115 Bulwer Road, Glenwood, Durban, 4001
P.O. Box 52068, Berea Road, 4007
Tel: 031 202 3879 •Whats app:062 593 0196
Email: accounts@glenwoodpreschool.org.za
Web: www. glenwoodpreschool.org.za

Please attach a recent ID. size colour size photograph of the learner in this space

2027 ENROLMENT FORM

"Glenwood Community Pre-School offers a high standard of education with a strong Christian ethos. We are committed to educating the WHOLE child – physically, emotionally, cognitively, socially, and spiritually.

LEARNER'S NAME:		
GRADE and GROUP:		**DATE OF ADMISSION:**
STUDENT NO:		

PLEASE NOTE:

(TO BE COMPLETED BY BOTH PARENTS / LEGAL GUARDIANS)

1. **All information must be filled in correctly with BLACK pen and be clearly legible.**
2. **All documents (see table) must be submitted together with the original application forms.**
3. **Emailed forms without an original signature WILL NOT BE ACCEPTED**
4. **This application WILL NOT BE PROCESSED UNLESS ALL THE RELEVANT DOCUMENTATION IS RECEIVED.**
5. **Incomplete forms will not be processed**
6. **Application forms to be returned with FULL PAYMENT OF THE ADMINISTRATION FEE (R400.00) . This IS NON-REFUNDABLE and used to carry out credit checks on the parent/s and/or guardian/s**
7. **The annual school fees are determined by the School Executive Management and will be payable in accordance with the SA Schools Act No 84 of 1996.**
8. **The school fees option and agreement and addendum will be forwarded to you in October after our school annual budget meeting.**
9. **Parents are reminded that the PAYMENT OPTION AGREEMENT AND ADDENDUM ARE COMPULSORY and the acceptance of your child is provisional until this aspect has been concluded.**
10. **ALL OTHER MANDATORY LEVIES AND THE 1ST MONTH SCHOOL FEES ARE PAYABLE IN ADVANCE BEFORE THE CHILD MAY COMMENCE ATTENDANCE AT GLENWOOD COMMUNITY PRE-SCHOOL.**

FOR OFFICE USE ONLY:

COPIES OF COMPULSORY DOCUMENTS REQUIRED:

Birth Certificate	
Immunization Card	
Recent School Report (if applicable)	
Identity Document of Mother/Guardian	
Proof Of Employment(Mother/Guardian)	
Proof Of Residence (electricity bill,etc)	
Identity Document Of Father/Guardian	
Proof Of Employment(Father /Guardian)	
Proof Of Residence (electricity bill,etc)	
Guardianship/Court Documents	

Initial Here

PARENTS PARTICULARS

*Please complete the RIGHT HAND SIDE of this form in full. Please use **BLOCK LETTERS** and **CIRCLE** your choice where appropriate. If all the information on a page is correct, **acknowledge this by signing** in the space provided at the **bottom of each page**.*
***NOTE**: In the case of **divorced or separated parents**, or where the **parents reside separately**, this constitutes a **MULTIPLE HOUSEHOLD FAMILY**.*

A COPY OF THIS FORM SHOULD BE COMPLETED INDEPENDENTLY FOR EACH HOUSEHOLD.

First Parent

ID or Passport Number:													
Last name:													
First Names:													
Title:													
Initials:													
Marital Status(tick appropriate box)	Married		Single		Divorced		Widowed						
Gender:	Male			Female									
Date of Birth:	Y	Y	Y	Y	-	M	M	-	D	D			
Occupation:													
Employer Name / Registered Business Name													
Parent Tax No													
Work Telephone:													
Personal Cellphone Number:													
Work Email address													
Personal Email address:													
Requires School Report:	Yes		No										

