



BENJAMIN PREPARATORY ENROLLMENT FORMS 2020

Please ensure that your full physical address, postal address and contact numbers are stated correctly on your application form.

Date of application: _____ Date starting: _____

- Grade 1
 Grade 2
 Grade 3
 Aftercare

LEARNERS PERSONAL DETAILS:					
Name (in full)		Surname		Preferred name	
Date of Birth		Age		Gender	
Home language			Other language		
Race (Required by GDE)			Religion		
Nationality: (Please specify if not South African)					
Who does child live with:					
<input type="checkbox"/> Both parents		<input type="checkbox"/> Mother		<input type="checkbox"/> Father	
<input type="checkbox"/> Other					

PARENTS / GUARDIAN INFORMATION:			
Father's Details:		Mother's Details:	
Name		Name	
Surname		Surname	
ID Number		ID Number	
Religion		Religion	
Cell phone number		Cell phone number	
Home number		Home number	
Office number		Office number	
Email address		Email address	
Residential address		Residential address	
Postal address		Postal address	

PARENTS EMPLOYMENT DETAILS:			
Father's Details:		Mother's Details:	
Employer		Employer	
Occupation		Occupation	
Employer address		Employer address	
Office number		Office number	

PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES:			
Name		Surname	
Relationship to learner			
Home number		Work number	
		Cell number	
Signature: _____			

DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY:			
Name		Surname	
Relationship to learner			
Home number		Work number	
		Cell number	

MEDICAL DETAILS:			
Family Doctor:	Name		Contact number
Medical aid details:			
Name:		Member number	
Main member initials and surname		Main member ID number	
Does the learner suffer from any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please specify:			
In a critical medical situation, please bear in mind that there may not be time to refer to the learner's records. The school therefore reserves the right to utilise the quickest medical services available.			
I _____ being the parent/legal guardian of _____ hereby agree that a medical practitioner may provide emergency treatment as may be necessary.			
Signature of parent/legal guardian: _____			

Were there signs of any other illnesses / conditions / accidents / injuries or traumatic experiences?

Please indicate age and describe any operations and hospitalisations:

Are there any specific illnesses that run in the family?

PREVIOUS ASSESSMENTS:

	Age	Name of practitioner	Telephone number	Treatment
Neurologist				
Paediatrician				
Psychologist				
Speech Therapist				
Occupational Therapist				
Physiotherapist				
Optometrist				
Audiologist				
ENT				
Specialist				

FAMILY MEMBERS AND OTHER PEOPLE LIVING WITH THE CHILD:

Full name and surname of family member	Male / Female	Relationship e.g. mother, sister, stepfather, granny, etc	Age	Occupation, e.g. teacher, nurse, housewife, scholar, pensioner	School and grade of place of work

DEVELOPMENT HISTORY:

Was the pregnancy planned: _____

Conditions during pregnancy: _____

Birth: Natural / Caesarean

Was your child's pre-birth development normal in your opinion? If not, describe:

Describe any other trauma, physical injury or other problems experienced during pregnancy:

BIRTH HISTORY:

Was the baby born on, before or after the expected date? _____

DEVELOPMENT HISTORY:

Please indicate the age at which the child started:

Sitting		Toilet training	
Crawling		Bowel control	
Walking		Bladder control	

Describe your child's sleeping patterns:

SPEECH DEVELOPMENT AND MILESTONES:

Are/were there indications of a speech defect (e.g. stuttering, listening, lipping and articulation)?

Can others understand your child's language:

First word (age)	
First sentence (age)	

If your child is speaking a second language, please indicate what language and when the child was exposed to that language for the first time:

FEEDING ROUTINE

Describe your child's appetite: _____

Does the family have meals together? _____

Is your child a fussy eater or avoiding certain textures, e.g. rice, peas, mashed potatoes, etc.

