



Ajax street plot 34.4, Olympus, Pretoria, 0081 | PoBox 39858, Faerie Glen, 0034



012 9993016



082 353 8748



info@piccolinurseryschool.co.za

Address:

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Faerie Glen, PreTORIA
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012 999 3016

MOBILE:

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MOBILE:

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INFO@PICCOLINURSERYSCHOOL.CO.ZA

WEBSITE:

WWW.PICCOLINURSERYSCHOOL.CO.ZA

PICCOLI NURSERY SCHOOL | APPLICATION FORM

APPLICATION DATE		START DATE	
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CHILD'S INFORMATION

SURNAME		HOME ADDRESS	
FIRST NAMES			
NICKNAME			
DATE OF BIRTH		DAYCARE PROGRAM REQUIRED	Half Day
ID NO			Full Day
AGE AT START		RELIGION	
GENDER		PREFERRED LANGUAGE	English
NATIONALITY			Afrikaans
ALLERGIES			

DETAILS OF PARENT(S) | GUARDIAN(S)

	Mother	Father
NAME(S)		
SURNAME		
MARITAL STATUS		
ID NUMBER (RSA) / PASS- PORT NUMBER		
HOME TEL NO		
CELL/MOBILE NO		
EMAIL ADDRESS (MAIN ONE)		
POSTAL ADDRESS		
RESIDENTIAL ADDRESS		
OCCUPATION		
COMPANY NAME		
WORK ADDRESS		
WORK TEL NUMBER		

SIBLINGS CURRENTLY IN SCHOOL

1. NAME		CLASS	
2. NAME		CLASS	

MEDICAL INFORMATION

MEDICAL AID		MED AID NUMBER	
DOCTOR'S NAME		DOCTORS TEL	
PERSON RESPONSIBLE FOR ACCOUNT			
ALLERGIES			
CHRONICAL ILLNESSES /CONDITIONS			

NEXT OF KIN

1. NAME		CONTACT NO:	
2. NAME		CONTACT NO:	

NAMES OF PERSONS WHO MAY COLLECT THE CHILD		
NAME	RELATIONSHIP	CONTACT NO

NAMES OF PERSONS WHO MAY BE CONTACTED IN EMERGENCIES		
NAME	RELATIONSHIP	CONTACT NO

ANY ADDITIONAL INFORMATION PICCOLI NURSERY SCHOOL SHOULD BE AWARE OF

WE REQUIRE THE FOLLOWING TO ACCOMPANY THIS APPLICATION:

- COPY OF THE INOCULATION CERTIFICATE
- COPY OF THE BIRTH CERTIFICATE
- COPY OF PARENTS' ID'S
- ID SIZE PHOTO OF CHILD FOR FILE
- PREVIOUS REPORT (IF APPLICABLE)

PLEASE NOTE THAT THE ABOVE-MENTIONED DOCUMENTATION IS A PRE-REQUISITE FOR ENROLMENT.

NO APPLICATION WILL BE PROCESSED UNTIL ALL THE NECESSARY DOCUMENTATION IS RECEIVED.

I hereby confirm and acknowledge that I have read and understand the PICCOLI rules, regulations, and general information and that I undertake to abide by them as described. I agree that all legal costs for the collection of arrear school fees will be paid by me on an attorney-client scale. I further agree that the address, as set out above, will serve as domicillium citandi et executandi. I hereby agree explicitly, specifically and irrevocable that a facsimile or email scan of this signed original document and invoice of outstanding school fees can be used specifically and not exclusively in any legal process as if it is the original document and that this document will be binding in all aspects.

SIGNATURE.....

DATE



FINANCIAL INFORMATION

SCHOOL FEES 2021

SCHOOL FEES			
SENIORS:	Full day	=	R 3 900.00
(2015 – 2017)	Half day	=	R 3 850.00
JUNIORS:	Full day	=	R 4 000.00
(2018)	Half day	=	R 3 950.00
BABIES & POTTIE TRAINERS:	Full day	=	R 4 150.00
(2019-2021)	Half day	=	R 4 100.00

- All school fees (which are calculated annually by the school), is payable monthly in advance.
- **Piccoli Nursery School Management reserves the right to increase school fees in line with the inflation rate on an annual basis.**
- A registration fee or re-registration fee of R300 per annum, per family is payable on the date of registration every year, which is non-refundable. (The fee is utilised for administration purposes).
- **A deposit equal to one month's school fees are payable on admission. No deposit is refundable when a booked place in the school is cancelled.**
- **The deposit is not utilised as the first month's school fees but will be used for the last (notice) month's school fees when a calendar months' notice is given that your child is leaving the school.**
- School fees are payable on or before the 3rd of each month.
- Payment methods available: Electronic Transfer, Cash or debit order.
- Debit order runs will be on the 3rd of each month, or the first working day thereafter.
- If the school fees are not paid for by the end of the month the child will be denied further admission.
- If the school fees are not paid in full by the end of the year the child will lose his/her space in the school for the following year and the child's progress report will be withheld.
- Proof of payment of internet transactions must be emailed to the school within 24 hours and the original must be available on request.
- School fees are payable in full, even if the child is not at school, for what reason whatsoever.