SECOND PARENT

ID or Passport Number:													
Last name:													
First Names:													
Title:													
Initials:													
Marital Status	Married		Single		Divorced		Widowed						
Gender:	Female			Male									
Date of Birth:	Y	Y	Y	Y	-	M	M	-	D	D			
Occupation:													
Employer Name / Registered Business Name													
Parent Tax No													
Work Telephone:													
Personal Cellphone Number:													
Work Email address													
Personal Email address:													
Requires School Report:	Yes		No										

Initial Here

GUARDIAN DETAILS

ID or Passport Number:													
Last name:													
First Names:													
Title:													
Initials:													
Marital Status	Married		Single		Divorced		Widowed						
Gender:	Male			Female									
Date of Birth:	Y	Y	Y	Y	-	M	M	-	D	D			
Occupation:													
Employer Name / Registered Business Name													
Parent Tax No													
Work Telephone:													
Personal Cellphone Number:													
Personal Email address:													
Requires School Report:	Yes		NO										

PARENT 1 HOUSEHOLD INFORMATION

Residential Address:										
Residential Suburb:										
Residential City:										
Residential Code:										
Residential Province:										
Postal Address 1										
Postal Address 2:										
Postal City:										
Postal Code:										
Postal Province:										
Home Telephone number:										
Alternative Cellphone Number:										

PARENT 2 HOUSEHOLD INFORMATION

Residential Address:										
Residential Suburb:										
Residential City:										
Residential Code:										
Residential Province:										
Postal Address 1										
Postal Address 2:										
Postal City:										
Postal Code:										
Postal Province:										
Postal Country:										
Home Telephone number:										
Alternative Cellphone Number:										

Initial Here

PUPIL INFORMATION

Please complete the **CHILD'S DETAILS IN-FULL ON THIS PAGE**. Please use block letters and circle your choice were appropriate.

Last Name:										
Full first names:										
Also known as:										
Gender:	FEMALE				MALE					
ID or Passport Number:										
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D
Current age at registration:										
Religion:										
Population Group	Black	Coloured	Indian	White	Asian	Other				
Home language	Afrikaans	English	Ndebele	IsiXhosa						
	IsiZulu	SePedi	Setswana	SiSwati						
	Tshivenda	Xitsonga	Sesotho	Other						
Other Home Language										

FAMILY INFORMATION

Who Does the child live with during the school term?	Parent 1		Parent 2		Guardian		Both parents	
Account Addressed to:								
Parental Status	Both biological parents are alive				Both biological parents deceased			
	Biological mother deceased				Biological father deceased			
Relationship to Parent 1:	Biological		Step Parent		Foster Parent		Guardian	
	Sponsor		Relative		Other			
Relationship to Parent 2:	Biological		Step Parent		Foster Parent		Guardian	
	Sponsor		Relative		Other			

EMERGENCY CONTACT INFORMATION

Emergency Contact 1:										
Contact Number										
Relationship with Learner										
Emergency Contact 2:										
Contact Number:										
Relationship with Learner										
Emergency Contact 3:										
Contact Number:										
Relationship with Learner										

PREVIOUS SCHOOLING

At school prior to enrolling:	YES		NO							
First-time registration at **GCPS**:	YES		NO							
The previous school attended:										
Province of the previous school	KwaZulu-Natal		Western Cape		Eastern Cape					
	Northern Cape		Northwest		Mpumalanga					
	Gauteng		Limpopo		Free State					
Previous school contact number										

Initial Here

MEDICAL INFORMATION

PRE-NATAL HISTORY

Place In family(1st, 2nd child etc)													
Difficulties in pregnancy or birth													
Apgar Score													
Birth weight													
Breast fed	Yes		NO		Duration								
Bottle-fed	Yes		No		Duration								

