



**DWA EDUCATIONAL TRUST**  
**50 MAIN ROAD**  
**GREEN POINT**  
**8005**  
**TEL: (021)439-8124**  
**HELEN SHONGWE-PHILLIPS**  
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**APPLICATION FOR ADMISSION TO PINOCCHIO CRECHE**  
**INCOMPLETED FORMS WILL NOT BE CONSIDERED**

Grade Applied For:		Learner's Name:	
Date of Birth:		Form Number:	
Age Requirements:	Early Childhood/ Crèche: 2yrs to 5yrs	Grade R: 5yrs turning 6yrs in 2018	
Date Issued:		Date Returned:	

**IMPORTANT – PLEASE NOTE**

- \* Photocopy of or Incomplete Application Forms will not be considered.
- \* Following certified supporting documents must be submitted with the application form:
  - Copy of Child's Birth Certificate
  - Copy of Child's Clinic Card ( Ensure its updated)
  - 2 ID Photos of parents/guardians
  - Copy of parent's/guardian's Identity Documents( i.e.; Passport or SA ID)
  - Proof of Employment (i.e.; pay slip)
  - Proof of Residence (i.e.; recent accounts, utility bill, etc.)
  - Foreign Citizens: certified copies of residency & permit documents (Home Affairs/Embassy)
  - Copy of 3 months Recent Bank Statement
  - Stop Order forms / proof of payment ( Once application is approved)
- \*Once the application form and supporting documents are received, an interview may be arranged for final consideration of enrollment.

<b>FOR OFFICE USE</b>	
<b>Supporting Documents Received</b>	
2 ID photos of each of parent = Total 4 ID Pics	
Certified Copy of Child Birth Certificate	
Certified Copy of Parent's Identity Document	
Certified Copy of Clinic Card	
Proof of Employment	
Proof of Residence/ Recent Account	
3 months Bank Statement	
Non-South Africans: Permits/Proof of Residency/ Evidence from Home Affairs/Embassy	

**Please be advised that this is a binding contract and a signature is acknowledgement the information supplied is truthful and accurate.**

Initial: \_\_\_\_\_

**A. APPLICATON FOR CHILD TO ATTEND PINOCCHIO CRECHE**

Name of Child:.....

Child's Home Address:.....

Child's Home Telephone:.....

Child's Birthday:..... GIRL/BOY:.....

Does your child have any health conditions? Please give details.

.....

Which Childhood Illnesses did your child already have? (i.e. Chicken pox, measles, etc.).....

.....

Does your child have any allergies? Please give details.....

.....

**Tick Appropriate**

Tuberculosis	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Tetanus (DT)	<input type="checkbox"/>	Whooping cough	<input type="checkbox"/>	Influenza	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Is there anything else we should know about your child?.....

.....

Name of Previous crèche Child Attended:.....

Reference at Previous Creche:..... Tel:.....

Is your child receiving medication? Please give details.....

Is your child registered for and receiving a social grant?:.....

Mother's Name:..... Home & Cell Number:.....

Mother's Email:.....

Mother's Home Address:.....

.....

Occupation:..... Mother's ID/Passport No:.....

Name and Address of Employer:.....

.....

Work Contact Number:.....

Father's Full Name:.....

Father's Home and Cell Number:.....

Father's Email: .....

Father's Home Address:.....

.....

Occupation:..... Father's ID/Passport No:.....

Name and Address of Employer:.....

.....

Work Contact Number.....

**Initial:**.....

Emergency Contact 1: .....

Landline and Cell Number:.....

Address:.....

Emergency Contact 2: .....

Landline and Cell Number:.....

Address:.....

Family Doctor: .....

Medical Aid: Scheme Name:..... Membership No:.....

**B. FEE STRUCTURE AND AGREEMENT**

The monthly fee is R1000-00 per month – subject to annual increases, the first month you pay an advance, which is an additional amount of R1000-00, this covers the very last month your child is in the crèche. In the event of you removing your child from our care, you are required to furnish us with one month’s written notice – from your next allocated payment date. The advance amount will cover this final month. All amounts paid are **NON-REFUNDABLE** – so be 100% sure. (This information was accurate at the time of deliverance).

UNDERTAKING TO PAY AGREEMENT:

It is hereby agreed that I/We the guardian(s)/parent(s) of the concerned learner(s) shall be jointly responsible and liable for the monthly fees payments, and any additional charges as per the school within agreed upon and reasonable notice.

**PARENT(S) / GUARDIAN(S) TO PLEASE SIGN THIS SECTION.**

*(Compulsory if married in community of property / divorced / separated / non-custodian / guardian)*

<b>MOTHER / PARENT 1</b>	
<i>Print Name of Mother/Guardian</i>	<i>I.D. Number/Passport Number</i>
<i>Signature of Mother/Guardian</i>	<i>Date of Signature</i>

<b>FATHER / PARENT 2</b>	
<i>Print Name of Father/Guardian</i>	<i>I.D. Number/Passport Number</i>
<i>Signature of Father/Guardian</i>	<i>Date of Signature</i>

<b><i>If a company or third party is paying the monthly fees, please include a supporting letter of confirmation, on a letterhead.</i></b>	
<i>Print name of Company or third party responsible for the account (If different to details above)</i>	<i>Company registration number/ third party’s I.D. number</i>

WITNESS NAME AND SURNAME:.....