PLEASE TAKE NOTE: SCHOOL FEE PAYMENTS FROM JANUARY 2022

- School fees are paid monthly, by debit order, in advance and must be paid by the 3rd of each month.
- No deduction of fees will be given for illness, holidays, or part of a month.
- A penalty fee of R10 per day will be charged on payments made after the 3rd of the month to cover administration costs.
- The school holds the right to refuse any child whose school fees are not paid up to date by the 7th of each month.

ALL SCHOOL FEES ARE PAYABLE ONLY BY DEBIT ORDER FROM JANUARY 2022.

Initial Parent/Guardian



AGREEMENT

1. I, _____ the undersigned, agree to pay the applicable school fees to Piccoli Nursery School for my child, _____, whom I have registered for half day or full day.

2. I will pay the school fees in full, monthly on or before the 3rd of each month.

Initial Parent/Guardian

3. I agree that Piccoli Nursery School reserves the right to suspend my child if fees are not paid by the end of each month (The month's fees will remain payable even if the child does not attend school).

4. I agree that I may be penalized for fetching my child after school hours. We ask that parents please adhere strictly to the school hours. If children are picked up after 13h30 for half day or after 17h30 for full day they will be charged a fine of R100 for every 15 minutes. *(Please note that our operating hours during the Covid-19 pandemic are from 06h50am to 17h00pm).*

Initial Parent/Guardian

5. I agree that I will give one (1) calendar months' written notice **via email only** to info@piccolinurseryschool.co.za when removing my child from the school and I agree that I am responsible for the payment of one (1) month's school fees when I did not give the notice as described above.

6. I AGREE THAT WRITTEN NOTICE OF ONE CALENDAR MONTH IS REQUIRED SHOULD MY CHILD LEAVE THE SCHOOL.

NOVEMBER WILL NOT BE SEEN AS A NOTICE MONTH. The last date on which notice of withdrawal can take place, is on 1 October for the end of October and/or 1 November for the end of December. Should I give notice in November I agree that I will be liable for the payment of the school fees/reasonable cancellation penalty for the month of November and December, although the preschool will be closed for a part of December.

Initial Parent/Guardian

7. I, _____ hereby give permission for instances where one or both parents cannot be reached, that Piccoli Nursery school or one of its personnel can decide on medical treatment, even if it has financial implications for the parents, in the following instances: obtaining medical assistance or services; transportation of the child to a place where medical assistance and/or services are available; permission to give any medicine as prescribed by a medical doctor; giving permission for anaesthetics.

8. I furthermore agree that Piccoli Nursery School, its owner or personnel will not be responsible for the following:

8.1 Injuries pertaining to my child on the school premises, although we will do our best to prevent any and all incidents.

8.2 If I leave my child on the school grounds without the supervision of the personnel or notifying the personnel in person and ensuring that my child is safe, and my child then gets injured.

8.3 Lost clothing and/or other items.

9. Both parties agree that this agreement can only be amended in writing when both parties have reached consensus and signed before the child starts school. Notices that have to be given in writing in terms of this agreement shall only be valid if submitted in hard copy to the administration office at the school premises, alternatively if sent via e-mail to info@piccolinurseryschool.co.za

10. **Where the school is prevented from providing the agreed service or access to the service due to circumstances beyond its control or due to compliance with governmental, health and safety or any other public regulations and ordinances for a temporary or permanent period of time, the school will not be held liable for its inability to render such a service in any manner or form. Parents will still be liable for the payment of fees in terms of the agreement in these circumstances unless the parties agree otherwise taking into account reasonableness and the particular circumstances.**

Signature (parent/guardian)

Date



Administering of Medication at Piccoli Nursery School

I, _____, parent of _____
in the _____ (class), give my permission that a responsible staff member of Piccoli Nursery School may give my child the following medication if necessary, should they not be able to get hold of myself or any contact on my list.

Medication	Yes	No
Antiseptic cream		
Arnica oil / gel		
Antihistamine*		
Buscopan / generic*		
Panado*		

* Only if we cannot get hold of you telephonically.