HEALTH RECORD

Has the child got a good appetite	Yes		No										
Is the child a sound sleeper	Nightmares		wakeful		Bed wetter								
	sleepwalker		restless		Other								
Bed time													
Wake up time													
Has the child ever had a complete Physical Exam?	Yes		No										
If yes please specify													
What were the findings?													
Approximate date of examination	Y	Y	Y	Y	-	M	M						
Has the child ever had his/her eyes or ears tested?	Yes		No										
If yes please specify													
What were the findings?													
Approximate date of examination	Y	Y	Y	Y	-	M	M						
Has the child been diagnosed with any special needs?	Yes		No										
If yes please specify													
What are the findings?													
Approximate date of examination	Y	Y	Y	Y	-	M	M						
Allergies:(e.g.: nuts; dust; bee sting etc)	Yes		No										
If yes please specify													
Is your child allergic to any medicines	Yes		No										
If yes please specify													
Does your child take any chronic medication	Yes		No										
If yes please specify													
Does your child have any disabilities(congenital/accidental)	Yes		No										
If yes please specify													
Has your child had any surgical operations	Yes		No										
If yes please specify													
Any other illness / diseases	Yes		No										
If yes please specify													
Is your child receiving any occupational therapy, speech, etc (Please provide the necessary details)													
Has your child been vaccinated against the following	Polio		Hepatitis A		Hepatitis B		TB						
	measles		Mumps		Rubella		Tetanus						
	Chicken pox		Pneumococcal		Diphtheria								
	Whooping cough												

Initial Here

INFECTIOUS DISEASES CONTRACTED:	AGE/YEAR:
Measles	
Chicken pox	
Mumps	
Diphtheria	
Scarlet Fever	
German Measles	
Swine flu (N1H1)	
COVID 19 (corona Virus)	
Any other diseases(please specify)	

GENERAL DEVELOPMENT	AT WHAT AGE
Crawling	
Walking	
How did the child walk	spontaneous ☐ taught ☐
Speech (when did the child begin to talk)	
Present state of speech ability	Clear ☐ Rapid ☐ Stutter ☐ Stammer ☐
Vision	Clear ☐ Blurry ☐ Other
Has the Doctor checked Yes ☐ No ☐	Y Y Y Y - M M
Hearing	Normal ☐ Average ☐ other ☐
Has the Doctor checked it	Y Y Y Y - M M
Dentition	
When did the child cut first tooth	
Any teeth difficulties	Yes ☐ No ☐
Has the child visited the dentist Yes ☐ No ☐	Y Y Y Y - M M
Any other particular habits or fears	Thumb sucking ☐ Fear of darkness ☐
	Body rocking ☐ Bed wetting ☐
	Nail biting ☐ Other Specify ☐
Other:	

MEDICAL AID DETAILS

Medical Aid Name:	
Medical Aid Number:	
MA Main Member:	
MA Main Member ID No:	
Preferred Doctor:	
Doctors Contact Number	
Preferred Ambulance in case of emergency	
Ambulance Contact Number	
Preferred Hospital in case of emergency	
Hospital Contact Number	
Hospital Physical Address	

Initial Here

CONSENT, ACKNOWLEDGEMENTS AND INDEMNITY

I/We,

	Mother (Parent 1)	Father (Parent 2)	Guardian*/ A Surety
First & Second Name			
Surname			

a) In terms of Section 40 of the South African Schools Act No 84 of 1986, Parents/ legal guardians are liable for school fees jointly or severally.

b) I acknowledge that Glenwood Community Pre-School is **a PRIVATE SCHOOL , NOT A GOVENMENT SCHOOL**. Regulations are laid down by Executive Management. Therefore it can elect the admission of learners and according to its constitution can terminate, suspend, or readmit any pupil and reserves its right to do so.

c) Acknowledge that **R360.00 Administration Fee is NON – REFUNDABLE** and shall be used to do a CREDIT CHECK. Upon the result of the credit check, the school has the option not to enroll my child.

d) Acknowledge that the Annual Levy and Stationery Levy are **NON-REFUNDABLE**.

e) The school fees are determined by Executive Management who has the power to amend the fees. School fees are essential for the effective functioning of the school and are without exception compulsory.

