

# TODDIES PLAY GROUP

FULL DAY CARE PROVIDED FOR CHILDREN  
FROM 0 – 6 YEARS

## HOURS

MONDAY TO FRIDAY 06H00 TO 18H00

## MEALS

BREAKFAST

MID-MORNING SNACK

LUNCH

MID-AFTERNOON SNACK

32/34 JESSIE ROAD  
OLIVEDALE  
RANDBURG

## CONTACT: HENDRENE

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## EFT BANKING DETAILS

FNB  
NORTHGATE  
ACC NO: 62131940969  
BRANCH CODE: 256 755  
REF: CHILDS NAME

## CARD FACILITIES AVAILABLE

# TODDIES PLAY GROUP

## CONDITIONS OF ENROLMENT

1. In these conditions of enrolment and except where the context indicates contrary intention:
  - 1.1. “Toddlies Play Group” means the unit serving the interest of children.
  - 1.2. “Child” means the toddler enrolled at Toddlies Play Group as appears on the registration form.
  - 1.3. “Parent” means the legal guardian of the child.
  - 1.4. “Registration Form” means the registration form for Toddlies Play Group completed by the parent for enrolment of the child at Toddlies Play Group.
2. Toddlies Play Group undertakes to care for the child during the hours set out on the Registration Form and in accordance with the Rules and Regulations which are attached hereto.
3. In consideration for Toddlies Play Group’s undertaking contained herein, the Parent agrees to pay the fees set out by Toddlies Play Group. Except where Toddlies Play Group agrees to a different arrangement, the fees are payable monthly, in advance and by the 1st day of each month. Fees are calculated over a 12 month period and may be paid over 11 months irrespective of holidays, sickness and December holidays.
4. Toddlies Play Group may increase the fees reflected on the Registration Form for any particular period, provided that it shall give notice of such an increase in the fees to the parent no later than 7 days before the commencement of the period for which the increase applies.
5. Toddlies Play Group shall have the right at its sole discretion and without notice, to terminate this agreement and to request the child to leave Toddlies Play Group immediately, if in the sole opinion of the Principal of Toddlies Play Group this becomes necessary for any reason whatsoever. If Toddlies Play Group exercises this right, it shall within 7 days refund to the Parent any fees paid in respect of an unexpired portion of any month.
- 6 A non refundable registration fee of R1500.00 is to be paid on enrolment which registration fee will secure your booking at Toddlies Play Group.

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- 7 A refundable deposit in the amount of R5000.00 is to be paid to Toddies Play Group together with the first month's fees (or over a period of 5 months if agreed by Toddies Play Group in its discretion) which amount shall be retained by Toddies Play Group for the duration of the period for which the Child is enrolled at Toddies Play Group and shall, provided that all of the terms and conditions of enrolment have been complied with by the Parent, be refunded to the Parent by way of a credit against the last month's school fees payable by the Parent.
- 8 A Child will not be accepted if fees are not paid by the 3<sup>Rd</sup> of each month and a penalty of R500.00 will be charged to the Parent as a result of late payment.
- 9 A Parent is required to give 3 (three) calendar months notice in writing when a child is removed from the centre. Failing the required notice in terms of this clause, a full 3 (three) month's fees shall be payable by the Parent in lieu of the notice period which you agree is a fair and reasonable termination fee and Toddies Play Group will retain the deposit referred to in 8 above as part payment of the fees in respect of the notice period.

**SIGNED AT** \_\_\_\_\_ **ON THIS DAY** \_\_\_\_\_

**OF** \_\_\_\_\_ **20** \_\_\_\_\_

**MOTHER /GUARDIAN** \_\_\_\_\_

**FATHER/GUARDIAN** \_\_\_\_\_

**WITNESS 1** \_\_\_\_\_

**WITNESS 2** \_\_\_\_\_

## RULES AND REGULATIONS

### 1. SICK CHILDREN

- 1.1. The school has the right to decide whether a child may or may not attend for health reasons. According to city health regulations, a sick child cannot remain at the centre and has to be isolated at home.
- 1.2. The centre must immediately be notified of any infectious diseases.
- 1.3. Please do not send your child to school if he/she has a temperature, bad cough, is vomiting or has any eye infections, diarrhoea, head lice, etc.

### 2. MEDICINES

- 2.1. All medicine must be handed to the teacher by the parent, with comprehensive instructions as to how and when it is to be administered. No medicine will be administered if it is left in the bag.
- 2.2. The medicine must be clearly marked with the child's name and dosage.
- 2.3. **NEVER LEAVE MEDICINE IN YOUR CHILD'S BAG.** It is your responsibility, as parent, to take medicine out of your child's bag, it is very dangerous to have medicine where children can get to it.
- 2.4. If your child is absent, please notify the school before 09h00, for catering arrangements.

