



Email: info@happydaysschool.co.za
felicia@happydaysschool.co.za

57 Southfield Road
Plumstead 7800

TEL: 021-7978541
FAX: 021-7620645

APPLICATION FOR ENROLLMENT

I Mr/Mrs.....

Address.....

Email.....Cell:.....

apply to enroll my child/ren.....

at Happy Days Kindergarten School as from

I would like to pay the Annual Fee of R..... Payable over 11 months or

OPTIONAL : Payable over 12 months R..... per month.

CONDITIONS OF ENROLLMENT

1. MONTHLY FEES ARE PAYABLE IN ADVANCE_ and due no later than the 1ST day of each Month, regardless of absenteeism due to illness, vacations or Public holidays. The space that is booked must be paid for. Late fees will incur 10% interest on outstanding balance.

There is no reimbursement for sick days or statutory holidays that fall on Scheduled days. This policy is in place to comply with the child to staff Ratio regulations set out by WCED.

I understand that Happy Days allows the annual fee to be paid off over option -

1. Per Term Or 2. 12 month period.

One calendar months' notice MUST be given in writing. If unable to do so, the necessary fee in lieu thereof must be paid.

2. I agree to abide by the Policies and Admissions Agreement set out in Parent/Child handbook.

3. I agree to 1 fundraiser p.a (10% of monthly fee) and 1 cost for workbooks & stationery p.a.

4. Notify the school immediately if your child has been in contact with a contagious disease.

5. Whilst every reasonable care is exercised, Happy Days or the staff can in no way be held Responsible for any accident that may occur whilst in the care of Happy Days or on a field trip.

6. I hereby agree to my child participating in school field trips/ outings as advised via notebook.

7. I am fully aware of the above conditions and agree to abide thereby.

SIGNATURE

Guardian (Father)

I.D. Number (copy attached)

SIGNATURE.....

Guardian (Mother)

I.D. Number (copy attached)



Email: info@happydaysschool.co.za
felicia@happydaysschool.co.za

57 Southfield Road
Plumstead 7800

Tel: (021) 797-8541
Fax (021) 762-0645

APPLICATION FOR ENROLLMENT – GRADE R

I Mr/Mrs.....

Address.....

Email.....Cell:.....

apply to enroll my child/ren.....

at Happy Days Kindergarten School as from

I would like to pay the Annual Fee of R..... Payable over 11 months or

OPTIONAL : Payable over 12 months R..... per month.

CONDITIONS OF ENROLLMENT

1. MONTHLY FEES ARE PAYABLE IN ADVANCE_ and due no later than the 1ST day of each Month, regardless of absenteeism due to illness, vacations or Public holidays. The space that is booked must be paid for. Late fees will incur 10% interest on outstanding balance.

There is no reimbursement for sick days or statutory holidays that fall on Scheduled days. This policy is in place to comply with the child to staff Ratio regulations set out by WCED.

I understand that Happy Days allows the annual fee to be paid off over option -

1. Per Term Or 2. 12 month period.

One calendar months' notice MUST be given in writing. If unable to do so, the necessary fee in lieu thereof must be paid.

2. I agree to abide by the Policies and Admissions Agreement set out in Parent/Child handbook.

3. I agree to 1 fundraiser p.a (10% of monthly fee) and 1 cost for workbooks & stationery p.a.

4. Notify the school immediately if your child has been in contact with a contagious disease.

5. Whilst every reasonable care is exercised, Happy Days or the staff can in no way be held Responsible for any accident that may occur whilst in the care of Happy Days or on a field trip.

6. I hereby agree to my child participating in school field trips/ outings as advised via notebook.

7. I am fully aware of the above conditions and agree to abide thereby.

SIGNATURE

Guardian (Father)

I.D. Number (copy attached)

SIGNATURE.....

Guardian (Mother)

I.D. Number (copy attached)



ADMISSION FORM

Child's Full Name.....Birthdate.....

Home Address.....Phone.....

School last Attended.....Address.....

AFTERSCHOOL CARE:

Name of school.....Grade.....Collection Time.....

FAMILY:

Father's Name.....Religious Affiliation.....

Employer.....Business Phone.....
Cell No.....

Mother's Name.....Religious Affiliation.....

Employer.....Business Phone.....
Cell No.....

Divorced?.....If so, with which parent does child live.....

HEALTH INFORMATION:

Physician's Name.....Phone.....

Any Allergies or other Conditions.....

CONTAGIOUS DISEASES CONTRACTED BY YOUR CHILD

DISEASES	Measles	German Measles	Mumps	Whooping Cough	Chicken Pox	Scarlet Fever	Diphtheria	TB	Polio
YES/NO									
APPROX DATE									
IMMUNISED									

.....
DATE

.....
Signature of Parent or Legal Guardian

FOR OFFICE USE ONLY

Interview date..... Signature.....

Class placement..... Allergies noted and placed in Dining Room.....



HAPPY DAYS KINDERGARDEN

Parent or Guardian COVID-19 Handbook **Receipt Form**

Parents or Guardians,

Please thoroughly review the Parent Handbook "COVID-19" edition for the 2019- 2020 school year, which contains the policies and procedures for Happy Days while in the process of reopening. After reading the handbook, please complete this form and return it to the school via email as soon as possible. This form will be kept in your child's file for the duration of the school year.

Thank you in advance for your cooperation.

God bless

Annette van Biljon
Principal

COMORBIDITIES: I hereby disclose that my child has the following comorbidities:(if none- N/A)

UPDATED EMERGENCY PHONE NUMBERS: DATE: _____

1.Name of Contact _____ Phone No: _____

2.Name of Contact _____ Phone No: _____

I, _____ (print your name), the parent/guardian

of _____ (print child's name), hereby acknowledge receipt of Happy Days Parent Handbook COVID-19 edition. I have read and agree to adhere to all the policies and regulations set forth in this handbook.

Parent/Guardian Signature: _____

Date: _____