

HORIZON LIGHTHOUSE

Creche, Nursery School & Grade 0

ENROLMENT FORM

STUDENT					
Surname:			Full Name:		
Preferred Name:			Date of Birth:		
Home Language:			Other Language:		
Gender (circle):	Male	Female	Religion:		
Home Address:					
FATHER / GUARDIAN			MOTHER / GUARDIAN		
Surname:			Surname:		
Full Name:			Full Name:		
ID No:			ID No:		
Home Telephone:	()		Home Telephone:	()	
Mobile Telephone:	()		Mobile Telephone:	()	
E-mail:			E-mail:		
Occupation:			Occupation:		
Employer:			Employer:		
Address of Employer:			Address of Employer:		
Work Telephone:	()		Work Telephone:	()	
FRIEND/RELATIVE (not living with you)					
Surname:			Surname:		
Full Name:			Full Name:		
Relation to child:			Relation to child:		
Home Telephone:	()		Home Telephone:	()	
Mobile Telephone:	()		Mobile Telephone:	()	
Work Telephone:	()		Work Telephone:	()	
MEDICAL INFORMATION					
Medical Aid Name:			Medical Aid Nr.:		
Main Member Name:			Medical Aid Telephone:	()	
Family Doctor Name:			Doctor Telephone:	()	
Allergies:	1.		Hospital Preferences:	1.	
	2.			2.	
VACCINATIONS RECEIVED (circle):					
Polio:	Y	N	Measles:	Y	N
BCG:	Y	N	DPT/Hip's:	Y	N
				Other (specify):	1.
					2.
Special Dietary Requirements:					
Special Remarks / Requests:					



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ENROLMENT INFORMATION NOTICE CONTRACT

1. This document represents a contract between you and Horizon Lighthouse Creche and Nursery School (Pty) Ltd (Horizon Lighthouse).
2. Fees are payable in advance on the last working day of the month, preferably by EFT (Electronic Fund Transfer) and proof of payment to be provided or cash payments. Regrettably no cheques will be accepted.
3. Fees are divided over a 12 month period and are payable in advance, on or before the last day of the month.
 - a) Full day (06h00 to 18h00) R.....
 - b) Half day (06h00 to 13h00) R.....
4. Discounts are granted as follows:
 - a) Less R450.00 for two full day children.
 - b) Less R300.00 for two half day children.
5. Fees paid in full for a 12 month period will be granted a 10% discount.
6. Fees are increased annually.
7. If your account falls in arrears, your child may not attend School until payment is received in full. This rule will apply from the 5th of each month should your financial obligations not be honoured.
8. A late payment fee of R150.00 will be charged on outstanding accounts. This late payment fee will be charged each month your account runs into arrears.
9. Fees are not refundable for reasons of illness, holidays or any other cause. Should a child not be present at school for any period of time, for whatsoever reason, the monthly fees will still remain due and payable.
10. Horizon Lighthouse is open from 06h00 and closes strictly at 18h00. A fine of R10-00 per minute over closing time will be payable to the staff member waiting for your child to be collected.
11. One calendar months written notice, on or before the 1st day of the month must be given, prior to taking your child out of Horizon Lighthouse. Failing this, you will be held liable for payment until notice is given. (No exception will be made.)
12. In compliance with health regulations, any child suffering from a contagious ailment or fever must be kept at home.
13. No toys or jewellery are permitted at Horizon Lighthouse.
14. All personal belongings (i.e. Bags and clothing) must be clearly marked with your child's full name.
15. Horizon Lighthouse will at all-time care for the child in a responsible manner; but will not be held responsible for any accidents or misfortune which may occur while the child is in its care. A condition of enrolment is that no claim of whatsoever nature be instituted by the parent/ guardian against Horizon Lighthouse, should an unforeseen event cause the child any harm, whether such harm be caused by any individual or through an act of God.
16. Whoever signs this form binds him/herself totally and irrevocably to the conditions herein contained in his/her personal capacity, irrespective of marital standing and by attaching his/her signature hereto acknowledges that he/she has the authority to do so.

I/We hereby declare that the information provided on this Enrolment Form to be true and correct.

FATHER / GUARDIAN FULL NAME

FATHER / GUARDIAN SIGNATURE

MOTHER / GUARDIAN FULL NAME

MOTHER / GUARDIAN SIGNATURE

TODAY'S DATE _____

STARTING DATE _____



HORIZON LIGHTHOUSE

Creche, Nursery School & Grade 0

EMERGENCY CONTACT FORM

STUDENT			
Surname:		Full Name:	
Preferred Name:		Date of Birth:	
Home Address:			
MEDICAL INFORMATION			
Medical Aid Name:		Medical Aid Nr.:	
Main Member Name:		Medical Aid Telephone:	
Family Doctor Name:		Doctor Telephone:	
Allergies:	1.	Hospital Preferences:	1.
	2.		2.
FATHER / GUARDIAN		MOTHER / GUARDIAN	
Surname		Surname	
Full Name:		Full Name:	
ID No:		ID No:	
Home Telephone:	()	Home Telephone:	()
Mobile Telephone:	()	Mobile Telephone:	()
Address of Employer:		Address of Employer:	
Work Telephone:	()	Work Telephone:	()
FRIEND/RELATIVE (not living with you)			
Surname:		Surname:	
Name:		Name:	
Relation to child:		Relation to child:	
Home Telephone:	()	Home Telephone:	()
Mobile Telephone:	()	Mobile Telephone:	()
Work Telephone:	()	Work Telephone:	()

In the event that I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made by Horizon Lighthouse to contact me or my spouse. Before such action is taken I will be responsible for the payments for such care or treatment. No variations of this agreement shall be binding unless reduced to writing and signed by both parties hereto.

I/We hereby declare that the information provided on this Emergency Information Form to be true and correct.

FATHER / GUARDIAN FULL NAME

FATHER / GUARDIAN SIGNATURE

MOTHER / GUARDIAN FULL NAME

MOTHER / GUARDIAN SIGNATURE

TODAY'S DATE _____

STARTING DATE _____