### **N.B. YOU MUST PROVIDE A MEDICAL CERTIFICATE WHEN YOUR CHILD RETURNS TO SCHOOL AFTER AN INFECTIOUS ILLNESS.**

**THE SCHOOL RESERVES THE RIGHT TO OBTAIN MEDICAL ASSISTANCE FROM ANY MEDICAL DOCTOR AVAILABLE IN EMERGENCIES, AND THE RESULTING COSTS WILL BE THE RESPONSIBILITY OF THE LEGAL GUARDIAN OF THE CHILD. WE WILL HOWEVER ATTEMPT TO CONTACT THE FAMILY DOCTOR PRIOR TO THE ABOVE.**

### 3. CLOTHING

- 3.1. All garments (including underclothes, socks and shoes) must be clearly marked. We will not be responsible for any lost items. A change of clothes should be provided in the child's suitcase daily.
- 3.2. Each child must bring a sun hat.
- 3.3. Every child must bring a suitcase or a bag to school daily.
- 3.4. Each child must have a bottle of sun block at all times you will be advised when it needs replacing.
- 3.5. Each child will be required to supply 1 box of tissues and 3 packets of wet wipes monthly. A bottle of Calpol on the 1<sup>st</sup> of May each year.

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#### 4. FOOD AND TOYS

4.1. No food, sweets, bubble gum, etc. are allowed to be brought to school unless it is the child's birthday, or unless it has been previously arranged with the child's teacher.

4.2. As toys are provided by the school, the children are not encouraged to bring their own from home. **WE WILL NOT BE HELD RESPONSIBLE FOR ANY LOSS OR DAMAGE WHATSOEVER.**

#### 5. LIFT CLUBS

5.1. The staff must be advised as to who will be fetching your child from the centre every day. On no account will children be allowed to go home with anyone other than the specified person.

#### 6. HOURS OF THE CENTRE

##### 6.1. MONDAY TO FRIDAY

Opening Time : 06H00

Closing Time : 18H00

6.2. The centre will be open all year round except for 2 weeks during December holidays.

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# TODDIES PLAY GROUP

## CONSENT AND INDEMNITY

I/we, the undersigned (insert full names of parent/s/guardian)

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of (insert full address)

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do hereby:

1. Agree to accept and abide by all the terms and conditions governing Toddies Play Group with which I/we declare ourselves to be fully acquainted.
2. Give consent for my/our child or any such transport as Toddies Play Group may decide upon.
3. Give consent to the person in charge of Toddies Play Group, or, in her absence, any other responsible person connected with Toddies Play Group at any given time, to take whatever steps the person feels necessary, in the event of injury or illness of the child and thereby pledge my credit.
4. Give consent to the person in charge of Toddies Play Group, or, in her absence, any other responsible person connected with Toddies Play Group at any given time, to give the required permission and sign the necessary written consent for the child to be subjected to surgery or other medical treatment, if all attempts to locate either parent or guardian fail, provided that this will be executed on the advise, and under the supervision of the family medical doctor, or if he/she is not available under the supervision and advise of a medical doctor selected by Toddies Play Group.

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5. Agree that while the person in charge of Toddies Play Group will care for the child to the best of their ability, and while all possible precautions for the safety and welfare of the child will be taken, neither they nor any persons connected to Toddies Play Group, will accept any liability for any claims arising from any accident or injury happening to me/us or the child while he/she is in the care of the supervisor, and to waive and abandon any claims, which may at any time arise as aforesaid, both in my/our personal capacity, and in my/our capacity as parent or as legal guardian of the child, and I/we expressly indemnify the supervisor or such person against any such claim which may arise or be instituted;
6. To ensure that the child has been properly immunised against whooping cough, diphtheria, tetanus, and polio, and vaccinated against tuberculosis and will furnish proof of this on request.
7. Hereby indemnify Toddies Play Group and all its employees and representatives, and hold them free and harmless in respect of any loss, damages and/or prejudice that I/we or the child or children (as the case may be) may suffer as a result of the death, illness or injury to my/our child/children, whilst under the control / care of Toddies Play Group, howsoever arising;
8. Agree and confirm that any consent given herein, shall be deemed to be irrevocable unless and until withdrawn by me/us in writing, and delivered by hand to the proprietor of Toddies Play Group personally, and signed for. Furthermore, the terms contained in the whole of this document shall not be capable of being amended or cancelled by mutual consent, unless reduced to writing and signed by myself/ourselves and the proprietor of Toddies Play Group.

9. **SOCIAL MEDIA CONSENT**

- ❖ Toddies is active on social media (Facebook & Instagram) for advertising purposes. Photos of class activities and events are used for these posts.

