

**Address:**

22/2 Catherine Street, Shere  
PO Box 11049, Silver Lakes  
[www.silverstarschool.co.za](http://www.silverstarschool.co.za)

**Telephone:** 012 809 0812

**Mobile:** 067 462 6364

**Email:** [admin@silverstarschool.co.za](mailto:admin@silverstarschool.co.za)

## SILVER STARS | APPLICATION FORM

|                         |  |                       |  |
|-------------------------|--|-----------------------|--|
|                         |  | <b>Account Number</b> |  |
| <b>Application Date</b> |  | <b>Start Date</b>     |  |
| <b>Acceptance Date</b>  |  | <b>Class</b>          |  |

### Child's Information

|                          |  |                                 |           |
|--------------------------|--|---------------------------------|-----------|
| <b>Surname</b>           |  | <b>Home Address</b>             |           |
| <b>First Names</b>       |  |                                 |           |
| <b>Nickname</b>          |  |                                 |           |
| <b>Date of Birth</b>     |  | <b>Daycare program required</b> | Half Day  |
| <b>ID no</b>             |  |                                 | Full Day  |
| <b>Age at start date</b> |  | <b>Religion</b>                 |           |
| <b>Gender</b>            |  | <b>Preferred Language</b>       | English   |
| <b>Nationality</b>       |  |                                 | Afrikaans |
| <b>Allergies</b>         |  | <b>Home language</b>            |           |

### Details of Parent(s) | Guardian(s)

|                                                    | <b>Mother</b> | <b>Father</b> |
|----------------------------------------------------|---------------|---------------|
| <b>Name(s)</b>                                     |               |               |
| <b>Surname</b>                                     |               |               |
| <b>Marital status</b>                              |               |               |
| <b>ID number (RSA) / Passport number (Non-RSA)</b> |               |               |
| <b>Home Language</b>                               |               |               |
| <b>Cell/mobile no</b>                              |               |               |
| <b>Email address</b>                               |               |               |
| <b>Residential address</b>                         |               |               |
|                                                    |               |               |
|                                                    |               |               |
| <b>Occupation</b>                                  |               |               |
| <b>Company name</b>                                |               |               |
| <b>Work address</b>                                |               |               |
| <b>Work tel no.</b>                                |               |               |

### Siblings currently in school

|         |  |       |  |
|---------|--|-------|--|
| 1. Name |  | Class |  |
| 2. Name |  | Class |  |

### Medical Information

|                      |  |                |  |
|----------------------|--|----------------|--|
| Medical Aid          |  | Med Aid Number |  |
| Doctor's Name        |  | Doctors Tel    |  |
| Allergies            |  |                |  |
| Any other conditions |  |                |  |

### Next of Kin

|         |  |             |  |
|---------|--|-------------|--|
| 1. Name |  | Contact No: |  |
| 2. Name |  | Contact No: |  |

### Previous School Care

|                |  |             |  |
|----------------|--|-------------|--|
| Name of school |  |             |  |
| City           |  | Contact No: |  |

### Any additional Information Silver Stars should be aware of

|  |
|--|
|  |
|  |

### We need the following to accompany this application.

- Copy of the inoculation certificate
- Copy of the birth certificate
- Copy of parents' IDs
- Jumbo photo of child for the classroom and ID size for file
- Previous report (if applicable)

### Financial Information

1. A Re-Registration fee of R750 per child per year is payable, including some of the visiting shows (educational shows.)
2. A non-refundable enrolment fee of R3500 per child is payable with admission and this includes a mattress cover, one tag, and a few of the educational shows. To register a second or third child (in the same year) the Registration is R1750 (Non-refundable) and includes a mattress cover and a few of the educational shows.

\_\_\_\_\_  
 Initial Parent/Guardian

3. School fees: Payable **monthly in advance** over 11 or 12 months **before or on the 5th** of each month. Use your account number as a reference.

4. **Silver Stars Management reserves the right to increase school fees in line with the inflation rate on an annual basis.**

5. Payment methods available: Electronic Transfer ☐ or Card machine ☐

**Bank details: Shere Pre-School T/A Silver Stars | First National Bank - Cheque Account |**

**Acc NO: 6212 164 0537 | Branch Code: 252 045**



# AGREEMENT

1. I, \_\_\_\_\_ the undersigned, agree to pay the school fees to Silver Stars Preschool for my child, \_\_\_\_\_, whom I registered for

|          |  |
|----------|--|
| Half Day |  |
| Full Day |  |

2. I will pay the school fees monthly over **11 months** or **12 months** in advance on or before the third (3) day of the following month. (Please mark clearly)

|           |  |
|-----------|--|
| 11 Months |  |
| 12 Months |  |

\_\_\_\_\_  
Initial Parent/Guardian

3. **I agree that I could be charged 10% interest for payment after the 5th of each month, and this will be added to the school fees for the next month.**

\_\_\_\_\_  
Initial Parent/Guardian

4. I agree that Silver Stars School reserves the right to suspend my child if fees are not paid by the 10th of the month (The month's fees will remain payable even if the child does not attend school).

