

J M HIGGS EnterprisesCc T/a BAMBI AFTERCARE CENTRE

CK96/63543/23



**167/171 Murray Street
Co /Murray & Smatt Streets
Goodwood
7460**

Tel: 021- 5917871

CELL: 082 8818137 / 082 6218810

info@bambidaycare.co.za

**Post net Suite 267
Private Bag x103 N1 City
Goodwood
7460**

Fax: 021-5917833

[Web:www.bambidaycare.co.za](http://www.bambidaycare.co.za)

Dear Parent

**Please read and initial the rules and regulations of Bambi AfterCare Centre.
Attached to the rules and regulations please find the application and Indemnity forms
to be completed and signed in full by the person Responsible for the account.
The centre's rules and regulations are there in the interest of your child.**

Our aim is to offer a safe, secure, loving and controlled environment.

AFTERCARE AT ITS BEST

Marlene Higgs

Owner and Principal

Our Banking details are as Follows:

J M Higgs Enterprises CC

First National Bank

N1 City Branch Code 250655

Account No: 62131435259

Cheque Account

Ref: Your child's Name and Surname

1. We offer the following

- 1.1 A centre with a safe, secure, and controlled environment.**
- 1.2 A centre where your child will be stimulated, disciplined and loved**
- 1.3 Healthy and hygienic conditions.**
- 1.4 Recreational facilities to develop your child's physical abilities.**
- 1.5 Onsite First Aid.**
- 1.6 Experienced Staff.**
- 1.7 Christian Principals.**
- 1.8 We Cater for Grade1 to 7**

2. Hours

2.1 We are open from 06h30 to 18h00 (6pm) Mondays to Fridays.

- 2.2 The centre's hours include school holidays but exclude public holidays.**
- 2.3 We close on Christmas Eve @ 13h00 and open the day or two after new year's day.**
- 2.4 Please be on time when fetching your child.**

3. Times

- 3.1 School Days 13h00-18h00 (6pm)**
- 3.2 School Holidays 06h30-18h00 (6pm)**
- 3.3 Breakfast 08h00**
- 3.4 If you are going to be late when fetching your child please notify us in advance.**

4. Fees

- 4.1 Fees are payable monthly in advance (no Exceptions) and are due even if your child does not attend.**
- 4.2 Fees are payable by Bank Transfer or Cheque no cash.**
- 4.3 One Calendar months notice in writing is required when your child is leaving our centre.**
- 4.4 R 875-00 Per Month From 01 January 2018**
- 4.5 10% interest will be charged if your aftercare fees are paid later than the 3rd of the month, unless arrangements have been made at the office.**

5 Medical, Medication, Clinical

In the event of an emergency, normal or dental attention is Needed and the parents are not available, the principal or the Employee has the right to call or take the child to a doctor / dentist. All medication must be handed over to the teacher or the person in Charge.

No Medicine to be left in a Child's suitcase.

Children with a contagious disease may not attend the centre until it has cleared.

6. Outings

Regular outings (educational) will take place during the course Of School Holidays

7. General

- 7.1 Clothing** Clothing must be clearly marked.
- 7.2 Collecting** If any Parent is unable to collect their child/ren themselves the centre must be notified as no child will be handed over to unknown persons.
- 7.3 Birthdays** the centre must be notified of your intention to hold a birthday party for a particular class only.
- 7.4 Toys** No toys may be brought to the centre, as we will not be held responsible for loss or damage.
- 7.5 Behaviour** All children's behaviour must be disciplined as undisciplined behaviour will not be tolerated.
- 7.6 Forms** The Application form must be completed in full, signed and returned to the office for acceptance.
- 7.7 Changes** Addresses, telephone numbers, information and any behavioural changes must be reported.



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Application Form

Start Date:.....Amin No.....(office use)

Child

Surname.....First Names.....

Nickname.....

Date of Birth.....(DDMMYY) Sex.....

Mother

Surname.....First Names.....

ID.....E-Mail.....

Home Address.....

Postal Address.....

Marital Status: s.....M.....D.....Married in COP.....Anc.....

Telephone (H).....(W).....(Cell).....

Employer.....

Address.....

Telephone.....

Hours of Work.....

Father

Surname.....First Names.....

ID No.....E-Mail.....

Home Address.....

Postal Address.....

Marital Status: S.....M.....D.....Married Cop.....Anc.....

Telephone: (H).....(W).....

Employer.....

Address.....

Telephone No.....

Hours of Work.....

In Case of an Emergency Please Supply Contactable Names and Telephone Numbers Other Than the Parent.

Name.....Relationship.....

Address.....

Telephone No (H).....(W).....

Family Doctor.....(Tel).....

Family Dentist.....(Tel).....

Family Religion.....Child is (1.2.3) In Family.....

Allergies.....

Illnesses.....

Hospital History.....

Any Other Problems.....

Who will bring the Children.....

Who will Fetch the Children.....



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Indemnity

We.....Mother.....Father

The undersigned have read the rules and regulations and understand them.

Furthermore I grant permission for the administration by the staff of Bambi

After care centre to act "IN LOCO PARENTIS" for my child also grant permission for the administration of emergency medical treatment that may Be considered necessary for my child in my absence.

I indemnify the staff at Bambi AterCare centre against any claims which

May arise from any injury or damage to person and property howsoever caused. I also understand that they will act responsibly to protect my child.

Furthermore, I understand and agree that all Fees are payable in advance and are due on the first working day of each month. I also agree that I am responsible for the account. And to give one calendar months notice in writing. Failure to adhere to the above could result in legal action being instituted

Signed at.....on this.....Day of.....20.....

Name of Parent.....

Name of Child

Address.....

Signature of Parent/Guardian and responsible for the Fees and account.

Mother.....Father.....Witness.....