Birthday: _____	-Home telephone number	
	-Work telephone number	
	-Cell phone number	
	-Email address	
4. Contact details of person who can be contacted when parents cannot be reached	Name of person and relationship to child:	
	Contact no.:	
	Alternative Contact no.:	
5. E-mail address to which emails from the school can be sent		
6. Cell no to which SMS's from the school can be sent		
7. Permission to administer pain medication supplied by parents in case of fever when parents cannot be reached	I hereby give permission for the relevant staff member at Lyttelton Manor Nursery School to provide a dosage of _____ ml of _____ (Name of pain/fever medication provided by parent) in case my child has a fever and parents cannot be reached telephonically.	
8. Permission to administer Allergex in case of bee-sting when parents cannot be reached	I hereby give permission for the relevant staff member at Lyttelton Manor Nursery School to provide a dosage of _____ ml Allergex in case my child is stung by a bee and parents cannot be reached telephonically.	

I acknowledge that it is my duty and responsibility as a parent to update the above-mentioned information and inform Lyttelton Manor Nursery School accordingly as soon as any changes occur.

Signature of parent: _____ Date: _____