f) In the event that one or more parents/guardians sign this form, we acknowledge that we shall be held jointly and severally liable for the payment of the school fees.

g) I/We undertake to pay all school fees annually or monthly as specified.
I/WE ACKNOWLEDGE THAT FEES ARE PAYABLE IN ADVANCE BY NO LATER THAN THE 7TH OF EACH CALENDAR MONTH AND IN THE EVENT THAT I DEFAULT, MY CHILD WILL BE SUSPENDED WITH IMMEDIATE EFFECT. FAILURE TO PAY THE AMOUNT OWING BY DATE STATED ON SUSPENSION OF MY CHILD, WILL RESULT IN THE ACCOUNT BEING HANDED OVER TO THE SCHOOL ATTORNEYS.

h) I/We shall be responsible for all legal fees on an attorney and own client scale together with tracing and collection fees. **NB. Suspensions:** One suspension only. If there is a need for a second suspension then the child may not return to school.

i) If my child/ward is **SUSPENDED** from attendance at the school, **INVOICES** will continue to be issued and fees are still payable as agreed. In the event of my account being handed over, all communication and payments will then be handled by attorneys.

j) If my child/ward is absent from school for sickness or personal reasons, **INVOICES** will continue to be issued and fees are still payable as agreed. In the event of my account being handed over, all communication and payments will then be handled by attorneys.

k) I agree that **NO DISCOUNT ON FEES IS GRANTED FOR TIMES OF NON-ATTENDANCE** due to **EXTENDED PERIODS OF ILLNESS OR VACATION** my child/ward may suffer.

l) I agree that **NO DISCOUNT ON FEES IS GRANTED FOR NON-ATTENDANCE AT THE END OF THE SCHOOL TERM OR BEGINNING OF THE TERM / YEAR** of my child/ward due to family vacation time being taken.

m) I agree that no discount on fees is granted for times of non-attendance of my child/ward during the holiday care program.

n) Agree that should I wish to remove my child from attendance at Glenwood Community Pre-School, I will give the School ONE CALENDAR MONTHS' NOTICE IN WRITING OF my intention to do so. **VERBAL NOTICE IS UNACCEPTABLE**. School fees will continue to be invoiced until the **1 (ONE) CALENDAR MONTH WRITTEN NOTICE IS RECEIVED BY THE SCHOOL.**

o) In the event of the child being removed from our school in **(November and December**) the parent will be liable for all outstanding balance of fees for the year , If the child does not return to School at the commencement of a new year, **1 (ONE) CALENDAR MONTH'S WRITTEN NOTICE STILL APPLIES**. **Please note that 31st October is the final date to deregister your child for the next academic year.**

p) If the parent fails to give **ONE CALENDAR MONTH NOTICE** of removal, the parent will remain liable for the prescribed school fees.

q) I/ We undertake to pay any other fees such as **LATE PICK UP, LEVIES, FUNDRAISING ETC**. as according to school regulations. All extra mural activity payments are made to the coach involved and are not the responsibility of the School.

Initial Here

CONSENT, ACKNOWLEDGEMENTS AND INDEMNITY (continued

r) Should I/We require my child/ward to stay for extra after-**care I SHALL INFORM THE OFFICE OF SUCH ARRANGEMENTS IN ADVANCE AND PAY THE EXTRA COSTS AS SPECIFIED.**

s) Acknowledge that regular statements and/or invoices (billing cycle 1st to the last day of each calendar month) will be sent to me via a hard copy and electronic copy.

t) Ensure any deviation regarding any payments of fees or levies must be communicated to the bursar.

u) Acknowledge that no decree of divorce and/or settlement agreement absolves the parent/guardian from their obligation to pay fees and levies.

v) I acknowledge that it is my responsibility to make the school aware of, and to supply copies of all court documents (including parenting agreements), that may pertain to my child/ward.

