

| FOR OFFICE USE ONLY: | | | | | | | |
|----------------------|-------------|-------------|-------------|--|--|--|--|
| Birth certificate | Clinic card | Mother's ID | Father's ID | | | | |
| Start Date: | | End Date: | | | | | |

ENROLMENT FORM 2023

| | ease do not le | eave any section t | Diank. Wi | rite "N/A" if it is not ap | ppiicable | |
|---|----------------|---|-----------|----------------------------|----------------|-----------------|
| CHILD'S DETAILS | | | | | | |
| NAMES: | | | | PREFERRED NAME | | |
| ID/PASSPORT NO.: | | | | SURNAME: | | , |
| DATE OF BIRTH: | DAY | | MONTH | | YEAR | |
| NATIONALITY: | Country of b | irth | | | GENDER | Boy Girl |
| HOME LANGUAGE: | | | | | | |
| HOME ADDRESS: | | | | | | |
| | | | | | | |
| UNIFORM SIZE: | 1-2yrs | | 3-4yrs | | 5-6yrs | |
| PREVIOUS SCHOOL | DETAILS | | | | | |
| NAME OF SCHOOL: | | | | | | |
| CONTACT PERSON: | | | | TEL: | | |
| SCHOOL ADDRESS: | | | | | | |
| REASON FOR | | | | | | |
| LEAVING: | | | | | | |
| LEGAL GUARDIAN 1 | / FATHER'S | DETAILS | | | | |
| NAME & SURNAME | | | | | MR/ | DR / PROF / REV |
| ID/PASSPORT NO.: | | | | NATIONALITY Cou | untry of birth | |
| HOME ADDRESS: | | | | | | |
| COMPANY NAME: | | | | OCCUPATION | | |
| WORK ADDRESS: | | | | • | | |
| | CELL | | | WORK | | EXT. |
| CONTACTS: | WhatsApp | | | | | |
| | EMAIL | | | | | |
| LEGAL GUARDIAN 2 | / MOTHER'S | DETAILS | | | | |
| NAME & SURNAME | | | | MISS | / MRS / MS / | DR / PROF / REV |
| ID/PASSPORT NO.: | | | | NATIONALITY Co | untry of birth | |
| HOME ADDRESS: | | | | | - | |
| COMPANY NAME: | | | | OCCUPATION | | |
| WORK ADDRESS: | | | | 1 | | |
| | CELL | | | WORK | | EXT. |
| CONTACTS: | WhatsApp | | | | | |
| | EMAIL | , , , , , , , , | | | | |
| EMERGENCY CONTACT'S DETAILS (excluding parents) | | | | | | |
| FULL NAME: | AOT O DETAIL | Lo (excluding par | chts) | | | |
| ID/PASSPORT NO.: | | | | RELATIONSHIP WITH | CHII D | |
| CONTACTS: | CELL | , , , , , , , , , , , , , , , , , , , | | WORK | | EXT. |
| 001171010. | JLLL | | | 7701 | | |

INITIAL: 1 Initials:



Please do not leave any section blank. Write "N/A" if it is not applicable

SAFETY & SECURITY INFO

| DETAILS OF PEOPLE THAT ARE PERMITTED TO BRING & COLLECT YOUR CHILD | | | | | | |
|--|--------------|---------------|--------------|--|--|--|
| | FIRST PERSON | SECOND PERSON | THIRD PERSON | | | |
| FULL NAME: | | | | | | |
| ID/PASSPORT NO.: | | | | | | |
| RELATIONSHIP WITH CHILD | | | | | | |
| CONTACTS: | | | | | | |

Please notify the school if someone that is not mentioned above will be collecting your child on a particular day.