DOMINANCE (Please indicate with an 'x')

Child	Left Handed	Right Handed
Biological mother	Left Handed	Right Handed
Biological father	Left Handed	Right Handed

Did either parent or grandparents experience learning difficulties or have problems coping at school? If yes, please describe briefly: (Reading, Spelling, etc)

Did your child experience any early separation or loss? If yes, please elaborate:

SCHOLASTIC HISTORY:

Nursery schools attended:

Name of school	Time / Age	Reason why changed

General observation about teacher-child relationship:

SOCIAL CIRCUMSTANCES AND RELATIONSHIPS:

Describe the relationship and interaction between father and child, mother and child briefly:

Describe your child's relationship with his/her siblings:

Describe the child's relationships with friends: (Does he/she have any friends, are they older/younger, does he/she follow or lead, fights, does he/she feel a need for friends?)

Whose authority does the child accept more readily? Father/mother/both/others?

PERSONALITY

Please indicate by circling appropriate words. Which personality characteristics most apply to your child: moody/rebellious/shy/solitary/inclined to be jealous/careless/obedient/easy to manage/attention seeking/exceptionally tidy/untidy/daydreamer/selfish/domineering/active/quiet/enthusiastic/easily distracted/pays attention/appreciates beautiful surroundings and things/loving/can take the lead/cheerful/humorous/fearful/sense of responsibility/depressed/spontaneous/acts with control/impulsive/has sympathy/dishonest/honest

How does your child spend his or her leisure time?

OTHER:

Please add any extra information you feel is necessary, that has not been covered by the questions you have already answered:



TERMS AND CONDITIONS OF THIS AGREEMENT

1. The hours for Benjamin Preparatory:

MONDAY - FRIDAY: 07:45 - 14:00

Aftercare: 14:00 – 18:00

2. Fees are payable strictly in advance on or before the 3rd day of each month and should any child be taken out before the end of the month; no refund of money will apply. A fee of R300.00 will be charged to your account if school fees are paid after the given date.
3. One month's written notice on the 1st day of the month is required for termination of enrolment at Benjamin Preparatory or Aftercare. If this is not adhered to, the full fee will be paid. Notice will not be accepted over the phone.
4. Aftercare: Notice will not be accepted over the phone or for the October – December period.
5. All overdue accounts will receive a letter of suspension and the child may not return until the account is up to date. Full school fees will be payable during the suspension period. If the account is not settled, your account will be handed over for collections. Legal fees will be for your account.

I parent/guardian of _____ have read and understand points 3, 4 and 5 and fully agree with these conditions of termination.

Signature: Mother

Signature: Father

Signature: Guardian

Signed on this ____ day of ____ 20__.

6. School fees must be paid in full for the month if absent, sick or on holiday.
7. If a child has been ill or upset the previous night, the teacher must be informed accordingly.
8. If you experience problems at home, kindly discuss them with your child/children's teacher. The information will enable them to understand and assist your child/children better.
9. As part of the school's control of infection and safety requirements, may we take this opportunity to ask for your help in the following ways:
 - Do not send learners to school with a fever of 37.5° C.
 - Do not send learners to school with any infectious diseases.
 - Do not send learners who have symptoms of diarrhoea and/or vomiting to school.
 - Do not send ANY medication to school. By law we are not allowed to administer any medication.
10. Although we take the necessary precautions to ensure the safe keeping and good health of your child, the staff, teachers, Principal and owner of Benjamin Preparatory are not liable of any accidents, medical conditions, death or any other serious conditions that might avail upon your child whilst being in our care.

INITIALS OF MOM ____ DAD ____

11. Religious Policy:

- We follow a Christian Curriculum with Bible stories and Praise and Worship songs that are sung by our children and acknowledge Jesus to be our Lord and Saviour.
- The curriculum is compulsory, and no child/children may abstain from it.

12. Smoking is not permitted on the premises. Smokers should always, smoke away from the school grounds.

13. Academic Ability and Emotional Wellness:

- Should we notice that your child is having an academic or emotional problem, the school will inform you immediately. Should we think that an assessment by an educational therapist be required to assist your child, the teacher and Principal, if necessary, will ask for your assistance in such a matter.