5. **I agree that I may be penalized for fetching my child after school hours. We ask that parents please adhere strictly to the school hours. If children are picked up after 14h00 for half day or after 17h30 for full day they will be charged a fine of R50 for every 15 minutes.**

\_\_\_\_\_  
Initial Parent/Guardian

6. I agree that I will give one (1) calendar months' written notice via email **only** to [admin@silverstarschool.co.za](mailto:admin@silverstarschool.co.za) when removing my child from the school and I agree that I am responsible for the payment of one (1) month's school fees when I did not give the notice as described above.

7. **I agree that the one calendar months' written notice of cancellation should be given in the agreed manner and form by no later than 1 October for the following year. Should I give notice in November I agree that I will be liable for the payment of the school fees/reasonable cancellation penalty for the month of November and December, although the preschool will be closed for a part of December.**

\_\_\_\_\_  
Initial Parent/Guardian

8. I agree that my child may be taken to a doctor and/or hospital by the personnel of Silver Stars School should there be an emergency, and I agree that Silver Stars School will not be held responsible for the account of the particular doctor and /or hospital.

9. I furthermore agree that Silver Stars School, its owner, or its staff will not be responsible for the following:



- 9.1 Injuries pertaining to my child on the school premises, although we will do our best to prevent an incident.
- 9.2 If I leave my child on the school grounds without the supervision of the staff or notifying the staff in person and ensuring that my child is safe, and my child then gets injured.
- 9.3 Lost clothing and/or other items.
10. Both parties agree that this agreement can only be amended in writing when both parties have reached a consensus and signed before the child starts school. Notices that have to be given in writing in terms of this agreement shall only be valid if submitted in hard copy to the administration office at the school premises alternatively if sent via e-mail to [seugnet@silverstarschool.co.za](mailto:seugnet@silverstarschool.co.za)
11. I hereby consent to and authorize Silver Stars Nursery School to contact, request and obtain any information at any time and from any registered credit bureau to assess my behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness. **This can be a requirement even if the parents renew the agreement for a further year etc. If the parents refuse that a credit check is conducted, the school is further within its rights to refuse the application or renewal of the agreement.**
12. Where the school is prevented from providing the agreed service or access to the service due to circumstances beyond its control or due to compliance with governmental, health and safety, or any other public regulations and ordinances for a temporary or permanent period of time, the school will not be held liable for its inability to render such a service in any manner or form. Parents will still be liable for the payment of fees in terms of the agreement in these circumstances unless the parties agree otherwise taking into account reasonableness and the particular circumstances.

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Signature (parent/guardian)

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Date



## **1. GENERAL OBLIGATIONS OF THE ECD**

1.1 Silver Stars shall monitor the Child's progress at the school and produce regular progress reports. The school will advise the Parents if the Centre has any concern about the Child's progress, but Silver Stars does not undertake, nor does it have any obligation to diagnose any learning disability or other condition.

1.2 The Parties acknowledge the limitations of Silver Stars physical environment, staff qualifications and training and resources which limit its ability to provide high quality care and early learning opportunities to children with special educational needs (whether due to neurological barriers, hearing impairments, visual barriers, physical barriers, behavioural, psychological or emotional barriers or any other special need). To the extent that, in the reasonable opinion of Silver Stars, and after following due process, the school cannot, or can no longer, provide adequately for the Child's special needs, Silver Stars may elect to decline Admission or cancel this Contract in terms of clause 2.4.