MARKET RESEARCH INFO

| Where / How did you hear about ECLAH Pre-school? | GOOGLE | JOZIKIDS | FACEBOOK | REFERRED BY: | FLYER | STREET AD |
|---|--------------------------------|----------|----------|-----------------|-------|-----------|
| Have you previously applied to the school? | If yes, please give details: | | | | | |
| Have any of your children ever attended at ECLAH? | If yes, please give details: | | | | | |
| | Name & Surname: Year Attended: | | | | | ed: |

<u>PLEASE NOTE</u>: The following information is required so that we can have a better understanding of your child and his/her needs, and help us to see how best to meet those needs.

If your child is seeing a specialist for any reason whatsoever, please attach the specialist's report.

FAMILY BACKGROUND

| FAMILY INFORMATION | | | | | | | | | | |
|--|------------|---|----------|---|----------------------|------|--------|----------|----------|-----|
| Is your child adopted? | Yes | | No | | If yes, at what age? | | | | | |
| Does your child know about the | e adoption | ? | | | | | | | | |
| Parents' Marital status | Married | | Separate | d | Divorced | | Unmarr | ied | | |
| Who does the child live with? | Mother | | Father | | Both Parents | | 3 | Other (s | specify) | |
| Number of siblings | Brothers | | Ages | 3 | | Sist | ers | | Ages | |
| Child's place in the family | Eldest | | | | Middle | | | | Younge | est |
| Is there anyone in the family with a disability? If yes, please specify: What family activities does the child engage in on weekends and/or holidays with MOMMY? | | | | | | | | | | |
| What family activities does the child engage in on weekends and/or holidays with DADDY? | | | | | | | | | | |
| What family activities does the child engage in on weekends and/or holidays with SIBLINGS? | | | | | | | | | | |
| Any other family related things that we need to be made aware of? | | | | | | | | | | |

SOCIAL RESPONSIBILITY

| COMMUNITY INVOLVEMENT | | | | | | |
|---|-----|--|----|--|--|--|
| Are you involved in any community projects? | Yes | | No | | | |
| If yes, please give details: | | | | | | |
| | | | | | | |
| | | | | | | |

INITIAL: 2 Initials:



MEDICAL & HEALTH INFORMATION

NB: The medical information provided on this form is confidential and will not be shared with anyone except for a medical professional that is treating your child in the case of an emergency.

| | • | • | | | /A" if it is not app | _ | • | | |
|---|-------------------|-----------------|------------|--------------------|----------------------|------|--------------|------------|---|
| BIRTH DETAILS | | | | | | | | | |
| Birth type: Caesa | ar / Natural | | | No. of wee | ks: | Birt | h weigl | ht: | |
| Complications: | | | 1 | Breastfeed | ing period: | | | | |
| ALLEDCIES & INTOLE | DANCES | If was places | 4i ale | and aive | dotoilo\ | | | | |
| ALLERGIES & INTOLE Is your child allergic to | _ | Details | tick | | hild allergic to? | | <i>((</i>) | Details | |
| |)? (√) | Details | | | illiu allergic to? | | (√) | Details | |
| Analgesics (specify) | | | | Nuts Penicillin | | | | | |
| Antibiotics (specify) | | | | | | | | | |
| Bee stings Fish | | | | Pork Wheat | | | | | |
| Lactose | | | | Other (sp | vocify) | | | | |
| | | | | | | | | | |
| Please tick if your chil | | | nditi | | | | | | |
| ADD / ADHD | Dental co | | | | mpairment | | Skin ras | | |
| Asthma | Diabetes | | | Heart dis | | | | h aches | |
| Autism | Diarrhoe | а | | Kidney di | | | • | deficiency | |
| Bladder infection | Dyslexia | | | Learning | difficulty | | Rubella | | |
| Broken limbs | Ear-ache | es | | Measles | | | Scarlet | | |
| Bronchitis | Eczema | | | Mumps | | | | (specify) | |
| Chicken pox | Encepha | | | Noseblee | | | ΓB | | |
| Chronic medication | Epilepsy | | | | gical therapy | | Tonsiliti | | |
| Colds & Flu | Eye infe | | | Physical | • | | /omitin | <u> </u> | |
| Convulsions | | t problems | | | ory condition | | | ing cough | |
| Croup | Headach | | | Ringworms | | (| Other (s | specify) | |
| Are all your child's vacci | nations up | to date? | | | | | | | |
| MEDICAL HISTORY | | | | | | | | | |
| Last dentist visit | Date | dd/mm/yyyy | 7 | Reason | | | | | |
| Last doctor visit | Date | dd/mm/yyyy | | Reason | | | | | |
| Last Visual Screening | Date | dd/mm/yyyy | | Outcome | | | | | |
| Last Hearing Screening | Date | dd/mm/yyyy | 7 | Outcome | | | | | |
| Does your child wear/re | • | | | | | | | | |
| Has your child had any | serious acc | idents? Explair | า | | | | | | |
| | | | | | | | | | |
| DOCTOR'S DETAILS | | | _ | | | _ | _ | | _ |
| | | | 1 T | 'alambana | No. | | | | |
| Doctor's Name: | | | 1 | elephone | INU | | | | |
| Filysical Address. | Physical Address: | | | | | | | | |
| MEDICAL AID DETAILS (that the child is on) | | | | | | | | | |
| Scheme Name: | (| | | Membershi | ip number: | | | | |
| Scheme Plan: | | | | Principal m | • | | | | |
| | | | | | | | | | |

