

SPECIALIZED PROGRAM APPLICATION FORM

Please fill out this form to apply for any of our specialized programs.

Full Names (Applicant): _____

Full Names (Child): _____

Preferred Name (if applicable): _____

Age of Child (indicate Months or Years): _____

Date of Birth (Child): _____

Boy or Girl: _____

Program Applying For (Tick box):

Special Needs / Therapy
(All Ages)

Virtual & E-Learning
(All Ages)

Residential Address: _____

Postal Address: _____

Country of Birth: _____ Nationality: _____

Home Language: _____

Second Language (if applicable): _____

Religion: _____

Any Special Needs: _____

Mothers Name: _____ Fathers Name: _____

Postal Address: _____ Postal Address: _____

Email address: _____ Email address: _____

Home Tel: _____ Home Tel: _____

Cell: _____ Cell: _____

Work Tel: _____ Work Tel: _____

Occupation: _____ Occupation: _____

Marital Status (Married/Widowed/Single/Divorced): _____

Has your child previously attended another daycare/preschool? (Yes/No) _____

If yes, please state the following details - Name of School _____

Tel: _____

Reason for leaving: _____

Where did you hear about Kiddies Academy? _____

Parent's Signature: _____ Date: _____

Section A – Medical Information

Allergies _____

Special Needs _____

Family Doctor 1 _____ Tel _____

Family Doctor 2 _____ Tel _____

Medical Aid _____

Medical Aid Number _____

Has your child received all the necessary immunisations? Yes No

If not, please give details _____

Has your child suffered the following illnesses (Please indicate with a TICK)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Enteric Fever	<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Chicken pox	<input type="checkbox"/> German Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Tickbite Fever
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Polio	<input type="checkbox"/> Typhoid Fever
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Malaria	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Whooping Cough

Does the child suffer from any other illnesses or disability or has the child suffered from any other illnesses or disability

Yes No

If yes please give details _____

Is the child receiving medical treatment for any condition? Yes No

If yes please give details _____

Has the child suffered from or been treated for any psychological or emotional upset?

Yes No

If yes please give details _____

Has the child had any operations?

Yes No

If yes please give details _____

Specify any other relevant medical data _____

Consent

NB: in a critical situation, please bear in mind that there may not be time to refer to your child's records. The school therefore reserves the right to utilize the quickest medical service available.

I _____ being the parent / legal guardian of
_____ hereby agrees that the appointed Kiddies
Academy representative may carry out emergency treatment as may be necessary.

SIGNATURE OF PARENT / GUARDIAN _____

Section B - Details of another contact in the case of an Emergency.

Surname _____ First Names _____

Relationship _____ Tel No _____

Cell _____ Email _____

Section C - Declaration

We, the undersigned _____ hereby certify that the information given by us on this application is complete and accurate. We agree to the conditions as set out below.

The child's application will be re-considered in the case where relevant, important information, which should be brought to our attention, is withheld during the interview.

****NB: the signatures of both parents and or guardians are required below****

Signature of Mother / Stepmother / Guardian

Date

Signature of Father / Stepfather / Guardian

Date

Section D – Details of Account Holder

Surname _____

Full Names _____

Designation _____ Marital Status _____

ID Number _____ Employer _____

Relationship _____

Address 1 – Residence

Address 2 – Work

Address 3 – Postal

Tel _____

Tel _____

Email _____

Parental status (Please **TICK** correct block below)

Child living with
parent

Childs Legal
Guardian

Access rights
to child

Access rights in
emergency only

Section E – Declaration of Account Holder

I, the undersigned, _____ hereby certify that the information given by me on this application is complete and accurate.

We accept joint and several liability to Kiddies Academy for the due and punctual payment of all school fees, enrolment fee (which is non refundable) or any other amounts which may become due and payable to Kiddies Academy or in respect of participation in or attendance of any extracurricular activity.

I accept the Financial Terms and Conditions of which I have received a copy (next page).

****NB: The signature of the account holder as well as that of the 2nd parent is required****

Signature of Account holder

Date

Signature of 2nd Parent

Date

Signature Kiddies Academy

Date

Section F – Terms and Conditions

Kiddies Academy

Acceptance of Liability

1. The person/s responsible for the account (hereafter “the responsible person”) as set out in the standard Kiddies Academy Application for Admission (“the Application Form”) herewith assumes liability for the account, alternatively binds himself as co-debtor and surety for payment of all school fees to Kiddies Academy (“the school”).
2. The guardian, as described in the Application Form, binds himself as surety and co-debtor for the payment of all school fees by the responsible person or any other payments that may arise from this agreement.

Terms of Payment

1. It is recorded that school fees are determined at the beginning of the year and responsible persons are informed of the result in writing.
2. The responsible person shall immediately inform the school if he has not received an invoice at the start of the year.
3. School fees for 12 (twelve) months are payable monthly, quarterly or yearly in advance depending on the fee payment option exercised by the responsible person in the application form.
4. Payments are to reach the schools account without any deductions or set off on the 1st day of the month, quarter or year depending on fee payment option agreed to.
5. Enrollment fees are not refundable if the child leaves the school.
6. The school reserves the right to charge interest of 15% (fifteen percent) on all accounts that are in arrears by 30 (thirty) days and longer.
7. Payment of monthly school fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fees at the school.

Breach of Contract

1. In the event where the undersigned surety, responsible person or guardian commits a breach of contract of any of the terms of this agreement, the school may in its sole direction
 - Refuse the child entry to the schools premises until the breach has been remedied: or
 - Claim damages from the responsible person and / or the sureties and guardian
 - Take whatever legal steps that may be necessary

General

This agreement constitutes the whole agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this agreement or any provision or terms thereof or any agreement, bill of exchange or other document issued or executed pursuant to or in terms of this agreement and no settlement of any disputes arising under the agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this agreement, bill of exchange or other document issued pursuant to or in terms of this agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be directly constructed as relating strictly to the matter in respect whereof it was made given.

Jurisdiction

This agreement is subject to the Botswana Law.

Credit Information

The responsible person, surety or guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the Credit Act.

Domicilium

The parties choose as their domicilla citandi et executandi the address set out in the application form.

Legal Fees

In the event where the school takes legal action against the responsible person, he will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

Cancellation

1. The responsible person undertakes to give 30 (thirty) calendar days written notice of termination of the enrollment of a child whom has not yet started, failing which the liability be incurred for the full amount of the following terms fees.

2. Kiddies Academy shall be entitled to terminate the enrollment of any child

3. In the event of emigration which is a long process, Kiddies Academy requires 1 (one) full terms written notice in advance

NOTE

Once the Acceptance deposit has been paid, your child's place is reserved. If you wish to give up this place, notice is required by the 1st December of the year prior to your child starting school, failing which a terms fees are payable in lieu of notice.

One Terms Notice is required for a withdrawal of a child from the school, failing which a terms fees will become payable in lieu of notice.

Signature of Account Holder

Date

Section G - General Indemnity

Kiddies Academy

The school and the owners undertake to implement reasonable and generally acceptable measures with regard to the safety and well being of all the children, educators and visitors to our school.

Due to the nature of the matter, the owners can however not accept any responsibility for accidents that may take place in the class or on the school terrain.

Each parent is therefore requested to complete this form as proof that you accept the position of the school and the owners as set out above as well as the risks involved therewith.

I, the undersigned:

Full names _____

Address _____

Tel _____

Being the parent or guardian of the under mentioned child / children who is / are enrolled as such and accepted by Kiddies Academy subject to the terms set out herein:

Names of Child / children

Indemnify Kiddies Academy and the owners for any losses, injuries or damages in general, however it may occur. That I as the parent or guardian of the above child / children may suffer as a result of any occurrence whereby my child may be involved, whether as the causing or suffering party, whilst in any school activity.

Signed at _____ on this _____ day of _____ 20 _____

Witness 1 _____

Witness 2 _____

Parent / Guardian _____

Payments:

Accounts will be sent via email towards the end of each month, indicating amount due by the 1st of each month.

NB: For EFT payments please add as ref: name of child and account number

Overdue payments:

Fees are payable in advance on or before the 1st day of each month. Fees which are outstanding 30 (thirty) days (ie) (one) month in arrears , will be followed up by a "First" Letter from Kiddies Academy requesting immediate payment of fees. Kiddies Academy reserves the right to request the use of debit order facility for future payments going forward. If a "Second" letter requesting payment is sent, notification of your child/ren's termination date from Kiddies Academy will also be included.

Increase in fees:

Kiddies Academy "Reserves the Right" to increase fees together with the Annual New Admissions Acceptance & Stationery fees. At least 45 (forty five) days' notice will be given.

Section H – General Indemnity

Dear Parent/s

Marketing - Kiddies Academy.

A suitable photo/s of your children might be taken at some stage which Kiddies Academy can successfully use as marketing material. With your permission, this photo/s will be used on various electronic and print media to market Kiddies Academy. These include Kiddies Academy website, posters, newspaper and magazine advertisements, flyers, brochures, banners, promotional PowerPoint's, signage etc. Kiddies Academy marketing materials portrays excellence and therefore you can rest assured that all material will always be made up in good taste.

Should you agree to Kiddies Academy using a photo/s of your child/ren, please complete the section below and return with your child/ren's application form/s.

Thank you for assisting us with this. Should you have any queries, please be kind enough to contact the office at Kiddies Academy.

Thanking you in advance

Kiddies Academy

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Permission – Photo/s for Marketing

I, _____, (parent / guardian)

hereby give my permission (please TICK correct block)

yes

no

for photo/s of _____

To be used on various electronic and print media to market Kiddies Academy

Signed _____ **Date** _____