A CHILD SHOULD NOT ATTEND SCHOOL IF HE/SHE IS ILL OR HAS A TEMPERATURE.

Please note that we cannot give your child any medication if you do not complete and send this letter back to school. Each child must have his / her own completed form. We cannot give homeopathic medicine, suppositories, or vitamins at school.

Children may only return to school 24hrs after the start of use of antibiotics.

Should your child require other medication during school hours it should be completed in the section below and handed personally to the responsible staff member:

Medication (Please specify)	Dosage	Time of administration

Antibiotics and other high schedule medications should PREFERABLY be administered at home, IF POSSIBLE.

A valid copy of the child's prescription by a medical doctor with clear instructions for administration must be passed on to the Teacher if a chronic / high schedule or prescription medication must be administered at school. If the prescription has expired, the parent must obtain and submit a new one before prescription medication can be administered. Over the counter medication should be clearly marked with the child's name on it and the medication itself should not be expired.

No child can be sent to school, having a contagious child disease or any other contagious disease.

No child will be admitted back to school, without a doctor's letter, confirming that the illness is past being contagious and that no other child will be affected negatively.

I HEREBY CONFIRM THAT ONCE I HAVE BEEN NOTIFIED TELEPHONICALLY THAT MY CHILD IS SICK/ INJURED THAT I WILL MAKE THE NECESSARY ARRANGEMENTS TO FETCH MY CHILD FROM SCHOOL AS SOON AS POSSIBLE.

Signed:

Date:



Medical Indemnity Form

Parent/Guardian consent form for emergencies

As a parent/guardian I, _____ give consent that my child may receive, in case of emergency, first aid by the first aid qualified Piccoli Nursery School staff and if necessary, be transported to a medical facility to receive emergency care by car or ambulance.

I understand that I will be responsible for all charges including medical transport, etc. I give consent for the emergency contact person to act on my behalf until I am available. I agree to review and update this information whenever a change occurs.

Signed:

Date:



MONITORING OF SYMPTOMS FOR COVID-19

In the bid to prevent the spread of COVID-19 at Piccoli Nursery School, I understand and accept the responsibility for monitoring myself/ and my child/children daily for any of the following symptoms of COVID-19, as indicated by the World Health Organization (WHO) and the National Institute of Communicable Diseases (NICD):

- Fever (elevated temperature above 37.5 degrees)
- Shortness of breath
- Fatigue, weakness, tiredness
- Loss of smell or taste
- Nausea
- Diarrhoea
- Dry cough
- Sore throat
- Red eyes
- Body aches
- Vomiting

_____ (signature of parent/guardian)

Does your child have one of the following comorbidities (underlying medical conditions)?	YES	NO
Chronic lung disease or moderate to severe asthma		
Serious heart conditions		
Is immunocompromised		
Diabetes		
Chronic kidney disease undergoing dialysis		
Liver disease		
Other (specify)		

I accept the responsibility for monitoring my child/children daily for any of the symptoms of COVID-19.

_____ (signature of parent/guardian)

Should my child/children present with any of the above listed symptoms, I undertake to do the following:

- To isolate my child/children at home and not send them to school.
- To seek the appropriate medical attention.
- To report my child/children's symptoms to the Principal of Piccoli Nursery School.

I understand this to be in compliance with the requirements of the Department of Basic Education, in conjunction with the Department of Health and the Department of Social Development.

I appreciate that the matter will be treated confidentially by my child's/children's school without any fear of stigmatization, in accordance with the relevant school policy.

I accept that all necessary precautions will be taken regarding the health, safety, and well-being of our child. The School, Owner, Principal, Management and Staff of Piccoli Nursery School will not be held responsible or be liable whatsoever, for any injury/ unforeseen events/ infection of any disease or condition that our child may develop.

As far as I/we know, our child is in good health.

_____ (signature of parent/guardian1)

_____ (signature of parent/guardian2)



CONSENT TO PUBLISH PHOTOGRAPHS

ON THE PICCOLI WEBSITE/ FACEBOOK AND INSTAGRAM PAGE.

The purpose of the Piccoli Facebook and Instagram page is to provide our current and future parents with a more comprehensive view of our premise and the fun and educational activities and events offered at Piccoli Nursery School.

Piccoli Nursery School would like to reassure our parents that all photos/media taken of children will be used in a respectful and careful manner according to our school's code of conduct and moral ethics.

Name of Parent/Guardian	Name of Child

Please mark the boxes below:

Yes No

I consent to the use of photographs of my child on the school's Website, or Facebook and Instagram page. *No names are used. We try not to show faces, but more activities.*

<input type="checkbox"/>	<input type="checkbox"/>
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Signature of Parent / Guardian

Date