w) I agree to ensure that all application form details supplied are correct (specifically in regard to my contact details). Should any changes occur I shall inform the Office of such change as well as fill in a new application form when necessary.

x) I acknowledge and agree to supply the school with copies of any information pertaining to existing or developing allergies (food and insect bite) related illnesses

y) Agree that my child/ward will be bound by school regulations made and amended from time to time by the Executive Management of Glenwood Community Pre-School and acknowledge that at her sole discretion the Principal is the ultimate Authority in these matters.

z) Acknowledge the School reserves its rights to take legal action against parent or guardian, jointly or severally, for any malicious or vindictive damage to property of the school, movable / immovable, caused by your child/ward.

aa) Give my consent for my child/ward to take part in any games, activities, educational excursions and special events of any nature whatsoever, which the school authorities consider desirable. I understand fully and accept that all activities such as those mentioned above shall be undertaken at my child's own risk and I undertake on behalf of myself, my executors, my wife/husband and my child aforesaid, to indemnify, hold harmless and absolve Glenwood Community Pre-School, the Principal, the member of her Staff and such other persons as may be involved with or assisting my child in the pursuit of any of the aforesaid activities, against and from any or all claims whatsoever or injury to my child aforesaid in the course of any such activity, provided all reasonable care shall have been taken.

bb) Give my permission to the School Authorities of Glenwood Community Pre-School to consent to any medical procedure on my behalf to be performed on my child aforesaid, if it is not possible or practical to obtain my consent or that of the child's doctor and the procedure must in the opinion of the doctor be performed urgently.

cc) **ENSURE ALL CLOTHING AND BELONGINGS ARE CLEARLY MARKED** with the child's name before the child enters Glenwood Community Pre-School. No responsibility shall be taken for unmarked items. Any unmarked lost property will be donated to charities.

dd) I give Glenwood Community Pre-School permission to process and keep on file both myself and my child/ward's personal information.

1) In the event my child/ward requires immediate medical attention by an emergency unit, **GCPS** is given permission to call an ambulance to collect my child/ward. **YES.** **NO (CIRCLE**)

2) In the event that there is no ambulance available to collect my child/ward require immediately for emergency medical attention by an emergency unit, **GCPS** is given permission to arrange for a staff member to transport my child/ward in a private vehicle **YES** **NO (CIRCLE)**

3) Give the School permission for any photos in which my child/ward is included, to be used for any promotional materials, website, broadcasts, newspapers, school displays, social media posts etc**.**
YES **NO (CIRCLE)**

Initial Here

I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OUTLINED IN THIS DOCUMENT. BY SIGNING BELOW, I/WE AGREE TO BE BOUND BY THE TERMS OF THE SCHOOL FEES PAYMENT OPTION FORM AND THE COMMITMENT TO PAY THE COMPULSORY SCHOOL FEES, WHICH ARE PART OF THIS DOCUMENT. UPON THE PRINCIPAL'S SIGNATURE, ACCEPTING MY CHILD'S ADMISSION TO GLENWOOD COMMUNITY PRESCHOOL, A VALID AND BINDING AGREEMENT REGARDING TUITION, DISCIPLINE, AND THE PAYMENT OF SCHOOL FEES WILL BE ESTABLISHED BETWEEN ME/US AND THE GLENWOOD COMMUNITY PRE-SCHOOL EXECUTIVE MANAGEMENT.

	Mother (Parent 1)	Father (Parent 2)	Guardian*/A Surety
Signature			
Full Name			
Date			

Initial Here



Consumer Consent in terms of Regulation 18(5) of the National Credit Regulations

We ,

	Mother (Parent 1)	Father (Parent 2)	Guardian*
First & Second Name			
Surname			
ID number			
Contact Number			

*Guardian needed if child stays with the Guardian or if the Guardian will be the account payer.

Hereby grant my/our informed consent to Glenwood Community Pre-School, in order to enable them to perform a confidential credit check on me for the purpose of compliance with the provisions of Section 81(2) of the National Credit Act, No 34 of 2005 as amended, that relates to the prevention of the extension of reckless credit.

