

DE LITTLE STARS DAYCARE & AFTERCARE

Reg no: 2016/052714/07 DBE Reg no EMIS: 700902248

4A NEWQUAY ROAD, NEW REDRUTH

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BRIGHT FROM THE START

Welcome to De Little Stars Daycare & Aftercare 2025

The foundations of education which are established in the early years of a Childs life are very important and that is why the inclusive curriculum at De Little Stars Daycare ensures that your child will receive an education of genuine quality.

2025 Daycare Fees – Once Off Registration (Non-Refundable) R1000.00

Re-Registration Fee: R450.00

Age Group	Full Day	11months opt	Annual Fee 10%	Annual Fee 8%
			(Payable in Dec)	(Payable in Jan)
Babies 3m to 18m	R2650.00	R2880.00	R28 620.00	R29 246.00
18m to 3yrs Potty	R2225.00	R2410.00	R24 030.00	R24 564.00
3yr to 5yrs	R2125.00	R2302.00	R22 950.00	R23 460.00
5yr to 6yrs/Grade R	R2100.00	R2275.00	R22 680.00	R23 184.00
Grade R – School Readiness Assessment & Concentration Assessment – R550 once off				
Workbooks R850 for the whole year		Stationery Once Off – All Parents Buy/Provide		
Swimming Lessons – 2025 Prices to be Confirmed			Computers: 2025 Prices to be Confirmed	

Daily Rate: R100

PAYMENT OF SCHOOL FEES

All monthly payments are accepted and paid in advance for 12 Months parents/guardians are to sign a TERMS AND CONDITIONS OF ENROLMENT. By submitting this application form the Parent/Guardian consents to the Terms and Conditions of Enrolment which cannot be separated.

EFT (ELECTRONIC FUNDS TRANSFER) - ATM DEPOSITS - NO TELLER DEPOSITS

Parents are jointly and severally liable for school fees (Jan-Dec), irrespective of their marital status.

De Little Stars Daycare & Aftercare	First National Bank	Account 62594720073	Branch code 250655	Reference Child's Name & Surname
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Application Form



Please note that this form must be signed and completed in full by both parents/legal guardians, prior to admission. All application documentation appears in the checklist below. Documents 1 – 5 must be submitted by all applicants and document 6 must be submitted by Aftercare applicants only. Please fill in the check list accordingly.

Please use block letters to complete the form and please mark with an x (where applicable)

Documentation Checklist	
1	Application form filled in and signed by both parents / legal guardian
2	ID documents/passport of both parents / legal guardians, in addition the ID of the personal responsible for payment (if other than parent / legal guardian)
3	Unabridged Birth certificate or ID document/passport of pupil (or copy of proof of application for unabridged birth certificate)
4	Copy of Clinic/ Immunizations card
5	Proof of employment of both parents
6	Copy of proof of residence
7	Aftercare pupils Code of Conduct agreement signed



Childs full name and surname:								
ID number:								
Date of birth: (day/month/year)				Start date:			Age when starting:	
Gender: (x)	Male	Female	Home language:					
SA resident:	Yes	No	Study permit: (x)	Yes	No	N/A		
Nationality:			Race:			Religion:		
Which Aftercare will your child attend and in which year?								
Is there any information we should know about your child?								

Please mark with an x (where applicable)

Applicable class: (x)	Baby/Toddler group (4 months - 3 years)		Early childhood group (3 - 6 years)		Aftercare/ Primary group (7 - 9 years)	
Attendance option (x)	Half day	Full day	Half day	Full day	Adhoc Attendance	Full Time Aftercare

Medical and emergency information

Emergency contact person: (NOT LIVING WITH THE CHILD)					
Cell phone number:			Contact number:		
Family Doctor:			Telephone number:		
Medical Aid company:			Membership number:		
<u>Does the pupil have any allergies? If yes, please give details:</u>				Yes	No
Has the pupil received all the necessary Immunizations? If No, please give details:				Yes	No

INITIAL _____

Are there any foods your child may NOT consume due to religious or other reasons? If yes, please specify:	Yes	No
Does/has the pupil suffers/suffered from any illness or disability? If yes, please give details:	Yes	No
Is the pupil receiving any medical treatment or chronic medication for any condition? If yes, please give details:	Yes	No
Has the pupil suffered, or been treated for, any psychological or emotional upset? If yes, please give details and please submit any reports/assessments undergone:	Yes	No
Has the pupil had any operations: If yes, please give details:	Yes	No

Consent / Indemnity Form

I, _____, being the parent/legal guardian of _____ hereby cede my power as parent/guardian to act as in loco parentis to the principal of the school or his/her representatives, should medical treatment/surgery to my child be deemed necessary. As far as I know, my child is physically capable of participating in various activities and he/she is in good health and all relevant medical information is

I, _____, acknowledge that whilst my son/daughter is attending De Little Stars Preschool & Aftercare, the school cannot accept liability for mishap, loss or injury which may be suffered during attendance at the school or during participation in any pre-arranged school excursions, or extra-curricular activities.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of our/my child that I shall be held responsible for the payment of medical and/or hospital accounts where applicable, should any injury or loss be sustained by child, I specifically indemnify and hold the school and its staff blameless against any claims of any nature arising out of any injury, damage or loss sustained in pursuance of the aforesaid participation.