## **2. PARENT'S GENERAL OBLIGATIONS.**

- 2.1. The Parents will inform Silver Stars in writing, prior to Admission and Enrolment, of any special educational or physical needs of the Child known to them of the kind, without limitation, referred to in clause 1.2.
- 2.2. In order to meet Silver Stars obligations, the school needs the Parents' cooperation. The Parents are required to encourage the Child in his or her early learning and development, give appropriate support at home, keep the school informed of matters which affect the Child, maintain a courteous and constructive relationship with Silver Stars staff; and attend meetings and otherwise communicate with Silver Stars regarding matters in the Child's interests.
- 2.3. The Principal may, if it is justifiable to do so, require the Parents to remove the Child from Silver Stars, if he/she considers that the Child's behaviour is seriously disruptive and in the reasonable opinion of the Principal, the Child's removal is in the school's best interests or those of the Child, other children or the wider school community. In this case, the Parents will be asked to remove the Child at a specified date that may be shorter than a full three-month period.
- 2.4. Silver Stars also has the right to cancel this Contract at any time, for any reason, provided that it follows due process and gives the Parents a full three months' notice, in writing, of its decision to terminate this Contract. At the end of the three months in question, the Parents will be required to withdraw the Child from the Centre, and the Centre will refund to the Parents the amount of any fees pre-paid for a period after the end of the three months period less any Fees owing to the School by the Parent/s or Third Party.

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Signature (parent/guardian)

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Date



# Administering of Medication

## at Silver Stars Nursery School

I, \_\_\_\_\_, parent of \_\_\_\_\_  
in the \_\_\_\_\_ (class), give my permission that a senior staff  
member of Silver Stars Nursery School may give my child the following medication if it's  
necessary and cannot get hold of myself or any contact on my list.

| Medication          | Yes | No |
|---------------------|-----|----|
| Antiseptic cream    |     |    |
| Antihistamine*      |     |    |
| Buscopan / generic* |     |    |
| Panado*             |     |    |

\* Only if we cannot get hold of you by telephone

### A CHILD SHOULD NOT ATTEND SCHOOL IF HE/SHE IS ILL OR HAS A TEMPERATURE.

For any other medication, you still need to complete the permission medication form in the  
class. Please note that we cannot give your child any medication if you do not complete and  
send this letter back to school. Each child must have his / her own completed form. We  
cannot give homeopathic medicine or vitamins at school. **Only prescribed medicine.**

Signed: ..... Date: .....

# Medical Indemnity Form

## Parent/Guardian consent form for emergencies

As a parent/guardian I, \_\_\_\_\_ give consent to have  
my child, in case of emergency, \_\_\_\_\_ receive first aid by Silver Stars  
Nursery School and staff and if necessary, be transported to receive emergency care by car or  
ambulance. I understand that I will be responsible for all charges including medical transport,  
etc. I give consent for the emergency contact person to act on my behalf until I am available. I  
agree to review and update this information whenever a change occurs.

Signed: ..... Date: .....

# CONSENT TO PUBLISH PHOTOGRAPHS

ON THE D6 COMMUNICATOR AND/OR WEBSITE.

| Name of Parent/Guardian | Name of Child |
|-------------------------|---------------|
|                         |               |

Please mark the boxes below:

|                                                                           |            |           |
|---------------------------------------------------------------------------|------------|-----------|
| I consent to the use of photographs of my child for Social Media purposes | <b>Yes</b> | <b>No</b> |
|                                                                           |            |           |

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date



# Silver Stars Nursery School Language Policy

The language of instruction at Silver Stars Nursery School is bilingual (Afrikaans and English only).

**IN ORDER FOR YOUR CHILD TO BE CONSIDERED FOR ENROLMENT AT SILVER STARS NURSERY SCHOOL, HE/SHE MUST HAVE EITHER AFRIKAANS OR ENGLISH AS THEIR HOME LANGUAGE.**

**MOTHER TONGUE** – The term "mother tongue" refers to a person's native language — that is, a language learned from birth.

**HOME LANGUAGE** – is considered the language spoken at home and it does not necessarily have to be the mother tongue.

**LANGUAGE OF INSTRUCTION** – is the language in which the child is educated.

Silver Stars Nursery School is a registered educational institution where we are focused on helping children reach their age specific developmental milestones and outcomes.

Children from the age of 3 years must have age-appropriate linguistic skills in English or Afrikaans to be allowed admission.

It is the parent's own responsibility to take remedial action, should the chosen language not have developed appropriately. Proof must be provided that remedial action such as speech therapy is being taken.

I hereby accept that the school, owner, principal, management and staff of Silver Stars Nursery School will not be held responsible or be liable whatsoever for bridging my child's language barrier (if applicable).

I hereby accept that the school management's assessment of my child's language proficiency is final with regards to the admission of my child.

I, parent of \_\_\_\_\_ therefore accept the responsibility to take my child (turning 3-years of age) to a qualified speech therapist when I am notified by the school/my child's class teacher that my child has difficulty understanding the language of instruction in the class.

I hereby confirm that I understand Silver Stars Nursery School's Language Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date