13. School uniform:

- School uniform must always be worn correctly. Every learner is expected to be in school uniform at school functions and extra murals.
- Refer to the Code of Conduct for a detailed description.

14. Discipline:

- A positive approach to discipline is prompted. Pupils will be encouraged and motivated to develop cheerfulness, tolerance, patience, kindness and self-control.
- Disrespect, insolence and deliberate disregard of rules will be dealt with immediately.
- Respect for all adults, staff and parents are very important and encouraged at all times.
- Pupils, who repeatedly fail to adhere to the Code of Conduct, will be asked to leave the school.

15. Code of Conduct:

The school has a Code of Conduct and rules designed to ensure the happiness and safety of each pupil. The code of conduct is based on Biblical principles and standards. These rules are kept to a minimum.

Consistent bad behaviour in a child is often indicative of a problem and parents will be asked to meet with the teacher/Principal should such a situation arise.

16. General:

- Please make sure your child is collected promptly after school. If children are collected late, they will be put into Aftercare and the daily rate will be charged.
- Remember, we are here to make your child's stay a long and happy one. If you have any problems, please let us know.
- It is in your best interest to take a copy of this contract and place it in safe keeping for future reference.

I understand, have carefully noted the Terms and Conditions of the Agreement and accept them as such.

Signed by:

MOTHER: Name and Surname

Signature

Date

FATHER: Name and Surname

Signature

Date

GUARDIAN: Name and Surname

Signature

Date

This is a legal document and you have agreed to the Terms and Conditions of **BENJAMIN PREPARATORY**.



NATIONAL CREDIT ACT:

NEW NATIONAL CREDIT ACT

I/We the undersigned hereby agree and permit that BENJAMIN PREPARATORY is entitled to:

1. Make any reasonable enquiries to any party to verify and research any details provided by the applicant on this application form or any other details in relation thereto
2. Disclose the existence and the conduct of the Applicant's account with the Supplier, whether still current or not, to any Credit Bureau or other credit granter for publication.

INTEREST CLAUSE

- The Applicant hereby acknowledge that should any amount not be paid on due date, the full amount owing by the applicant to the creditor shall immediately become due and payable without any notice whatsoever nature notwithstanding that any amount may, as at that date, not yet be due. The Applicant shall pay interest on all overdue amounts at a compound rate of 10%.
- The Applicant further agrees that in the event of its default in any respect whatsoever towards the creditor, the creditor shall be entitled to place the applicant on "stop supply" without any notice notwithstanding that the applicant may have placed an order for the supply of service prior to the stop supply date.

COST CLAUSE

In the event of the creditor instructing its attorneys or collectors agents to collect any amounts, all legal fees and collection charges and tracing agent fees as between attorney and client, shall be borne by the applicant and all payments made shall firstly be allocated towards such fees and charges thereafter to interest and finally to capital.

MAGISTRATE'S JURISDICTION CLAUSE

The Applicant and the surety/ies hereby consent to the jurisdiction of the magistrate count for all actions which may be instituted against one or all for the recovery of any amounts owing to the creditor.

The Applicant chooses the street address which is furnished on the application form for Credit Facilities as domicilliumcitandietexecutani for all purposes in respect of the Credit Facilities. Any charges of the said domicillium can only be affected by the Applicant notifying BENJAMIN PREPARATORY in writing of another complete address.

I/We hereby declare and acknowledge that I/We are duly authorised to sign any/all documents on behalf of my/our company. I/We hereby further declare that we have read and understand the Standard Terms and Condition of BENJAMIN PREPARATORY and by signing below, I/We agree to the standard Terms and Conditions.

