



Official Use	
	Creche (3months - 3years)
	Aftercare (Grade 000 - 9)
	Holiday Care (on request)

CRECHE, AFTERCARE & HOLIDAY CARE ENROLMENT FORM

1. CHILD INFORMATION

Surname: _____	First Name/s: _____
Date of Birth: _____	Age: _____ Gender: M/F _____
School/Year Level : _____	
Residential Address: _____	
Suburb: _____	
Postal Address (if same write AS ABOVE): _____	

Language (s) spoken at home: _____	

2. PARENT/GUARDIAN INFORMATION - ACCOUNT HOLDER

Title: _____	Surname: _____	First Name/s _____
Date of Birth: _____	Relationship to Child _____	
ID Number: _____		
Residential Address: _____		
Suburb: _____		
Postal Address(if same write AS ABOVE): _____		
Home Phone: _____	Cell Phone: _____	
Occupation: _____	Work Tel Number: _____	
Work Address: _____		
E-Mail Address: _____		

3. EMERGENCY CONTACTS

Primary Pick up Person (Must be aged over 18 years of age, 2nd Parent/guardian can be listed here)		
Primary Pick up Person Title: _____	Family Name: _____	First Name: _____
Relationship to Child: _____	Tel: _____	Cell: _____
Address: _____		
Contact 2 Title: _____	Family Name: _____	First Name: _____
Relationship to Child: _____	Tel: _____	Cell: _____
Address: _____		
Please provide a list of people other than the above, approved to collect your child from Aftercare (must be over the age of 18)		
Contact 1 Title: _____	Family Name: _____	First Name: _____
Relationship to Child: _____	Tel: _____	Cell: _____
Address: _____		
Contact 2 Title: _____	Family Name: _____	First Name: _____
Relationship to Child: _____	Tel: _____	Cell: _____
Address: _____		

N.B We may not release your child to an unlisted person without prior written notification. If any person not listed and not known to the Aftercare staff, should attempt to collect your child from the service, permission will be refused.

With whom does the child mostly reside? _____

Is this child involved in court orders, parenting plans or orders? Yes No

Please provide current and any changes to court documents at all times to enable enforcement. Please list below any other specific instructions or information you can provide that would be helpful and assist us in the care of your child.

4. MEDICAL DETAILS & OTHER INFORMATION

Child's Doctor: _____ Phone: _____

Medical Aid Name: _____ Medical Aid Number: _____

Does your child have any of the following?

- | | |
|--|--|
| <input type="checkbox"/> A.D.D / A.D.H.D | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Allergies (see box below) | <input type="checkbox"/> Haemophilia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anaphylaxis |
| <input type="checkbox"/> Physical needs | <input type="checkbox"/> Behavioural needs |
| <input type="checkbox"/> Educational needs | <input type="checkbox"/> Any other special needs _____ |

Please contact Qurtuba Islamic Academy to discuss your child's needs.
Please provide any medical management plans, assessments & other documentation or medication related to the child.

Is your child on any medication? (Please complete a Medical Information & Authorisation Form)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been immunized?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child wear?	<input type="checkbox"/> Prescription Glasses <input type="checkbox"/> Hearing Aid	
Does your child have any of the following allergies? Please indicate severity e.g. High, Moderate, Low or Not Applicable		
1. Bee Sting	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> N/A	
Medication or Action to be taken:		<input type="checkbox"/> N/A
2. Food Allergy	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> N/A	
Names of food/s & action to be taken:		<input type="checkbox"/> N/A
3. Allergy to Medication <i>Please name medication & action to be taken:</i>		<input type="checkbox"/> N/A
4. Other Allergies <i>Please describe & action to be taken (inc bandaids, latex etc)</i>		<input type="checkbox"/> N/A
Please provide information on any other dietary, cultural or religious considerations or special instructions regarding the health and well-being of your child (e.g. excessive fears)		<input type="checkbox"/> N/A



5. Please read the following statements and sign:

5.1 I hereby give permission to the staff of Qurtuba Islamic Academy to administer medically prescribed medication to my child on my authorisation. I acknowledge that all care will be taken and will not hold Qurtuba Islamic Academy responsible. I also understand my child cannot attend Qurtuba Islamic Academy if suffering from an infectious or communicable disease that has been identified by the Department of Health. I understand that my child cannot attend Qurtuba Islamic Academy if not symptom free for at least 48 hours. I acknowledge that my child can attend Qurtuba Islamic Academy's Creche/Aftercare if they have completed the first three days of antibiotics.

