



Alyve Day Care Centre

Alyve Day Care
854 Stanza Bopape (Church Street)
Arcadia, Pretoria
Tel No: 012 772 6752
Cell No: 071 117 2137
Email: alyvedaycare@gmail.com

Day Care Registration Form

Name of Child: _____ Middle Name: _____

Surname: _____ Date of Birth ___/___/___

Nickname: _____ Boy Girl

Home Address: _____

Mother's Full Name: _____ ID #: _____

Home Address: _____

Occupation: _____ Home Phone #: _____

Work Phone #: _____ Cellphone #: _____

Email Address _____

Father's Full Name: _____ ID #: _____

Home Address: _____

Occupation: _____ Home Phone #: _____

Work Phone #: _____ Cellphone #: _____

Email Address _____

Person to call in case of EMERGENCY (do not list parents of the child)

Name: _____ Relationship: _____

Address: _____ Phone No: _____

General Rules

In order to foster a welcoming and secure atmosphere for our learners, the school makes every effort to maintain an enjoyable environment. Parents can trust that their child will be well cared for and looked after. We will do our utmost to create a safe and happy place for all.

Admission Requirements:

- By enrolling your child, you agree to pay all necessary school fees.
- By enrolling your child, you agree to adhere to the rules and regulations of the school.
- When enrolling your child, please bring copies of the following documents: identification (including parents), birth certificate, and immunization/clinic card.

Discontinuation of Attendance:

- If a parent wishes to withdraw their child from the school, a written notice of one calendar month must be given. However, the full month's fees will still be payable, even if the child does not attend during this notice period.
- If your child will not be attending school, please inform the school by phone.
- The school reserves the right to discontinue a learner's attendance if the parent fails:
 - To adhere to rules and regulations.
 - If school fees are in arrears.
 - Additionally, if a child poses any danger to other learners, their attendance may be discontinued.

School Hours:

Monday through Friday from *6:30am to 5:30pm*. If your child remains at the school after hours, a fee of R10 per 5 minutes will be charged and must be paid immediately.

The educational program begins at 8:30am. Please make sure your child arrives on time.

Clothing:

- Please label all of your child's clothes with their name.
- Dress your child in comfortable, weather-appropriate clothing.
- The school is not responsible for any lost or damaged clothing.

Medication:

All medication should be in a container with the child's name and surname, as well as instructions for administration and dosage. A medicine book will be kept in the office for parents to consult. Parents must explain the medication and its administration to the teacher or principal.

Stationery and Toiletries:

A list of all required stationery and toiletries will be provide upon admission.

Food:

The school provides three meals: breakfast, tea-time, and lunch. Please make sure to pack a snack for your child to have at 3:00pm (no sweets).

Birthdays:

Birthdays are a special occasion for children. If you would like to celebrate your child's birthday at school, please notify the school in advance.

Outings:

Parents will be informed in advance about scheduled outings, including the date and cost.

Rates & Fees

Parents will have the option to decide on paying monthly, quarterly, or yearly. For infants aged **3 months to 1 year**, our monthly rate is just **R1800** per month. For **2 years, R1700** per month. Young children **3 years to 6 years**, our rate is only **R1600** per month.

We also offer a convenient half day program for children ages **3 years to 6 years**, running from 6:30am to 1:45pm at the low rate of **R1450** per month. And for our youngest attendees, ages **3 months to 2 years**, our half day program is just **R1550** per month.

I/We choose to pay: Monthly Quarterly Yearly

YOUR PARENT FEE \$ _____

Payment Policy States:

- A non-refundable registration fee of *R400* is required upon enrollment.
- School fees must be paid on or before the *4th of each month*. If payment is made after this date, an additional charge of *R100* may be applied, at the discretion of the school.
- Fees are to be paid in full regardless of child's absence due to illness, vacation, or any other reason.
- If arrangements for payment have not been made by the 4th of the month, your child may not be accepted at Alyve Day Care.

Banking Details:

ACCOUNT NAME: ALYVE DAY CARE AND SKILL DEVELOPMENT

BANK: FNB

ACCOUNT NUMBER: 62689346718

ACCOUNT TYPE: CHEQUE

BRANCH: PRETORIA NORTH

REFERENCE: CHILD'S NAME AS REFERENCE

As the legal guardian of _____,
whose ID number is _____, I give
permission for my child to participate in all activities and projects offered by the school.

In the event of an emergency, the school staff will do their best to provide first aid, but may also take the child to a medical center or physician if necessary. I acknowledge that while the school will make every effort to keep my child safe, I am responsible for any medical expenses in the event of an emergency requiring hospitalization or treatment by a medical doctor. I also give permission for the designated staff member to take my child to the hospital or medical doctor if deemed necessary.

While the school takes reasonable precautions to ensure the safety of all children, Alyve Day Care cannot be held responsible for any loss, damage, or harm to the child or their property while in our care. Any changes to the parent's or child's information must be promptly reported to the school.

Parent/Guardian: _____

Signature: _____

Date: _____

Undertaking by Parent/Guardian:

I, _____ (parent name and surname)
with ID number _____, hereby enroll my
child, _____ (name and surname of
child) with ID number _____, at
Alyve Day Care and agree to adhere to all rules and regulations as outlined above.

Signed on this _____ day of _____ 20 _____

Signature of parent/guardian _____

Whiteness signature _____