



# Minikidi Village

## Enrollment Form

### Particulars Of Child

Surname:	<input type="text"/>	First Name/s:	<input type="text"/>
Date of Birth:	<input type="text"/>	ID Number:	<input type="text"/>
Age:	<input type="text"/>	Gender:	<input type="text"/>
		Day Program:	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day
Nationality:	<input type="text"/>	Home Language:	<input type="text"/>
With whom does the child live:	<input type="text"/>	Religion:	<input type="text"/>
Allergies:	<input type="text"/>		
Chronic Illness:	<input type="text"/>		
Dietary Requirements:	<input type="text"/>		

### Particulars Of Parents

	Parent 1	Parent 2
Surname:	<input type="text"/>	<input type="text"/>
First Name/s:	<input type="text"/>	<input type="text"/>
ID Number:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>





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## Enrollment Form

Employer:

Cell Number:

Tel No Work:

E-mail Address:

Home Address:

Work Address:

### Siblings

Name:

Age:

School:

### Contact Person Other Than Parents In Case Of Emergency

Next of Kin

Friend

Name & Surname:

Relationship:

Cell No:





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## Enrollment Form

### Transport

Who is authorised to collect your child from school:

Person 1

Person 2

Name & Surname:

Relationship:

Cell No:

### Special Instructions

  
  
  

### General Remarks

  
  




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## Enrollment Form

### Consent To Publish Photographs

Name of Parent:

Name of Child:

I consent to the use of photographs of my child in school publications:

Yes

No

I consent to the use of photograph of my child on the school's website or social media pages. No names or classes are given. We try not to show faces, but more activities:

Yes

No

Parent Signature: (Print, sign and return to the school OR click the box to create and add a digital signature).

Date:

### Medical Information

Medical Aid:

Medical Aid No:

Family Doctor Name:

Family Doctor Tel No:

Childhood Illnesses:

Allergies:

Regular Medication:

Any Major Operations:

Any Speech Problems:



Office: (012) 807-4681 • Email: [info@minikidi.co.za](mailto:info@minikidi.co.za) • Website: [www.minikidi.co.za](http://www.minikidi.co.za)

ADDRESS: 79 Rubida Street, Die Wilgers, Pretoria, 0184



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Any Hearing Problems:

Immunisation Up to Date:

Relevant Family History:

Do both parents consent to the staff member on duty authorising all and any medical treatment which the child may require in case of an emergency:

 Yes  No

Parent Signature:

(Print, sign and return to the school OR click the box to create and add a digital signature).

Parent Signature:

(Print, sign and return to the school OR click the box to create and add a digital signature).

Should your family doctor not be available, do both parents consent to another doctor to be consulted in the case of an emergency:

 Yes  No



Do both parents consent to the staff member on duty give the following medication if deemed necessary and cannot get hold of you or any contact on your list - antihistamine, buscopan and panado:

 Yes  No



A child should not attend school if he/she is ill or has a temperature. For any other medication, you still need to complete the permission medication form available in class. Please note that we cannot give your child any medication if you do not complete the permission medication letter.

Parent Signature: (Print, sign and return to the school OR click the box to create and add a digital signature).

Date:



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## Enrollment Form

### Person Responsible For The Account

Name:

ID Number:

Work Address:

Postal Address:

Home Address:

Tel No Work:

Cell No:

Email Address:

Please note that all school fees are paid a month in advance and must be paid before or on the 5th of every month.

### Our Banking Details

Account Holder: Minikidi Village  
Bank: First National Bank  
Branch: Lifestyle Centre Centurion  
Branch code: 250-655  
Type: Current Account  
Account Number: 6309-349-1339  
Reference: Childs Name and Surname



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### Notes

1. A non-refundable registration fee and first month's fees are payable, by all new enrolments on acceptance into the school. This should be made by EFT payment.
2. Any special outings, visits, functions or extra items will be charged separately.
3. Failure to pay fees timeously, or at all, shall constitute a material breach of this agreement.
4. The school reserves the right of admission.
5. Annual increase in school fees will be communicated in December of each year and become effective in January of the following year.
6. Fees have been calculated over 12 months, from January to December, irrespective of absenteeism, due to illness or vacation and are payable as agreed annually, quarterly and monthly.
7. Parents leaving at the end of October or November are still liable for December fees.
8. One month's written notice must be given to the school if the child will not be returning to the school for the subsequent term of year. In the event of a failure to furnish such notice, the parent will be liable for an amount equivalent to one term's school fees.
9. The child shall be allowed to participate in the various day to day activities within the school grounds.
10. The parent of the child shall be notified in writing of any school excursions that may be arranged from time to time outside the school grounds no later than 48 hours prior to the excursion. In the absence of such written refusal, the parents shall be deemed to have consented to the participation of the child in the said excursion.
11. The child shall be under constant supervision by the principal and staff of the school, and all reasonable precautions will be taken in order to avoid any accident or mishap. However, in the event of such an accident, mishap, harm or damage occurring, the principal, staff and the school do not accept any legal responsibility therefore.
12. The educational programme of the school will commence at 08h00 and finish at 12h30.
13. All clothing and/or other possessions of the child should be clearly marked with his/her name.
14. No valuables are to be brought to school.
15. Breakfast and lunch will be served, while a healthy snack will be provided at 10h00 and 15h00. Sweets, chocolates, cakes, etc are to be limited to birthdays and special days only.
16. School hours are from 06h30 to 17h30. Children are to be collected timeously.
17. Children will not be allowed to attend school in the case of unpaid fees. We are a private school and does not receive subsidy from the Government.
18. Minikidi Village will hand over all outstanding fees to our lawyer and you will be responsible for the fees relating to the collection of our fees.

I accept and agree to all requirements as set out in this document.

**Parent Signature:**

(Print, sign and return to the school OR click the box to create and add a digital signature).

Date:

**Principal Signature:**

(Print, sign and return to the school OR click the box to create and add a digital signature).

Date:



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### For Official Use

Birth Certificate of Child     Immunisation Record     ID copies of Parents     Indemnity Form

Application Date:     Start Date:

Acceptance Date:     Class:

Account Number:

