



bugsy malone

| PRE-SCHOOL | SINCE 1990 |

📍 24 Almein Rd, Robertsham,  
Johannesburg South, 2091

🌐 [www.bugsymaloneschool.co.za](http://www.bugsymaloneschool.co.za)

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☎ 011 433 3099

## APPLICATION FOR ENROLMENT

Enrolment Fee: (subject to change): \_\_\_\_\_ (Non Refundable). Monthly Fee: (subject to change): \_\_\_\_\_

How did you hear about our school? Newspaper, Friend, Etc.: \_\_\_\_\_

**P/S.: COPIES OF: PARENTS ID'S, CLINIC CARD, BIRTH CERTIFICATE AND PROOF OF ADDRESS PLEASE!**

### PARTICULARS OF CHILD:

Surname of child: \_\_\_\_\_ Home language: \_\_\_\_\_

Name of child: \_\_\_\_\_ Previous school: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Child's sex: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age group going to: \_\_\_\_\_

Any allergies: \_\_\_\_\_ Brother/Sisters in school: \_\_\_\_\_

Brother/sister in other schools: \_\_\_\_\_

### MOTHER'S DETAILS.

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Initials: \_\_\_\_\_

Title: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Tel no(H): \_\_\_\_\_

Tel no(W): \_\_\_\_\_

Fax no (W): \_\_\_\_\_

Cell no: \_\_\_\_\_

### FATHER'S DETAILS.

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Initials: \_\_\_\_\_

Title: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Tel no(H): \_\_\_\_\_

Tel no(W): \_\_\_\_\_

Fax No(W): \_\_\_\_\_

Cell no: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_ ) \_\_\_\_\_

ID No: \_\_\_\_\_

ID No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Address: \_\_\_\_\_

**Residential Address**

**Postal Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Code: \_\_\_\_\_

**GENERAL INFORMATION:**

Family Doctor: \_\_\_\_\_

Medical Aid Name: \_\_\_\_\_

Medical Aid Number: \_\_\_\_\_

Medical History: \_\_\_\_\_

Previous Day Care if any: \_\_\_\_\_

Who will bring your child to school \_\_\_\_\_

And fetch your child from school: \_\_\_\_\_

**IN CASE OF EMERGENCY, THE PERSON TO CONTACT, SHOULD THE PARENT NOT BE AVAILABLE:**

1. Name and surname: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Cell / Telephone number: \_\_\_\_\_

2. Name and surname: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Cell / Telephone number \_\_\_\_\_

3. Name and surname: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Cell/Telephone number: \_\_\_\_\_

**LETTER OF AUTHORISATION...**

Parent(s) or Legal Guardians who wish to have their child collected during the nursery school hours by a person other than themselves, must please contact the office telephonically and confirm. The child will not be allowed to leave the Nursery School unless we have been notified by parents.

The Parent(s) or Legal Guardian Name and surname : \_\_\_\_\_,  
chooses the following address as their (Postal Address) Domicilium for all legal purposes to be served at,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This constitutes the agreement between the parties and any variation, alteration or amendment to This agreement must be in writing and signed by all parties concerned.

MOTHER SIGNATURE: \_\_\_\_\_ FATHER SIGN: \_\_\_\_\_

**Please read the following carefully and sign.**

I HEREBY STATE THAT THE ABOVE INFORMATION IS CORRECT AND I HEREBY ALSO AGREE THAT THE SCHOOL FEES ARE PAYABLE IN ADVANCE BY THE 3<sup>RD</sup> OF EACH MONTH. NO LATE PAYMENTS WILL BE TOLERATED.

I ALSO AGREE THAT THE FULL SCHOOL FEES IS DUE EVEN IF THE STUDENT DOES NOT ATTEND THAT MONTH OR PART OF THAT MONTH. ONE MONTHS NOTICE MUST BE GIVEN IN WRITING AT THE OFFICE PLEASE IF YOU'RE CHILD WILL NOT RETURNING TO BUGSY AFTER DECEMBER.