It is further understood that the credit report obtained under this consent will be used by Glenwood Community Pre-School solely for the purpose set out in Regulation 19(4) (c) or (e) to (g).

	Mother (Parent 1)	Father (Parent 2)	Guardian*
Signature			
Full Name			
Date			

Signed in Durban.

Ms. Sandra Chinyanga
Bursar
DD / MM / YYYY
Signed in Glenwood, Durban

School Stamp

Initial Here

Glenwood Community Pre-School
Established 1991
Glenwood Community Pre-School is a Ministry of Glenwood Community Church

Security Card I.D. Information
Compulsory
2027

Procedure to Apply For I.D. Card

If there is more than one child, kindly submit a photo of the youngest child, plus a photo of each authorized person, (a photo of the child is needed for Each authorized person). The other child's name will be put on the card, However no photograph is necessary. Kindly send a clear **HEAD & SHOULDERS**

Photo ID SIZE for each adult **VIA WHATS APP NUMBER, 062 593 0196**

Kindly label clearly the names to assist in identification when making the card/s. The cost is R20.00 per card i.e. 2 adults = R40.00 - i.e. 4 adults = R 80.00

NB: We require a photocopy of the authorized persons ID document.

Child's Name:	Group:
Child's Name:	Group:

Card 1
Name of Adult: _____
Relationship to Child: Father Mother
Other _____
I.D. Number: _____
Windscreen sticker required: Yes ( ) No ( )

Card 2
Name of Adult: _____
Relationship to Child: Father Mother
Other _____
I.D. Number: _____
Windscreen sticker required: Yes ( ) No ( )

Card 3
Name of Adult: _____
Relationship to Child: Father Mother
Other _____
I.D. Number: _____

Card 4
Name of Adult: _____
Relationship to Child: Father Mother
Other _____
I.D. Number: _____
Windscreen sticker required: Yes ( ) No ( )

OFFICE USE ONLY:	
Date: _____	**Collected By:** _____
Receipt No: _____	**Signature:** _____

Initial Here

School Reference Letter

(NB: this letter must be completed by our child's present school)

To whom it may concern,

The following learner is applying to attend Glenwood Community Preschool. Kindly complete this form and email it to principal@glenwoodpreschool.org.za / accounts@glenwoodpreschool.org.za

Kind regards

Mrs. S. Foley
Principal

Learner information:

Name of learner: _____

Name of current School: _____

School Contact Number: _____ Contact person:_____

Current grade: _____ Number of years at Current school_____

Behaviour / Attitude

Exemplary ☐ Good ☐ Satisfactory ☐ Unsatisfactory ☐

Current Teacher's remarks on the learner:

Extra-Mural Activities

Initial Here

Parent Involvement / Support

Behaviour / Attitude

Exemplary ☐ Good ☐ Satisfactory ☐ Unsatisfactory ☐

School Fees:

Fees paid up to date: Yes ☐ No ☐

Annual Fees: R_____

Monthly Fees: R_____ Fees outstanding: R_____

Bursar's Comments:

_____

_____

_____

_____

Any additional information you think we should be aware of (including any current participation in or recommended intervention for the child i.e Occupational Therapy, Behavioural Therapy, Speech Therapy, etc:)

_____

_____

_____

_____

_____

Date:_____ Principal Name:_____

Principal signature:_____

School stamp

Initial Here



GCPS Bank Details

Bank	STANDARD BANK
Branch	GLENWOOD
Branch Code	04252600
Account No.	250212323
Telephone No.	031 – 2023879
Whats-app No.	062 593 0196
Reference	**Child's name and surname**

E-mail accounts@glenwoodpreschool.org.za

Website www.glenwoodpreschool.org.za

Postal Address P O Box 52068
Berea Road
4007

Initial Here