



NURSERY SCHOOL | KLEUTERSKOOI



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



012 9993016



082 353 8748



info@piccolinurseryschool.co.za

Address:

Plot 34/4 Ajax Street, Olympus,
Faerie Glen, PreTORIA
PO Box 39858, FAERIE GLEN 0043

TELEPHONE: 012 999 3016

MOBILE: 078 703 4914

MOBILE: 082 353 8748 (PRINCIPAL)

EMAIL: INFO@PICCOLINURSERYSCHOOL.CO.ZA

WEBSITE: WWW.PICCOLINURSERYSCHOOL.CO.ZA

PICCOLI NURSERY SCHOOL | APPLICATION FORM

APPLICATION DATE		START DATE	
------------------	--	------------	--

CHILD'S INFORMATION

SURNAME		HOME ADDRESS	
FIRST NAMES			
NICKNAME			
DATE OF BIRTH		DAYCARE PROGRAM REQUIRED	Half Day <input type="checkbox"/> Full Day <input type="checkbox"/>
CHILD'S ID NO			
AGE AT START		RELIGION	
GENDER		PREFERRED LANGUAGE	English <input type="checkbox"/> Afrikaans <input type="checkbox"/>
NATIONALITY			
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 AT PICCOLI NURSERY SCHOOL

1. NAME		CLASS	
2. NAME		CLASS	

MEDICAL INFORMATION (COMPULSORY)

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 (Other than parents)		
NAME	RELATIONSHIP	CONTACT NO
NAMES OF PERSONS WHO MAY BE CONTACTED IN EMERGENCIES (Other than parents)		
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
- SMALL PHOTO OF CHILD FOR FILE (digital photo also acceptable)
- REPORT FROM PREVIOUS SCHOOL (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



NURSERY SCHOOL | KLEUTERSKOOL



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



012 9993016



082 353 8748



info@piccolinurseryschool.co.za

FINANCIAL INFORMATION

FEES

- **All school fees (which are calculated annually by the school), is payable monthly in advance.**
- A registration fee or re-registration fee of **R500 per family per year** is payable on the date of registration, which is non-refundable. (The fee is utilised for administration purposes).
- **School fees are payable on or before the 3rd of each month.**
- **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.**
- 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.
- **A non-refundable, once-off enrolment fee of R5000 is payable on admission. No enrolment fee is refundable when a booked place in the school is cancelled.**
- Entry “tags” available at the office at R150 each.
- Children from 1-yrs of age must also purchase a children’s mattress of R250 that will be added to your first account.

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 R300 for every 15 minutes (or any part thereof).

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 with a fever.

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:



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:

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.

Yes

No

☐
☐

Signature of Parent / Guardian

Date



Piccoli Nursery School Language Policy

The language of instruction at Piccoli Nursery School is bilingual (Afrikaans and English only).

IN ORDER FOR YOUR CHILD TO BE CONSIDERED FOR ENROLMENT AT PICCOLI NURSERY SCHOOL, HE/SHE MUST HAVE EITHER AFRIKAANS OR ENGLISH AS THEIR HOME LANGUAGE.

MOTHER TONGUE – The term "mother tongue" refers to a person's native language — that is, a language learned from birth.

HOME LANGUAGE – is considered the language spoken at home and it does not necessarily have to be the mother tongue.

LANGUAGE OF INSTRUCTION – is the language in which the child is educated.

Piccoli Nursery School is a registered educational institution where we are focused on helping children reach their age specific developmental milestones and outcomes.

Children from the age of 3 years must have age-appropriate linguistic skills in English or Afrikaans to be allowed admission.

It is the parent's own responsibility to take remedial action, should the chosen language not have developed appropriately. Proof must be provided that remedial action such as speech therapy is being taken.

I hereby accept that the school, owner, principal, management and staff of Piccoli Nursery School will not be held responsible or be liable whatsoever for bridging my child's language barrier (if applicable).

I hereby accept that the school management's assessment of my child's language proficiency is final with regards to the admission of my child.

I, parent of _____ therefore accept the responsibility to take my child (from 3-years of age) to a qualified speech therapist when I am notified by the school/my child's class teacher that my child has difficulty understanding the language of instruction in the class.

I hereby confirm that I understand Piccoli Nursery School's Language Policy.

Signature

Date