Silly SPRouts
Preschool
Learn • Play • Grow

Silly Sprouts Preschool Enrolment form

Please attach the following documents when enrolling your child:

- Birth certificate
- Immunization card
- Copy of both parents Identification documents

Learner Information:

Full Names:	
Surname:	
Prefer name/ nick name:	
Date of birth:	
Age:	
Gender:	Male: ☐ Female: ☐
ID number:	
Home language:	

Parents Information:

	Father/Guardian	Mother/Guardian
Name:		
Surname:		
ID number:		
Home address:		
Email:		
Contact number (WhatsApp):		
Alternative number:		
Occupation:		
Employer :		
Employer address:		
Work contact number:		
Religion:		
Marital status (if separated please share custody agreement):		
Does the child reside with you?		
SA citizen :		

Birth and developmental information:

Birth(Normal/C-section):_____

How many weeks when mother gave birth:_____

Meeting milestones:_____

Any complications during pregnancy or birth:_____

Chronic illness/ Diagnosis (if any):_____

Allergies (if any):_____

Does your child take any chronic medication, please specify:_____

Previous operations:_____

Choice of hospital to be taken to for an emergency:_____

Emergency contacts:

Full name and surname:	**Contact number**	**Relationship**
1.		
2.		
3.		
4.		

Pick up information:

Child will be picked up by:

Full name and surname:	**Contact number**	**Relationship**
1.		
2.		
3.		
4.		

Agreement to paying of school fees:

Responsible for payment of fees: Mother: ☐ **Father:** ☐ **Other:** ☐

Details if other:

Title:_____

Name:_____

Surname:_____

Relationship:_____

Contact number:_____

Email address:_____

ID number:_____

Address:_____

Person responsible for account please read and sign:
I,_____**agree to pay the school fees monthly from the starting date through EFT or debit order for**_____**(Child's name)**

I understand that:

- **School fees have to be paid on or before the 31st of each month**
- **All fees must be paid in advance for the following month**
- **Two calendar months' notice needs to be given when leaving the school**
- **School fees are payable over 12 Months**
- **Extra murals and extra school activities are extra and not part of the schoolfees**
- **Parents will be billed extra for late pick-ups to pay the staff member that worked overtime**
- **Both parents are responsible for the account to be paid**
- **The school will take the needed legal route to recover past due fees**
- **If fees are outstanding for 30 days your child will unfortunately lose theirplacement in the school with a 5 days' notice**
- **Annual increases will be communicated**
- **Children's fees must be up to date for class placement for the next year andreport cards**

Signature of parent or person responsible for payment of fees:

_____ **Date:**_____

Media Permission:

We will make use of a Facebook group as well as a school WhatsApp group that you are welcome to join as we share information and pictures this way. Only parents currently enrolled in our school will form part of these groups.

Do we have your permission to take your child's pictures alone and in group format and share this on these 2 groups for you as parents to enjoy:

YES ☐ NO ☐

Parent signature:_____Date:_____

Fee Schedule 2025:

Registration fees:

A registration fee of **R800** is payable upon registration, this is once-off and non-refundable.

Please note that school fees will increase by 5% from the 1st of March 2025.

Siblings discount does apply for 2 or more children and this will be communicated directly with the parents.

Additional payments:

- Extra murals at school presented by other companies.
- School events as per calendar (this will be communicated via email and or WhatsApp)
- Late pick up fees: R50 per every 30 minutes of being late

Banking details Name:

Banking details:

Capitec Business Account
Company Name: Silly Sprouts Preschool
Account number : 1052108113
Type of account : current /Cheque
Branch Code: 45105
Reference : your child's name