

Jungle cubs Administration : info.junglec@iafrica.com

Fee Structure: 2017

Nursery (3 months to 1 year)	R2840
Toddlers (1 year to 2 years)	R2840
Pre-school (2 years to 5 years)	R2700
Grade R	R2700
Half day	R2145

<p>Banking details</p> <p>FNB: PAARL Branch: 200110 Account Number: 62398932460</p>

- (December fees are compulsory-no notice in November or December)

All meals and snacks are provided and are prepared without preservatives. Please note it is not necessary to send in additional food but if you do so, meals must be kept in line with the school menu.

Nursery parents provide all nappies and formula.

ADMINISTRATION FEE

We require a non-refundable administration fee of **R1000** when returning completed enrolment forms. A copy of the child's birth certificate, road to health card as well as copies of both parent's identity documents must accompany the enrolment forms. This will ensure that your little one's place is secured.

Please note with regards to upfront payments when giving notice, a full terms notice must be given and thereafter funds will be refunded over 90 days. The school is on a compulsory debit order system.

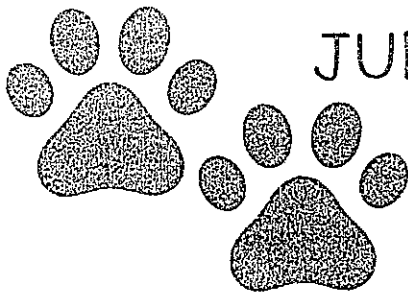
Please note there will be an annual increase of approximately 10% in school fees.

Toiletries: Parents are required to provide toiletries once a term. The toiletry list is available at the office. Parents are also required to buy stationery once a year.

Holidays: The school is open all year round other than a 3/4 week period over Dec/Jan and public holidays (with the exception of a few other days).

No notice may be given after the 1st October. If you intend leaving at the end of a year, please ensure you give notice before the 1st October to avoid being liable for January school fees.





JUNGLECUBS PRE-SCHOOL AND NURSERY

145 Umhlanga Rocks Drive, Durban North, 4051
T: 031 5637597/ 031 5637526 E: info.junglec@iafrica.com

ENROLMENT FORM

Name of child: _____

Date of Birth: _____ Sex: _____ Religion: _____

Telephone: _____ (h) _____ (w)

Home Address: _____

Food Restrictions: _____

PARENT DETAILS

MOTHER

FATHER

Name and Surname: _____

ID Number: _____

Tel: (work and cell) _____

Email Address: _____

Occupation: _____

Employer: _____

In the event of an emergency, who can be contacted?

Name: _____ Relationship to child: _____

Telephone: _____ (Cell) _____ (w/h)

Address: _____

MEDICAL INFORMATION

Doctor's Name: _____

Telephone Numbers: _____

Address: _____

Please ensure that we have a copy of your child's immunisations card.

Does your child have any of the following?

- ASTHMA
- EPILEPTIC FITS
- ALLERGIES
- HIGH TEMPERATURE CONVULSIONS
- OTHER CONDITION/PROBLEMS WE SHOULD BE AWARE OF?

If so, please detail:

CONSENT AND INDEMNITY

In the case of an emergency, and should the person in charge be unable to contact the above named doctor, I agree to the person in charge using her discretion and agree to hold the school indemnified for any claim that might arise as a result of this action on her part.

I hereby give consent for my child to take part in all activities of the school. I fully understand and accept that all activities at Junglecubs 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 the principal/owner and employees in respect of any and all claims whatsoever that may arise in connection with any loss of or damage to the property or injury to the person of my child/children aforesaid in the course of such activity whether or not such incident be caused wholly by the negligence of the principal/owner, staff or employees.

Name of Parent/Guardian: _____

Signature: _____ Date: _____ Place: _____

FEE AND PAYMENT NOTICE

I/we (print names in full: _____)

Parents/Guardian of: _____

Who will be attending school until:

- 12:00 pm
- 17:15 pm

UNDERTAKE

1. To pay, to Junglecubs, the requisite fees, on a 12 month basis. By our signature hereto, we accept that we shall jointly and severally be liable for any amount outstanding or due to the school from time to time and acknowledge that fees are payable in advance before the 5th of each month. (Junglecubs is unable to admit children who's fees are not paid up to date). To agree that fees will increase by approximately 10% per year.
2. To pay fees as usual during the child's absence due to illness or if on holiday, including December/January period where we are closed for about 3 to 4 weeks.
3. To agree to give a full calender months notice in writing (from 30th to the 30th of the next month), before withdrawing him/her from school or alternatively to pay a months fee in lieu of notice. Notice will not be accepted in November or December to avoid paying December fees. If you wish to give notice for either the end of the year or November/December your notice must be submitted no later that 1 October. This means school fees are compulsory for both November; December and January unless notice is given on/before 1st October.
4. To understand that if I/we should withdraw the child during a month, or if he/she should leave Junglecubs for any reason whatsoever during a month, whether at my/our insistence or that of the principal, the current month's fees shall be forfeited and I/we shall also be liable for a month's fee in lieu of notice.
5. To pay costs on the attorney/client scale in the event of proceedings being instituted to recover fees by either an attorney or debt collector agency.

Signed at: _____ on this the _____ day of _____ 201_____

Signature: _____ Name in full: _____

ACCOUNT HOLDER: _____

ADDRESS: _____

CELL NUMBER: _____

HOME NUMBER: _____

OFFICE NUMBER: _____

NAME AND SURNAME OF CHILDREN	AGE GROUP	AMOUNT MONTHLY	FIRST DEBIT AMOUNT (MAY INCLUDE REGISTRATION)
1.			
2.			
3.			
4.			

PAYMENT OF SCHOOL FEES: The details of my/our bank account are as follows:

BANK	
BRANCH NAME AND TOWN	
BRANCH NUMBER	
ACCOUNT NUMBER	
TYPE OF ACCOUNT	

I/we hereby instruct and authorise you to draw against my/our account with the above mentioned bank (or any other bank or branch which I/we may transfer my/our account) the sum or R _____ amount in words _____

being the amount necessary for payment of the monthly instalment due in respect of school fees commencing on _____ and continuing every month (as the case may be). All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally.

I/we agree to pay any bank charges relating to this debit order instruction.

I/we understand that the withdrawals hereby authorised will be processed by computer through a system known as ABC Magnetic tape service and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

(continued on next page)

I/we agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us giving you 30 days notice in writing, sent by pre-paid registered post, but I understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

I/we agree and understand that any debit order returned unpaid will automatically be resubmitted with the current portion due.

I/we agree to pay, not only any bank charges relating to this instruction, but a fee of R100 to the school for every unpaid/returned debit.

I/we agree that fees will increase by approximately 10% per year and although we will be made aware of this in written newsletters, no written permission is needed to adjust my debit amount to the following year's fee.

Signed at _____ on this _____ day of _____ 201_____

Signature as used for signing cheques

Assisted by

Capacity