INITIAL: 3 Initials:



5359 North Carolina Crescent Cosmo City Ext.5 Cell: 083-785-5328 / 083-516-2682

Email: info@eclahpreschool.co.za Web: www.eclahpreschool.co.za

DEVELOPMENT & MILESTONES

| Please do not leave any sect | ion blank. Write | "N/A" IT IT IS NOT appli | cable. | | | |
|---|----------------------|--------------------------|---------|--------------|--|--|
| LANGUAGE DEVELOPMENT | | | | | | |
| At what age did your child start talking? | | | | | | |
| What languages does your child speak? | | | | | | |
| Does your child speak in full sentences OR o | ne word respons | es OR no words? | | | | |
| Does your child stutter/stammer? | | | | | | |
| EMOTIONAL DEVELOPMENT | | | | | | |
| Does your child have temper tantrums? | | | | | | |
| Does your child have separation anxiety? | | | | | | |
| Who disciplines the child? | | | | | | |
| What forms of discipline do you use? | | | | | | |
| How does he/she respond to discipline? | | | | | | |
| SOCIAL DEVELOPMENT | | | | | | |
| Who does your child play with most of the time | ne? | | | | | |
| How does he/she play with others? | | | | | | |
| PHYSICAL DEVELOPMENT | | | | | | |
| At what age did your child start sitting unsupp | oorted? | | | | | |
| At what age did your child start crawling? | | | | | | |
| At what age did your child start walking? | | | | | | |
| TOILET ROUTINE | | | YES | NO | | |
| Does your child go to the toilet voluntarily or o | does he/she need | d to be told to go? | | | | |
| Can your child pull up & down his/her pants to | o use the toilet? | | | | | |
| Does your child wear a nappy when he/she s | leeps? | | | | | |
| Does your child wet the bed? | | | | | | |
| FEEDING | | | YES | NO | | |
| Can your child feed him/herself? | | | | | | |
| What utensils does your child use to eat? E.g | ı. knife & fork; spo | oon; hands; etc. | | | | |
| Is your child a fussy eater? | | | | | | |
| SLEEP ROUTINE | | | YES | NO | | |
| Does your child nap during the day? | | | | | | |
| What time does he/she sleep every night? | | | | 1 | | |
| Does he/she sleep through the night? | | | | | | |
| Does your child use a pacifier or any comfort | | | | | | |
| EXTRA-MURAL ACTIVITIES | | | YES | NO | | |
| Did your child participate in extra-mural activi | ties at his/her pre | evious school? | | | | |
| If yes , specify / If no , why not? | | | | | | |
| LEISURE ACTIVITIES | No. of hours | LEISURE ACTIVIT | TIES | No. of hours | | |
| Tablet / Computer / TV games | | Playing outside | | | | |
| Colouring books / Puzzles / Building blocks | | Watching TV | | | | |
| Playing with friends / siblings / relatives | | Reading or Being | read to | | | |
| | | | | | | |