I/We hereby give permission for my child/ren's photo's to be used on social media

YES

NO

**SIGNED AT** \_\_\_\_\_ **ON THIS DAY** \_\_\_\_\_

**OF** \_\_\_\_\_ **20** \_\_\_\_\_

**MOTHER /GUARDIAN** \_\_\_\_\_

**FATHER/GUARDIAN** \_\_\_\_\_

**WITNESS 1** \_\_\_\_\_

**WITNESS 2** \_\_\_\_\_

# TODDIES PLAY GROUP

## ENROLMENT FORM & CONTRACT

Date on which admission is required:	
<b>PERSONAL INFORMATION</b>	
Full name of child:	
Name child is to be called:	
Girl / Boy:	
Nationality:	
Date of Birth:	
Religion:	
Home phone number:	
Home Address:	
Postal Address:	
<b>PERSON RESPONSIBLE FOR BRINGING CHILD</b>	
<b>PERSON RESPONSIBLE FOR FETCHING CHILD</b>	
<p>IF YOU DEVIATE FROM THIS AT ANY TIME, YOU MUST PHONE AND LET US KNOW. WE WILL NOT ALLOW ANY CHILD TO GO WITH A STRANGER!!!</p>	

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<b>PERSONAL INFORMATION CONTINUED</b>	
FATHER'S DETAILS:	
Full Name:	
I.D. Number:	
Occupation:	
Company Name and Address:	
Father 's E-Mail Address:	
Work Phone Number:	
Cell Number:	
Marital Status:	
Home Address:	
Home Phone Number:	
MOTHER'S DETAILS:	
Full Names:	
I.D. Number:	
Occupation:	

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Company Name and Address:	
Mother's E-Mail Address:	
Work Phone Number:	
Cell Number:	
Marital Status:	
Home Address:	
Postal Address:	
Home Phone Number:	

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<b>MEDICAL INFORMATION</b>	
Doctor's Name:	
Doctor's Telephone Number:	
Dentist's Name:	
Dentist's Telephone Number:	
Medical Aid Name:	
Medical Aid Number:	
Special Instructions:	

<b>MEDICAL HISTORY</b>	
Allergies:	
Treatment:	
<b>IMMUNIZATION:</b>	
BCG Vaccination (Tuberculosis)	
Polio:	1.
	2.
	3.
Polio Booster:	
DWT (Diphtheria, Whooping Cough, Tetanus)	1.
	2.
	3.
DWT Booster:	
Measles:	
MMR (Measles, Mumps & Rubella):	

<b>Please enclose copy of immunization card</b>	
<b>HAS YOUR CHILD HAD ANY OF THE FOLLOWING?</b>	
Measles:	
German Measles:	
Chickenpox:	
Scarlet Fever:	
Mumps:	
Hepatitis (Yellow Jaundice):	
Polio:	

<b>FAMILY HISTORY</b>	
Any Medical conditions in other members of the family e.g. Deafness, Allergies, etc:	
<b>DETAILS OF BIRTH</b>	
Was the pregnancy normal?	
Normal birth or Caesar?	
Weight at birth?	
Jaundice at birth?	
Any Blood transfusions?	
Oxygen administered in an incubator?	
Operations?	

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<b>FEEDING?</b>	
Breast or Bottle fed?	
If Breast for how long?	
What milk does your child drink now?	
Does your child suck a dummy? If so what make and size teat?	
What bottle and size teat does he/she use?	
Does your child eat solids? Please advise any negative reactions to certain food.	
What appetite does your child have?	
Favourite sleeping position (side, back or tummy)	
Does your baby have reflux?	
Does you baby have a security blanket?	
Further instructions:	

**IF ANY OF THE ABOVE DETAILS CHANGE PLEASE ADVISE US IMMEDIATELY AS IT IS VERY IMPORTANT THAT WE HAVE THE CORRECT INFORMATION ON FILE!!**

**PLEASE ADHERE TO THESE TIMES.**

I hereby confirm that I have read and understand the rules and regulations attached and that I will adhere to them as stated.

**SIGNATURE**

**DATE**

## **DOCUMENTATION REQUIRED**

Please supply **CERTIFIED COPIES** OF ALL DOCUMENTATION **(NO ORIGINALS)**

Childs birth certificate

Fathers ID

Mothers ID

Proof of residential address

Learners' latest school report

Proof of work address of both parents

Proof of residence

Parents / Guardians of other nationalities must submit the following additional documents

Original temporary or permanent residence permit from the South African Department of Home Affairs.

PLEASE NOTE: **NO** APPLICATION WILL BE PROCESSED UNLESS **ALL** DOCUMENTATION IS ATTACHED