NAME AND SURNAME OF ACCOUNT HOLDER

ID NUMBER

SIGNATURE OF ACCOUNT HOLDER



SCHOOL FEES 2020:

GRADE	MONTHLY	2020 ANNUAL RATE @ 5% DISCOUNT
Grade 1	R3 850.00	R43 890.00
Grade 2	R3 850.00	R43 890.00
Grade 3	R3 850.00	R43 890.00
Aftercare	R1 100.00	R12 540.00
Aftercare daily rate	R150.00	

Sporting activities included in school fees:

- Swimming (Summer)	- Mini-Cricket (summer)	- Mini-Hockey (Summer/ Winter)
- Mini-Netball (Winter)	- Mini-Soccer (Winter)	- Mini-Rugby (Winter)

Extra mural activities that are available at an extra charge:

- Music	- Dancing
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Registration fee on Enrolment:	R1 500.00 per family
Development fee once a year:	R1 700.00 per child

A re-enrolment fee will be charged every year.

A non-refundable enrolment fee must be paid on the acceptance of the enrolment in order to secure your application. A development fee needs to be paid before your child/children starts. This goes towards the upkeep and maintenance of the school.

Sibling discount:	R300.00
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STATIONERY FEE:

- Grade 1	R
- Grade 2	R
- Grade 3	R

PAYMENT METHODS

- Annual payment in advance is strictly due by **31 JANUARY 2020**, hereby receiving a 5% discount.
- Debit order payment monthly in advance on or before the 2nd day of each month x 12 months
- EFT payments monthly in advance on or before the 2nd day of each month x 12 months
- No cash will be accepted at the school for the security of our staff and learners

BANKING DETAILS

Account name: BENJAMIN PREPARATORY
 Bank: STANDARD BANK Account number: 300735677
 Branch: ALBERTON
 Branch Code: 012 342
 Reference: Please use your child's name and surname or the account number reflecting on your statement

Please fax: 011 868-1328 or email: accounts@benjaminprep.co.za proof of payment.

TRANSPORT SERVICES:

- Palesa	076 896 1284
- Tshidi	084 691 7672 / 074 898 0760
- Thandi	083 562 1317
- Ouma	083 800 6269
- Pat	083 380 4109
- Nono	081 772 2861
- Mrs Emily (Brackenhurst, Brackendowns, Albertsdal, Meyersdal)	071 877 9341

DOCUMENTS REQUIRED UPON APPLICATION:

- A copy of the learner's CLINIC CARD
- A copy of the learner's BIRTH CERTIFICATE
- A copy of MOTHER'S ID
- A copy of FATHER'S ID
- A copy of GUARDIAN'S ID
- A copy of MEDICAL AID CARD
- A copy of most recent SCHOOL REPORT
- STATEMENT OF SCHOOL FEES



This document is confidential and has to be returned to BENJAMIN PREPARATORY after completion by present Nursery School teacher and Accounts Department.

Name of learner		Current Grade	
Current school		Years in current Grade	

Briefly describe the learner's ability in each of the following areas:

Gross Motor Development:	Fine Motor Development:
Speech and Language Development:	Emotional Maturity:
Social and personal Development:	Overall Development:
Concentration:	

Has the learner ever been referred to any psychologist / occupational therapist / audiologist – Speech and Language therapist? If so briefly state the outcome of the assessment:

Any know problems: (e.g. Family, Emotional, Learning difficulties, Medical, Behaviour, Ability to adapt, etc.)

Parental involvement at present school: (please specify)

If we accept this learner, is there any relevant information you would like drawn to our attention? If so, please specify:

Thank you

PRINCIPAL/TEACHER'S NAME

DATE

PRINCIPAL/TEACHER'S SIGNATURE

PRESENT SCHOOL STAMP



FINANCE CLEARANCE FORM

(TO BE COMPLETED BY LEARNER'S CURRENT SCHOOL)

Name of learner: _____ Grade: _____

Person Responsible for account: _____

ID Number: _____

Current School: _____

Current annual fees: _____ Fees paid annually or monthly: _____

Fees paid up to date: YES / NO _____ Fees outstanding: _____

Comments:

This is to certify that the above person has paid the school fees as indicated.

NAME - ACCOUNTS DEPARTMENT

SIGNATURE - ACCOUNTS DEPARTMENT

Debtors Department Contact Name: _____

Debtors Department Contact Number: _____

PRESENT SCHOOL STAMP