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PROSPECTUS

1. **REGISTRATION**

- 1.1 Registration is renewed annually at a fee and is non-refundable.
- 1.2 The registration renewal fee for the year 2024 is due by 1 December 2023.
- 1.3 Should a learner be withdrawn from the school for any reason whatsoever, the full registration fee will be required again when he/she returns.

2. SCHOOL FEES PAYMENT POLICY

- 2.1 School fees are subject to an annual increase on the 1st of January.
- 2.2 The school fees for the year 2023 are **R20 900**. This amount can be paid in full or in instalments. Instalments can be paid monthly over 11 months or quarterly or half-yearly.
- 2.3 Discounts only apply to the school fees, not the registration fee nor the uniform nor events.
- 2.4 School fees are payable in advance, and are due on or before the 1st of the month.
- 2.5 The **first payment** covers the fees; registration fee and; uniform. Please select a payment plan below:

| Please (✓) below | PAYMENT PLAN | AMOUNT DUE |
|------------------|--|------------|
| FULL PAYMENT | One payment (incl. annual fees, registration, uniform, 5% discount) Payment due by 1 st January 2023 | R 21 455 |
| | | |
| HALF-YEARLY | First payment (incl. first half fees, registration, uniform, 2,5% discount) | R 11 788 |
| INSTALMENTS | Second payment due 1st July 2023 | R 10 188 |
| | | |
| QUARTERLY | First payment (incl. first quarter fees, registration, uniform, 1,25% discount) | R 6759 |
| INSTALMENTS | Second, third and fourth payments due 1st April; 1st July; 1st Oct 2023 | R 5 169 |
| | | |
| 11 MONTHLY | First payment (incl. first month's fees, registration, uniform) | R 3 500 |
| INSTALMENTS | Second to last payments due monthly from 1st Feb to 1st Nov 2023 | R 1900 |

- 2.6 Fees are payable in full every month, irrespective of absenteeism; school holidays; or starting date.
- 2.7 Payments made **after the 4th of the month** are subject to a non-refundable and non-transferable R80 per day penalty, until the school fees are paid in full.
- 2.8 ECLAH Pre-school reserves the right to refuse admission of the learner, should any part of the fees remain outstanding by the due date.
- 2.9 All monies (e.g. School fees; uniform; school trips; photos; events, etc.) paid to the school; stationary items; and toiletries items are **non-refundable** and **non-transferrable**.

3. PAYMENT METHODS

3.1 Please select the payment method you will be using below and add the applicable levy when paying:

| Bank: | First National Bank | ✓ Method | Method of Payment | Levy |
|------------------------|-----------------------------|----------|-------------------------|------|
| Account Holder: | ECLAH Pre-School | | Internet transfer (EFT) | nil |
| Account Number: | 505 200 477 43 | | Cellphone banking | nil |
| Branch Name: | Clearwater Mall | | Stop Order | nil |
| Branch code: | 251 141 | | Cash Deposit at ATM | R20 |
| Beneficiary Reference: | E3 + Child's NAME + SURNAME | | Cash Deposit at tellers | R100 |

3.2 The following methods of payment are NOT acceptable:

Cash at the school; Digital wallets / Mobile money

4. WRITTEN NOTICE

- **4.1** The school must be notified in writing **one calendar month in advance** (*e.g. inform the school by 31*st *March that 30 April is the learner's last day*) when removing a learner from the school.
- 4.2 Failure to give the required notice will result in being held liable for one month's or one term's fees.