WITNESS SIGNATURE:..... DATE:.....

**DWA EDUCATIONAL TRUST: PINOCCHIO CRECHE**  
**Acknowledgement of Debt**

1. On signing this section, I/we are legally bound to pay the prescribe crèche fees. I/we commit ourselves to all undertakings and we accept responsibility for monies that are due in accordance with the agreement as set out within this document.
2. I/we hereby assume absolute responsibility of any fees as a result of the learners(s) that attend Pinocchio Crèche.
3. I/we acknowledge that crèche fees are payable in advance and that facilities exist for monthly payments.
4. I/we acknowledge that should any one installment payable not be paid on the due date, then the whole outstanding balance will be due and payable immediately or a month's written notice of termination of this childcare agreement will be issued.
5. I/we choose the contact details set out in the application form, for all correspondence, notices and communication from the crèche to be sent.
6. I/we hereby agree in terms of section 45 of the Magistrate's Courts Act No.32 of 1944 that the crèche shall, at its option, be entitled to institute any legal proceedings for the recovery of any monies owing by me/us to the crèche in respect of such proceedings in terms of section 28 of that Act.
7. I/we acknowledge that one month's notice in writing or the equivalent fee is required before the withdrawal for any learner from the crèche.
8. I/we confirm that all the particulars that I/we may furnish or that we have been furnished on this form shall, to the best of my/our knowledge and belief, be full, true and accurate.
9. The fees charged to parents are compulsory and decided upon by the Trust Committee.

**PAYMENT OPTIONS:**

1. The three payment options available to parents are; EFT (Electronic Funds Transfer) via Internet Banking, Debit / Stop order or Cash Deposit.
2. A stop order form maybe requested for all Debit/Stop order applications. Once completed please issue original document to your bank for loading and give Pinocchio Crèche a certified copy of the completed form, for records. *(This is the preferred method)*
3. Please note your child/children's name and surname must be used as the reference, every time a payment is made.
4. The day your child officially starts at the crèche – is the date you'll be liable to pay fees every month. I.e. if your child started on 10 January 2017 then the 10<sup>th</sup> of every month will be your payment date.

**BANKING DETAILS:**

**CONTACT THE OFFICE FOR DETAILS.**

**Reference: Child's name and surname**

CHILD'S FULL NAME AND SURNAME:.....

.....  
MOTHER/GUARDIAN/ PARENT1 SIGNATURE

.....  
FATHER/GUARDIAN/PARENT 2 SIGNATURE

DATE OF SIGNATURE:.....

DATE OF SIGNATURE:.....

**Initial:** \_\_\_\_\_



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**INDEMNITY FORM**

WE, THE UNDERSIGNED

FATHER:.....(FULL NAME AND SURNAME)

MOTHER:.....(FULL NAME AND SURNAME)

OF:.....(CHILD'S FULL NAME AND SURNAME)

HEREBY INDEMNITY

**DWA EDUCATIONAL TRUST: PINOCCHIO CRECHE** IN RESPECT OF ANY EMERGENCY, INJURY, OR ACCIDENT OF WHICHEVER NATURE AND UNDER WHICHEVE CIRCUMSTANCES THAT OUR CHILD MAY ACQUIRE WHILST HE/SHE IS UNDER THE CONTROL AND CARE OF **DWA EDUCATIONAL TRUST: PINOCCHIO CRECHE.**

**\* Medical**

Furthermore, in the event of an accident or medical emergency, and the crèche is unable to reach me/us, I/we hereby give consent for my/our child to be taken forthwith to the nearest emergency clinic/hospital for treatment, with the cost thereof being for my/our account.

**\* School Rules and Policy**

Yes I/we agree to the crèche rules and policies by which my/our child and I/we must abide.

**\* Disclaimer**

DWA Educational Trust: Pinocchio Crèche does not take any responsibility for any theft or loss of, or damage or destruction to any property of whatever nature brought onto the crèche premises by myself/us or my/our child.

**\* Credit Enquiry**

The crèche may conduct a credit enquiry and/or credit information search about the parent/s with a credit information bureau/person acting as their agents and/or credit grantors for the purpose of making credit risk management related decisions. The crèche may hold and process by computer or otherwise any information obtained about the parent/s as a result of their liability for crèche fees.

PARENT'S SIGNATURE

FATHER:.....

DATE:.....

MOTHER:.....

DATE:.....

## Permission Slip

I give the DWA Educational Trust: Pinocchio Creche my permission to:

Make use of photographs, audio recordings and video footage, of my child,

CHILD'S NAME: \_\_\_\_\_

taken at the crèche during lessons, playing, events and concerts; for training, presentations, research, marketing and advertising on their website, social media, print, radio, and audio visual mediums.

I understand that my permission is on strict condition that the DWA Educational Trust: Pinocchio Creche respect and upholds my child's Safety and Human Rights, and will act responsibly at all times in this regard.

Signed \_\_\_\_\_  
(Parent / Guardian)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name & Surname: (Parent / Guardian) \_\_\_\_\_

Mark with a cross in the box:

MOTHER:  OR FATHER:

Parent / Guardian's phone number (home): \_\_\_\_\_

Parent / Guardian's phone number (cell phone) \_\_\_\_\_