



# Teddy Bear

43 Dallas Road, Lambton Gardens

# Enrollment/Inskrywing



011 827-7800



086 500 1082



info@tbear.co.za

1st Child's Name and Surname

2e Kind se Naam en Van

3rd Child's Name and Surname

Date of Birth:

Date of Birth:

Date of Birth:

Geboortedatum:

Geboortedatum:

Geboortedatum:

Allergies or important information that we need to know about, e.g. "Bee sting" or "Fever convulsions"  
Allergieë of belangrike inligting waarvan ons moet kennis dra, by "Bysteeke" of "Koorskonsulsies"

Moeder se Werksadres

Home Address

Father's Work Address

Mother's Name

Mother's Work Number

Vader se Naam

Vader se Werksnommer

Mother's Cellphone No

Mother's E-Mail Address

Vader se Selfoon Nr

Vader se E-Pos Adres

Mother's Line of Business/Occupation

Father's Line of Business/Occupation

Other Contact's Name

Contact's Relation to Child

Contact's Numbers

Home Phone Number

Parents married

Widow/Widower

Child lives with grandparents

Child lives with guardian

Ouers getroud

Widuwee/Wewenaar

Kind woon by grootouers

Kind woon by voog

Where applicable



**NOTE: Teddy Bear must at ALL TIMES be advised of any information changes**

Copy of ID attached  
Afskrif van ID aangeheg

Letter of Agreement signed  
Brief van Onderneming geteken

Copy of Child's Birth Certificate attached  
Afskrif van Kind se Geboortesertifikaat aangeheg

Transport Indemnity Form signed  
Vervoer Vrywagingsvorm geteken

Copy of Medical Aid Card attached  
Afskrif van Mediese Fondskaart aangeheg

Medicine Consent Letter signed  
Medisyne Toestemmingsbrief geteken

Office use only/Slegs vir Kantoorgebruik

Mother Tongue  
Mandertaal

Date of Enrolment:  
Datum van Inskrywing:

Date of Enrolment:  
Datum van Inskrywing:

Date of Enrolment:  
Datum van Inskrywing:



# Teddy Bear Nursery School

43 Dallas Rd, Lambton Gardens

PO Box 14247 Wadeville 1422

## Transport Indemnity Form Nursery School Pupils

E-mail: info@tbear.co.za

Fax: 086 500 1082

1. I, the undersigned \_\_\_\_\_  
parent/guardian of \_\_\_\_\_ (name/s of pupil/s)

herewith give my consent that he/she/they may attend educational outings.

2. I accept that all reasonable precautions will be taken for the safety and welfare of my offspring and in the case of an injury, where the responsible personnel are proven not to have been negligent, I will be held responsible for any medical and/or hospital accounts if applicable.
3. I further undertake not to install a claim against Teddy Bear or any of its responsible personnel, where the injury could not be proven due to negligence.
4. I am further willing to bear my rights as a parent/guardian over to the principal or her representative, should medical treatment or surgical intervention be required, to *act in loco parentis*.

5. Please provide the following information:

5.1 Name of Medical Aid: \_\_\_\_\_

5.2 Medical Aid Number: \_\_\_\_\_

6. Attached is a copy of the Medical Aid Card's front and back.

Parent/Guardian's Signature: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Date: \_\_\_\_\_

## Medicine Consent Letter Nursery School and After Care Pupils

I, the undersigned \_\_\_\_\_ (name/s of pupil/s)  
parent/guardian of \_\_\_\_\_

herewith give my consent to Teddy Bear Nursery School personnel to administer any medicine sent from home. I also give my consent for the following medicines to be administered to my child/Ren by Teddy Bear personnel:

Medicine	Dosage	Injury/Complaint
Paracetamol/Panadol syrup	2.5 - 5ml	Headaches, fever, pain
Dettol or Salon	Diluted spray	Skin injuries as cleanser
Mercurochrome or Gentian Violet	Spray or cotton dabbed	Skin injuries

Parent/Guardian's Signature: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Date: \_\_\_\_\_



# Teddy Bear Nursery School

43 Dallas Road, Lambton Gardens

## Letter of Agreement and Undertaking

I, the undersigned \_\_\_\_\_

(Full name and surname), ID number \_\_\_\_\_

of \_\_\_\_\_

(Physical address only) \_\_\_\_\_

have enrolled \_\_\_\_\_ (name/s of pupil/s) of whom I am the parent/guardian at Teddy Bear Nursery School ("the school") and undertake and acknowledge as follows:

- 1 I hereby unconditionally agree and acknowledge that the monthly school fees payable in advance will be paid in full by the **FIFTH working day of each month**.
- As payments shall be made directly in favour of the school, free of any bank charges or other deductions and I shall not be entitled for any reason whatsoever to defer or withhold payments.
- 3 I further agree and accept that attendance of the pupil/s at the school may be refused after the **FIFTH working day** of a month, should I fail to adhere to clause 1.
- 4 I agree to give **one calendar month's written notice**, should the pupil/s leave the school.
- 5 I undertake to pay the full monthly school fee for the **12 (twelve) months of the year** irrespective of the pupil/s being absent, e.g. sickness or leave.
- 6 I hereby agree to the jurisdiction of the magistrates court in terms of section 45 act 32 of 1944 for the recovery of any amount due in terms hereof.
- 7 I acknowledge and understand that should the authorised representative of the school agree to accept **late payment** of school fees for a specific month, I shall add a **R50 additional fee** to the monthly school fee, as a late payment charge.
- 8 This document constitutes the entire agreement between myself and the school and no amendments, additions or alterations to the provisions hereof shall be deemed to be of force and effect unless such an amendment, addition or alteration is reduced to writing and signing by both myself and a duly authorised person for and on behalf of the school.

Signed at \_\_\_\_\_ on this, the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature \_\_\_\_\_

Printed name and surname \_\_\_\_\_