5. ECLAH PRE-SCHOOL EVENTS

- 5.1 Payments for events are not included in the school fees nor registration fee. They are charged separately.
- 5.2 Participation in all school events is compulsory for all learners and the required payments must be made.

6. EXTRA-MURAL ACTIVITIES

- 6.1 Extra-mural activities come at an extra cost and payment must be made directly to the service provider.
- 6.2 ECLAH Pre-school serves as a platform for extra-mural activities and cannot be held liable for the services.



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7. OPERATING DAYS AND HOURS

- 7.1 ECLAH Pre-School operates strictly from Monday to Friday, from 6:30am to 5:30pm, except on the last day of school at the end of the academic year, on which the operating hours are **06:30am to 12:00pm**.
- 7.2 Learners must be at school between 6:30am and 08:00am daily and must be picked up before 5:30pm daily.
- 7.3 Absenteeism or late coming can be reported to the school via a WhatsApp message.
- 7.4 Failure to fetch a learner by 5:30pm will result in a penalty of R100 per 15min interval e.g. R100 between 5:31pm and 5:45pm; R200 between 5:46pm and 6:00pm; etc.
- 7.5 The parents are liable for the payment of after-hours penalties regardless of who the learner is supposed to be collected by. Please always check that your child has been picked up from school.
- 7.6 In case of a crisis e.g. **protest action** preventing staff from coming to work, or **natural disasters** e.g. flooding, or the **property is unsuitable for occupation** e.g. due to fire, burglary, etc., the school will be closed for the duration of the crisis.

8. ECLAH PRE-SCHOOL HOLIDAYS

- 8.1 ECLAH Pre-school is closed on all public holidays.
- 8.2 ECLAH Pre-school will close for YEAR-END break on 8th December 2023 and the re-open date for the year 2024 is yet to be confirmed.

9. ECLAH PRE-SCHOOL UNIFORM

- 9.1 The ECLAH Pre-school uniform is **compulsory for ALL learners** and must be worn to pre-school **EVERYDAY**.
- 9.2 Only ECLAH Pre-School uniform items purchased directly from ECLAH Pre-school may be worn to school. ECLAH Pre-School T-shirts and Fleece tops must be worn with the ECLAH Pre-School Tracksuit or BLUE DENIM skirts / shorts / trousers.
- 9.3 Shoe-laced shoes and high-heeled shoes are not permitted at school nor during school outings.
- 9.4 Every uniform item, underwear, shoes, bags, clothing, extra-mural gear, and container must be clearly labelled with the learner's name and surname.
- 9.5 Learners are not permitted to wear the school uniform of other schools when attending ECLAH Pre-school.
- 9.6 ECLAH Pre-School uniform can only be purchased from ECLAH Pre-school branches.
- 9.7 If a learner takes an item home from school that does not belong to him or her, please return it to school.
- 9.8 ECLAH Pre-school will not be held responsible for the loss, damage, or theft of your child's uniform items, shoes, underwear, bags, clothing items, extra-mural gear, or container.
- 9.9 Uniform will **not be exchanged** if it is used, written on, labelled, washed, or dirty. Uniform can only be returned or exchanged within 30 days of collection if it is in its original condition and packaging.

10. GRADUATION POLICY

Only registered ECLAH Pre-school learners who have been attending at a ECLAH Pre-school branch for 9 months or more; born before 30 June 2018; and deemed ready to graduate by the ECLAH Pre-school principal, may be eliqible to graduate at the end of 2023.

11. PROGRESS REPORTS

Progress reports are issued at least twice a year and can be with-held if there are any outstanding monies due to the school.

12. TOILET-TRAINING

- 12.1 When a learner turns 2 years old, the school will begin toilet-training. Parent cooperation is vital to ensure that the process is successful. The aim is for learners to be fully trained to use the toilet independently, by the age of 3 years old.
- 12.2 Learners that are 36 months old and older will not be accepted if they are not fully toilet-trained, except if there are medical reasons confirmed by a valid doctor's letter.