I/WE ALSO TAKE NOTE ANY FEES NOT PAID BY ME WILL BE HANDED OVER AND I/WE WILL BE LISTED WITH CHRISTIAAN MAURITZ MORTAN ATTORNEYS.

SIGNED AT ROBERTSHAM ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

SIGNED \_\_\_\_\_ SIGNED: \_\_\_\_\_  
MOTHER FATHER

## **AGREEMENT (ANNEXURE A)**

1. As regards to the agreement it is compulsory that the Parent(s) or Legal Guardian will have to give a written Months' Notice Of his/her intention to remove the child from the Nursery School.
  2. It is herewith understood that the Parent(s) or Legal Guardian is responsible for any costs incurred should the child Require any urgent medical attention.
  3. The Parent(s) or Legal Guardian agrees that the child receives the necessary medical attention in case of an emergency.
  4. It is understood that whilst every possible precaution is taken to ensure the safety of your child, there will be no claim Against the nursery school/crèche or any person(s) in their employment, in the event of the child being injured.
  5. The nursery school will be open all year round except weekends and public holidays and the last week of December We will be closed from the 23<sup>rd</sup> December to the 04<sup>th</sup> January the next year.
  6. The nursery school opens at 06:00 and closes promptly at 18:00. **A penalty fee of R250.00 per half hour will be automatically added to your account or you could opt to pay relevant teacher directly.**
  7. Kindly advice if your child is coming late or will be fetched early or will be absent from school.
  8. **All fees are payable strictly in advance, no later than the 3rd of each month. It is understood that should the child be absent for a part of the month or even the whole month, YOU ARE STILL responsible for the full month's payment, e.g.**
  9. All clothing must be **marked** as well as other items, e.g. **BOTTLES, BAGS, HATS ECT.**
  10. As per country law if your child is sick, please keep him/her at home, so as not to infect the others in our care e.g. Mumps, measles, flu, etc. **(ANY CONTAGIOUS ILLNESSES).**
- It is understood that every possible precaution will be taken to prevent your child getting ill, however the nursery school will not be kept liable if your child gets ill. **It is also expected of the parent(s) or legal guardians to keep in touch with The school telephonically at times like this if they suspect the child may become ill.**
11. **ALL MEDICATION MUST BE CLEARLY MARKED WITH THE CHILD'S NAME AND DIRECTIONS FOR DAILY INTAKE.**  
All medicine must be handed over to the teacher by parent, guardian or taxi driver with a written consent to administrate medicine. **No medication will be administrated if written consent is not received.**
  12. **THE FOLLOWING MUST BE PLACED IN THE CHILD'S BAG ALL CLOTHES MUST BE MARKED CLEARLY PLEASE.**
    - A) CHANGE OF CLOTHES
    - B) A HAT
    - C) SUNSCREEN FOR FACES
  13. **THE FOLLOWING ITEMS NEED TO BE SENT TO SCHOOL EVERY MONTH.**
    - A) 1X BOX TISSUES
    - B) 1X TOILET ROLL
    - C) 1X CAKE OF SOAP
    - D) 1X PACKET WET WIPES.
    - E) 1X VASELINE/CREAM.
    - F) 1X BABY POWDER(FOR BABIES ONLY)
  14. The School needs be Notified **IMMEDIATELY OF ANY CHANGE OF PERSONAL PARTICULARS E.G. CELL PHONE NUMBER**  
– **CHANGES. (In Writing PLEASE!)**

**15. OUR BANKING DETAILS:**

**FNB. BANK**

**BUGSY MALONE PRE-PRIMARY SCHOOL**

**ACCOUNT NO: 621 6942 6874**

**BRANCH CODE: 259605 (THE GLEN)**

**REFERENCE NO: CHILD NAME AND SURNAME.**