5.2 I hereby give my permission for Qurtuba Islamic Academy staff to treat my child if a minor accident occurs. In the case of a more urgent matter, I understand an ambulance will be called first then I will be notified and agree to meet any expenses incurred.

5.3 I understand that Qurtuba Islamic Academy is not liable for any personal injury, loss or damage to personal property due to any cause whatsoever unless there is proven negligence by the employee/otherwise.

5.4 I hereby give consent and I acknowledge that photographs/video of my child or items of my child's work completed at Qurtuba Islamic Academy may be used at a later date for local/national marketing and promotional purposes. Yes No

5.5 I acknowledge that the information contained herein is confidential and pursuant to the POPI Act, will only be strictly used by Qurtuba Islamic Academy staff to effectively care for my child and not used or distributed for any other purposes. Representatives from appropriate Government Departments may view this information as part of the program assessment process.

5.6 I understand that I will send sunscreen and a hat to aftercare every day in adhering to the aftercare's Safe Sun Policy.

5.7 I acknowledge that Qurtuba Islamic Academy is a paid for service with monthly and adhoc daily fees being applicable. I have read and understood Appendix 1 and should I wish to formally enroll will fill in the necessary detail requested within the appendix. Should my child/children make use of Aftercare services without being formally enrolled the below rates will apply and I will be invoiced for services rendered.

Name:

Signature:

Date:

TO FINALISE ENROLMENT PLEASE COMPLETE APPENDIX 1

APPENDIX 1: FEES STRUCTURE (Please tick applicable option)

	OPTION 1	OPTION 2	OPTION 3
	CRECHE FEES	AFTERCARE ONLY	HOLIDAY CARE (except December)
CHARGE PER DAY	R175 per day	R70 per day	R175 per day
CHARGE PER MONTH	(7am - 5pm) R2550 pm x 10 (7am - 1pm) R1300 pm x 10	R400 (up to 2hrs) R800 (up to 4hrs)	R750 per week (R150 per day)
APPLICABLE TIMES	7am - 5pm	12h30 - 17h00 (Monday - Friday)	07h00 - 17h00



TERMS AND CONDITIONS

By signing below I, the Account holder, understand: (Please Tick)

- The first payment must be made in advance and thereafter by the 30th of the month. Late payment will result being charged the daily rate.

The Banking details:

Name of Bank: Nedbank

Account Name: Qurtuba Islamic Academy

Branch Number: 198765

Account Number: 1121679714

Please forward proof of payment to: accounts@qurtuba.co.za

- The rate charged, is dependent on whether it is a 'permanent' booking or not. When a child attends extra days, which are outside of the confirmed permanent booking, these will be charged at the casual rate. Late fees are charged for late pickups, R50 for every 5 minutes after the first 5 minutes.
- I am aware that any default by me for the payment of outstanding fees may result in debt collection action and all costs associated with this action will be at my cost.
- I acknowledge that in order to keep my place at Qurtuba Islamic Academy, I need to keep my account and payments up to date.
- No refunds are given for absence.
- A minimum one calendar month notice period in writing is required to terminate the contract.
- I acknowledge that I will be held liable for any applicable costs should my child/children be involved in malicious behaviour resulting in Qurtuba Islamic Academy property damage.
- I acknowledge Qurtuba Islamic Academy has a zero tolerance policy towards bullying and/or victimisation. If behaviour of this sort is not rectified after necessary warnings parents will be asked to remove child/children from the service without the option of refund.
- In the event that my payment is dishonoured for any reason then I shall be liable for any bank charges incurred by Qurtuba Islamic Academy.
- I acknowledge by signing this form, I understand and accept the Policies and Procedures.
- I acknowledge all information I have provided on this form is true and correct. I am aware it is my responsibility to advise Qurtuba Islamic Academy and of any change in the above information.
- Fees listed are for 2020 only and are subject to change in 2021.

Name: _____ Signature: _____

Date: _____ Office Use Only: Date processed _____

Return form with all necessary documentation/s to: admin@qurtuba.co.za
For general enquiries please contact the school: 011 608 0527