13. ILLNESS POLICY

- 13.1 Learners that are sick (whether or not it is contagious) are not permitted to attend pre-school until they have completed their medical treatment and have fully recovered.
- 13.2 All learners with contagious conditions e.g. colds; flu; pink-eye; ringworms; mumps; measles; chicken-pox; head lice; body lice; scabies; etc. are not permitted to attend preschool until they have completed their course of treatment and are clear of all symptoms.
- 13.3 Learners that have had diarrhoea or vomiting within a 24hr period are not permitted to attend pre-school.
- 13.4 Medicines will not be accepted nor administered at school except for asthma pumps and anaphylaxis shots (with written instructions of how to use them).



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14. INJURY POLICY

- 14.1 If a learner gets hurt or sick at school, an incident report will be completed and the person who fetches the learner will be informed.
- 14.2 The parent/guardian/person who fetches the learner must sign the incident report to confirm that they were informed of the incident.
- 14.3 If the injury requires immediate medical attention, the parent will be required to collect the learner and seek medical attention. The school nor its staff cannot transport learners to medical services.
- 14.4 Whilst the learner awaits the parent's arrival, they will be placed in the sickbay until the parents arrive. However, they will be checked on and monitored regularly.
- 14.5 In case of a medical emergency, the school may call for an ambulance at the cost of the injured learner's parents.
- 14.6 The parent agrees that in an emergency requiring medical attention or hospitalization, the parent accepts responsibility for and agrees to bear all medical costs and expenses in relation to the Parent's child under these circumstances.
- 14.7 In a case where one learner has hurt another, the parent of the injured learner is not permitted to contact, scold, discipline, reprimand or threaten the other learner involved, nor address his/her parents.
- 14.8 If the incident in question requires external professional or specialist council, the parent/s of the learners involved will be notified in writing, and they will receive a written referral to a professional for counselling and assessment. If the counselling or assessments require payment, each parent has to pay towards their own child's counselling/assessment. ECLAH Pre-school will NOT be liable for any costs.
- 14.9 Please save the school's contact numbers and keep the school updated when changing your contact details by sending an email or WhatsApp message directly to the school. Verbal updates will not be accepted.

HIV POLICY & BODY FLUIDS POLICY

- 15.1 No learner will be discriminated against because of any illness or disability they may have. ECLAH Preschool does not require staff or learners to disclose their HIV status and any such disclosure will be treated as confidential. Voluntary disclosure is however welcomed and could allow a learner or staff member to benefit from additional support or nutritional and medical input.
- 15.2 In line with universal precautions, all blood and other body fluids are treated as infected, therefore disposable gloves are worn at all times when handling all body fluid spills and soiled items.
- 15.3 Hands are washed with water and soap before and after wearing gloves, and the gloves are disposed of.
- 15.4 Areas where there has been a spill of body fluids are cordoned off, cleaned and disinfected immediately.
- 15.5 The child's blood-stained or soiled items will be rinsed and placed in a plastic bag for a thorough wash at home.
- 15.6 The tools used to clean areas and items are also washed and disinfected.

HYGIENE POLICY

- 16.1 The daily sanitizing of hands upon arrival is required for all and, the disinfecting of learner's containers.
- 16.2 Learners and staff are required to wash hands with soap and water before meals, after activities and, after using the toilet. Hands are dried with disposable paper towels.
- 16.3 The premises, furniture, and equipment are cleaned and disinfected daily.
- 16.4 Mattress covers are washed weekly, mattresses are disinfected daily, and blankets are washed quarterly.

17. **DISCIPLINE POLICY**

- 17.1 Corporal punishment (i.e. physical harm or threat thereof) is strictly forbidden and if an incident occurs it must be reported to the school in writing immediately.
- 17.2 Learners are taught about acceptable behaviour and the school rules through games and songs.
- 17.3 If learners misbehave they are spoken to firmly, separated from others (if need be) and may privileges are withheld for a set amount of time
- 17.4 Parents are required to address their child's repetitive aggressive behaviour so as to keep the school safe.