I, _____, give De Little Stars Preschool & Aftercare School permission to take photographs and / or video of my child. I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in printed, online publicity, and social media

I hereby indemnify De Little Stars Preschool & Aftercare in respect of all occurrences relating to the above.

Signature of mother/guardian		Signature of father/guardian	
Print name:		Print name:	
Date: (dd/mm/yy)		Date: (dd/mm/yy)	

General Details

Please mark with an x (where applicable)

Pupil resides with (x)	Parents	Mother	Father	Other
Next of kin/alternative contact:			Telephone:	
No. of children in family:				

Full Name:	Mother / legal guardian				Father / legal guardian			
Relationship to pupil:								
Marital status:	Married	Divorced	Single	Widowed	Married	Divorced	Single	Widowed
If divorced or single parent:	Access rights to child (x)		Yes	No	Access rights to child (x)		Yes	No
	Is child living with you (x)		Yes	No	Is child living with you (x)		Yes	No
	Are you the legal guardian (x)		Yes	No	Are you the legal guardian (x)		Yes	No
ID number:								
Work telephone number:								
Home telephone number:								
Cell Phone number:								
Email address:								
Residential address:								
Postal address:								
Occupation:								
Name of employer:								
Employers address:								
Employers telephone number:								
Email address at work:								

If there is any background information or family history which we should be aware of, please specify:

Details of person responsible for payment

Please mark with an x (where applicable)

Person responsible for payment of school fees: (x)	Mother	Father	Other
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If other, please supply the following details and attached a copy of ID document

Surname:		First Name:	
ID number:			
Relationship to pupil		Home Tel:	
Cell Phone number:		Work Tel:	
Email address:			
Residential address:			
Postal address:			
Occupation:			
Name of employer:			
Employers address:			
Employers tel number:			
Email address at work:			

Admission Fees

Please mark with an x

Non-refundable registration fees are payable upon submission of application forms	Admission/ Registration fees	
	Preschool	
	Half Day	Full Day
Non-refundable registration fee	R 1000.00	R 1000.00

Re-registration will take place annually in October/ November

School fees

Please mark with an x

Select applicable attendance option: (x)	Half day preschool	Full day preschool	Aftercare Adhoc	Full Time Aftercare
Select 1 of the following payment options: (x)	Option 1: Monthly Payment (12	Option 2: Monthly Payment	Option 3: Annual Payment (Discounted)	

INITIAL _____

	months)	(11months)	
Select 1 of the following payment methods (x)	Direct / Cash deposit		EFT

Terms and Conditions

In terms of family law, parents are jointly and severally liable for the payment of school fees irrespective of their marital status, and irrespective of maintenance and court order which may exist between the parties. By signing this Application, I/we acknowledge liability for payment of all fees and that if this application has been signed by more than one parent, the liability of signatories will be joint and several. I/we choose *domicilium citandi et executandi* for any correspondence or the service of any court processes at the residential address recorded on the application form and acknowledge liability for all attorney and own client costs, plus collection commission in the event of any outstanding accounts being handed over to the school's attorneys for collection.

I/We, the undersigned:

I AGREE to pay a once off Registration fee of R1000.00 and a R450.00 Re- registration Fee, which is non-refundable

1. Hereby certify that the information provided by us on this application form is true, complete and accurate.
2. Understand that the School reserves the right in its sole discretion to amend and/or alter any of the provisions of De Little Stars Preschool & Aftercare's Prospectus.
3. Are aware that annual fees are payable in advance, on or before the first day of January
4. Are aware that monthly fees are payable in advance, on or before the first day of each month and are payable over eleven months (1st January – 1st November). Monthly fee = annual fee ÷ 11 for those starting in January
5. Are aware that monthly fees are payable in advance, on or before the first day of each month and are payable over twelve months (1st of the month started - 1st December). Monthly fee = annual fee ÷ 12 for those starting later in the year
6. Accept that a late payment penalty fee of 10% is charged on monthly overdue accounts.
7. Hold ourselves accountable for the prompt payment of school fees and for any late payment penalties added onto overdue accounts.
8. Understand that the school reserves the right to refuse admission to a child with outstanding fees.
9. Understand that school fees are due irrespective of absenteeism due to illness, vacation or for any other reason whatsoever.
10. Understand that in the event that you wish to remove your child/children from the school, notice of one month must be submitted in writing to the office and your child's/children's class teacher on or by the final day of the penultimate month of attendance.
11. Understand that failure to do so will make you liable for one full month's fees in lieu of notice.
12. Undertake to ensure that the pupil is punctual at the beginning of each school day and is collected on time at the end of each school day. Furthermore, I/we accept that the late collection of my/our child is subject to a late collection charge of R100 per 30 minutes or part thereof.
- 13. Undertake to reimburse the school for any damage to school property that may be caused by the pupil.**
14. Understand that while every reasonable effort will be made to prevent losses or damage to the pupil's clothing and equipment, the school cannot be held liable. We keep all lost items in our lost and found box.
15. Understand and have discussed the school's rules and code of conduct with my/our child.

Signature of mother/guardian	Date:	Signature of father/guardian	Date:

