

# Sherpa Kids (Before School, Aftercare, Holiday Care)

## New Child - Enrolment Form: Saheti School 2017

Please complete and return a form for each child



### CHILD INFORMATION

Surname: \_\_\_\_\_ First name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

School/Year Level in 2017: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address (if same write AS ABOVE): \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION – ACCOUNT HOLDER

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Parent ID No: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address (if same write AS ABOVE): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of work: \_\_\_\_\_ Phone (Work): \_\_\_\_\_

### EMERGENCY CONTACTS *(Must be aged over 18 years of age, 2<sup>nd</sup> parent/guardian can be listed here)*

**Primary Pick up Person** Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

**Contact 2** Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

**Please provide a list of people other than the above, approved to collect your child from Sherpa Kids: *(must be over the age of 18)***

**Contact 1** Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

**Contact 2** Title: \_\_\_\_\_ Surname: \_\_\_\_\_ 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 Sherpa Kids staff, should attempt to collect your child from the service, permission will be refused.

**With whom does the child mostly reside?** \_\_\_\_\_

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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.

### 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 Sherpa Kids staff to discuss your child's needs.

Please also provide any medical management plans, assessments, other documentation or medication & equipment that is related to the child's needs, prior to commencement at Sherpa Kids.

Is your child on any medication? <i>(Please complete a Medical Information &amp; Authorisation Form)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been immunised?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child wear?		<input type="checkbox"/> Prescriptions Glasses	<input type="checkbox"/> Hearing Aid	
Does your child have any of the following allergies? <i>Please indicate severity e.g. High, Moderate, Low or Not Applicable</i>				
1. Bee Sting	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> N/A
<i>Medication or Action to be taken:</i>				<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
<i>Names of food/s &amp; action to be taken</i>				<input type="checkbox"/> N/A
3. Allergy to Medication <i>Please name medication &amp; action to be taken:</i>				<input type="checkbox"/> N/A
4. Other Allergies <i>Please describe &amp; 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

#### Child's Interests: *(Please tick below)*

- |                                    |                                     |                                       |                                  |   |
|------------------------------------|-------------------------------------|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Art/Craft | <input type="checkbox"/> Music      | <input type="checkbox"/> Drama        | <input type="checkbox"/> Sports  | <input type="checkbox"/> Structured Games |
| <input type="checkbox"/> Cooking   | <input type="checkbox"/> Technology | <input type="checkbox"/> Construction | <input type="checkbox"/> Reading | <input type="checkbox"/> Board Games      |

Please provide any other information about child's interests/hobbies:

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### Please read and sign the following statements:

I hereby give permission to the staff of the above Sherpa Kids programme to administer medically prescribed medication to my child and I will sign a Medical information & Authorisation form. I understand that the staff will phone and request permission before the administration of medication to my child and record each administration of medication. I acknowledge that all care will be taken and will not hold Sherpa Kids responsible. I also understand my child cannot attend Sherpa Kids if suffering from an infectious or communicable disease that has been identified by the Department of Health. I understand that my child cannot attend Sherpa Kids if not symptom free for at least 48 hours. I acknowledge that my child can attend Sherpa Kids if they have completed the first three days of Antibiotics.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby notify Sherpa Kids that my child carries medication with them and will self-medicate. I understand I will provide a letter/plan from a doctor to support this and I will sign a Medical information & Authorisation form.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give my permission for the Sherpa Kids 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.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand the provider of the Sherpa Kids service 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 provider or employee.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give Sherpa Kids permission to transport my child off a Sherpa Kids designated site of operation if and when required and risk assessment plans will be undertaken for each occasion (e.g. evacuation, group trip).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that photographs/video of my child or items of my child's work completed at the Sherpa Kids programme may be used at a later date for local/national marketing and promotional purposes. Yes  No

I hereby give my consent and no further permission will be required. Yes  No

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that the information contained herein is confidential and pursuant to the POPI Act, will only be strictly used by the Sherpa Kids team 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.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorise that my child's school \_\_\_\_\_ has permission to release all personal information about my child to Sherpa Kids.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that I will send Sunscreen and a hat to the centre every day in adhering to the Centre's Safe Sun Policy.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give permission for my child to watch Age appropriate Movies should the Weather not permit outside play and Activities

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that Sherpa Kids 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 enrol will fill in the necessary detail requested within the appendix. Should my child/children make use of Sherpa Kids' services without being formally enrolled the below rates will apply and I will be invoiced for services rendered.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### APPENDIX 1: ENROLMENT FOR BEFORE SCHOOL/AFTER CARE: FEES FOR 2017

Please tick applicable option

	BEFORE SCHOOL CARE	AFTERCARE ONLY	AFTERCARE ONLY Until 14:30	AFTERCARE & HOLIDAY COMBO
Charge per day	<input type="checkbox"/> R 30 a day	<input type="checkbox"/> R100 per day <b>Billed from 14:30 onwards</b>	<input type="checkbox"/> R30 per day	n/a
Charge per month	<input type="checkbox"/> R 160 x 9	<input type="checkbox"/> R 1 375 x 9	<input type="checkbox"/> R 385 x 9	<input type="checkbox"/> R 1 500 x 11
Applicable Times	06h30 – 7h30	14h00 – 18h00 (Mon – Fri) 13h30 – 18h00 (Wed)	14h00 – 14h30 (Mon – Fri) 13h30 – 14h30 (Wed)	<u>Aftercare:</u> 14h00 – 18h00 <u>Holiday Care:</u> 07h00 – 18h00

### ATTENDANCE REQUIREMENTS:

Please tick applicable option

Session	Monday	Tuesday	Wednesday	Thursday	Friday	All
Aftercare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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 30<sup>th</sup> of the month. Late payment will result in being charged the daily rate.
- The Banking details:
  - ACCOUNT HOLDER:** Zimjayzap t/a Sherpa Kids
  - BANK:** FNB
  - ACCOUNT NUMBER:** 62569980131
  - TYPE OF ACCOUNT:** Cheque.
  - BRANCH:** 250655
- REFERENCE: Saheti** (followed by your child's name and surname)
- 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 Sherpa Kids, I need to keep my account and payments up to date.
- No refunds are given for absences.
- 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/ren be involved in malicious behaviour resulting in Sherpa Kids property and/or Sherpa Kids or hosting school facility damage
- I acknowledge Sherpa Kids 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/ren 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 dishonour fees incurred by Sherpa Kids.
- I have the right to request from Sherpa Kids a copy of the information retained by Sherpa Kids and the right to request Sherpa Kids to correct any incorrect information about myself and my family held by Sherpa Kids
- I acknowledge by signing this form I understand and accept the Centre 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 Sherpa Kids and of any change in the above information.
- Fees listed are for 2017 only and are subject to change in 2018

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return form  
[joburgeast@sherpakids.co.za](mailto:joburgeast@sherpakids.co.za)  
 Debbie 082 908 1202