18. SAFETY & SECURITY

- 18.1 Upon arrival, children will be received by an ECLAH Pre-school staff member at the school entrance and will be signed in by the staff member. At departure time, the learner will be escorted to the school entrance by an ECLAH Pre-school staff member and signed out by that staff member.
- 18.2 Please notify the school if someone that is not mentioned in the "Safety & Security" table (page 2) will be collecting your child on a particular day.



19. PARENTS' MEETINGS

- 19.1 Parents are welcome to request a one-on-one meeting with the principal.
- 19.2 Group meetings are scheduled by the school only when necessary.

20. CODE OF CONDUCT BETWEEN PARENTS AND STAFF

- 20.1 Parents are not permitted to employ any member of ECLAH staff, for any job whatsoever, nor to buy and sell products and services, during or outside the school's operating hours.
- 20.2 All complaints, compliments, queries about the school, policies, programs and/or staff members must be addressed with management **in writing**, not verbally, not on public platforms, and not with staff.
- 20.3 ECLAH Pre-school encourages a healthy relationship between management, staff and parents based on mutual respect and appreciation; promoting the best interests of the learner.
- 20.4 Verbal abuse, gossiping; yelling; badmouthing the school and its staff; physical assault or the threat thereof; and the use of profanity, by any of the parties, are strictly forbidden.

21. EXPULSION

The school shall notify the parent in writing of any breach, and the parents shall have 7 days to remedy. Shall the breach not be remedied within 7 days, the school shall have the right to expel the learner effective immediately at the expiry of the 7 day period to remedy the breach. Breaches such as:

- 21.1.1 Parents' failure to adhere to the school fees payment policy
- 21.1.2 Parents' repeated failure to adhere to the school's operating hours e.g. fetching a child after 5:30pm and not paying the penalty.
- 21.1.3 Parents' being verbally and/or physically abusive to or threatening staff members
- 21.1.4 Parents refusing to take a learner, suspected of having a behavioural problem, for professional assessment
- 21.1.5 Parents refusing to take a child to the doctor when ill or refusing to treat the child effectively

22. **INDEMNITY**

The parties recognise and acknowledge the impetuous and impulsive nature of children. In view of this, staff and management at the school have been instructed to take every precaution to the best of their ability to ensure the children's safety. However, neither staff, management or any other persons connected to ECLAH Pre-school will accept any liability for any claims arising from any accident, injury, death, loss, theft suffered by the child, at school or on school trips (including transportation to and from such trips), due to criminal acts or acts of negligence by outsiders or incidents that fall outside their responsibilities and duties while acting with due diligence and care and in the course and scope of their duties. Furthermore, the Parent agrees to waive and abandon any claims, which may, at any time, arise as aforesaid, both in the Parent's personal capacity, and in the Parent's capacity as a parent or as guardian of the child, and the Parent expressly indemnifies the management and staff or connected person(s) against any claim which may arise or be instituted unless criminal negligence is proven against such member of staff, management or connected person in a court of law.

23. **LIABILITY**

Should the school instruct its attorneys and/or institute legal proceedings against the applicant (i.e. parent or guardian), as a result of the applicants' breach of contract or failure to adhere to the prospectus, rules and regulations, then, the applicant will be held liable for all the legal costs; attorney and client charges; tracing fees; and collection commission incurred by the school.

| E a p | PHOTOGRAPHY CLAH Pre-school often uses photographs of the children in its nd social media platforms. I hotographs of my child/ren specifically taken for marketing or pecLAH Pre-school events and premises, to be used (appropriate) | hereby give permission for the promotional purposes or taken incidentally at |
|-------------|--|--|
| I/We, | | , parent/s |
| | an/s ofpt the prospectus written above and agree to comply with | |
| Father's S | Signature: | Date: |
| | | |

INITIAL: 8 Initials: