



Sterretjie

NURSERY SCHOOL / KLEUTERSKOOL

P. O. Box 3243, Witbeeck, 1729
Tel: 011 762-1161 Fax: 011 762-3822
E-mail: Sterretjie@Sterretjie.co.za
Website: www.Sterretjie.co.za

CHILD

Surname: _____

Name: _____

I.D. No: _____

MOTHER:

First Name & Surname: _____

I.D. No: _____

Home Address: _____

Home Tel No: _____

Employer: _____

Work Tel No: _____

FATHER:

First Name & Surname: _____

I.D. No: _____

Home Address: _____

Home Tel No: _____

Employer: _____

Work Tel No: _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Name: _____ Tel: _____

MEDICAL DETAILS:

Medical Aid: _____ Number : _____

Allergies: _____

Does your child suffer from epilepsy: _____

Particulars of child's General Health: _____

CONTRACT

1. I hereby confirm that the detail on page 1 is correct and accept responsibility for any errors and omissions.
2. I AGREE TO THE FOLLOWING:
 - Sterretjie does not accept any responsibility for any illness / injuries, or theft of any kind, while the child is under our supervision.
 - The monthly fee of R _____ is strictly payable before the 2nd of each month and we reserve the right to alter these fees, with provision that a 10 (ten) day period is given.
 - No refund will be made in respect of the child being on holiday or ill.
 - Fees will also be payable in cases where children are absent for any period for whatever reason, (this includes holidays-e.g. December and illness).
 - A registration fee of R _____ is payable before or on the first day of attendance.
 - The contract may be terminated by means of one calendar month (1st-31st) written notice and all outstanding fees are fully payable.
 - Sterretjie reserves the right to terminate this contract at any time without any given reason.

STERRETJIE HOURS

FULL DAY : 06H00 - 18H00

I agree to collect my child/children strictly before closing time. A fine of R150 will be payable should this rule be broken.

MOTHER'S SIGNATURE

FATHER'S SIGNATURE

DATE

NS: REMEMBER TISSUES AND WET-WIPES EVERY MONTH

OWNER: MAUREEN LUDICK