

# Little Porcupine and Friends



Nursery School

136 Hennie Alberts Street

Brackenhurst, 1449

P.O. Box 990044

Kibler Park, 2053

Telephone: (011) 868-3816

Fax: (011) 868-1328

Cell: 082 821 6528

Email address: [littleporcupine@telkomsa.net](mailto:littleporcupine@telkomsa.net)

Website: [www.littleporcupineandfriends.co.za](http://www.littleporcupineandfriends.co.za)

## ENROLMENT FORM 2021

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

Date of Application: \_\_\_\_\_

Date Starting: \_\_\_\_\_

(For office use only)

Full day

Half day

Baby Room

Toddlers

2 Year Olds (Potty Training)

3 Year Olds

4 Year Olds

5 Year Olds (Grade RR)

Nursery School / Creche Previously Attended: \_\_\_\_\_

# LITTLE PORCUPINE AND FRIENDS

## SCHOOL FEES 2021

CLASS	MONTHLY	2021 ANNUAL RATE @ 5% DISCOUNT
<u>Nursery School:</u>		
Babies	R3750.00	R42 750.00
Half Day Babies	R3450.00	R39 330.00
Nursery School (Age 3 - 5)	R3750.00	R42 750.00
Half Day	R3450.00	R39 330.00
Daily Rate	R200.00	

**ANNUAL DISCOUNTED RATE ONLY VALID TILL END OF JANUARY 2021**

Registration Fee on Enrolment:	R550.00
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Sibling discount:	R300.00
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<b>STATIONARY FEE:</b>	
- Baby Room	
- Toddlers	
- 2 Year Olds (Lilac Classes)	
- 3 Year Olds (Green Classes)	
- 4 Year Olds (Yellow Classes)	
- 5 Year Olds (Blue Classes)	

**A re-enrolment fee will be charged every year.**

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Dear Parents

At Little Porcupine we offer your children a warm, secure and loving environment.

Our fees include a cooked breakfast and lunch, mid-morning tea and sandwiches as well as fruit and sandwiches in the afternoon.

Fees also include make and bake and physical education on a weekly basis.

We open at **06:30** – **18:00**.

We are open throughout the year, closing the 2<sup>nd</sup> last week in December.

## **EXTRA ACTIVITIES:**

- |                    |              |
|--------------------|--------------|
| - Manners 4 Minors | 083 293 0127 |
| - Computer Lessons | 083 460 7019 |
| - Dancing Lessons  | 083 411 8777 |
| - Karate Lessons   | 076 514 5929 |
| - Soccer Stars     | 011 882-3428 |
| - Swimming Lessons | 082 780 5614 |
| - Playball         | 072 602 1136 |

## **TRANSPORT SERVICE**

- |                 |  |
|-----------------|--|
| - Palesa        | 076 896 1284 (Alberton, Leondale, Spruitsview&Vosloorus) |
| - Tshidi        | 084 691 7672 / 074 898 0760                              |
| - Porcia        | 071 675 5803   |
| - Thandi        | 083 562 1317   |
| - Ouma          | 083 800 6269   |
| - Pat           | 083 380 4109   |
| - Nono          | 081 772 2861   |
| - Tshego        | 061 397 2005   |
| - Thabisi       | 076 691 9701   |
| - J&J Transport | 082 853 6595 / 082 561 7253                              |

# LITTLE PORCUPINE AND FRIENDS

A NON-REFUNDABLE DEPOSIT MUST BE PAID ON THE FIRST DAY OF ENROLEMENT IN ORDER TO SECURE YOUR APPLICATION.

- PLEASE NOTE THE NEW CREDIT ACT CLAUSE IS ENCLOSED
- PLEASE READ CAREFULLY
- PLEASE INITIAL EVERY PAGE

## **BANKING DETAILS:**

Account Name: Little Porcupine And Friends  
Bank: Standard Bank  
Account Number: 041 141 245  
Branch: The Glen  
Branch Code: 006 005  
Reference: PLEASE USE CHILDS NAME AND SURNAME

Please fax 011 868-1328 or email: [littleporcupine@telkomsa.net](mailto:littleporcupine@telkomsa.net) proof of payment.

# LITTLE PORCUPINE AND FRIENDS

BACKGROUND / GENERAL INFORMATION (PLEASE WRITE IN BLOCK LETTERS ONLY)

## PERSONAL DETAILS:

CHILD'S NAME AND SURNAME: \_\_\_\_\_

NICK NAME: \_\_\_\_\_ BOY / GIRL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

Who does child live with: Biological parents / mother / father / adoptive parent /  
grandparents / foster parents / family member

HOME LANGUAGE: \_\_\_\_\_ OTHER LANGAUGE: \_\_\_\_\_

LANGUAGE AT SCHOOL: \_\_\_\_\_

RACE (For Government): \_\_\_\_\_ RELIGION: \_\_\_\_\_

NATIONALITY: South African / Other (please specify) \_\_\_\_\_

ARE THERE OTHER SIBLINGS IN OUR SCHOOL?

NAME AND SURNAME: \_\_\_\_\_

NAME AND SURNAME: \_\_\_\_\_

NAME AND SURNAME: \_\_\_\_\_

## PARENTS / GUARDIAN INFORMATION:

NAME OF MOTHER / GUARDIAN:

\_\_\_\_\_

ID NUMBER: \_\_\_\_\_

RELIGION: \_\_\_\_\_

RESIDENTIAL ADDRESS:

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

POSTAL ADDRESS:

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

CELL PHONE NUMBER: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

OFFICE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF FATHER / GUARDIAN:

\_\_\_\_\_

ID NUMBER: \_\_\_\_\_

RELIGION: \_\_\_\_\_

RESIDENTIAL ADDRESS:

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

POSTAL ADDRESS:

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

CELL PHONE NUMBER: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

OFFICE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

# LITTLE PORCUPINE AND FRIENDS

## PARENTS EMPLOYMENT DETAILS:

EMPLOYER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE NUMBER: \_\_\_\_\_

OFFICE NUMBER: \_\_\_\_\_

## PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES:

NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## EMERGENCY DETAILS:

Person to contact in case of emergency other than PARENT: \_\_\_\_\_

HOUSE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

OFFICE NUMBER: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

## CHILDHOOD ILLNESSES (Indicate and state age)

NAME OF FAMILY DOCTOR: \_\_\_\_\_

MEDICAL AID SCHEME: \_\_\_\_\_

MEDICAL AID NUMBER: \_\_\_\_\_

Does child have any allergies: YES / NO

If YES, please specify:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Please indicate age and describe any operations and hospitalisations:

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Are there any specific illnesses that run in the family?

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**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:

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

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**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, lisping 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:

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**SOCIAL CIRCUMSTANCES AND RELATIONSHIPS:**

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

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

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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?)

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

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**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?

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**OTHER:**

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

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# LITTLE PORCUPINE AND FRIENDS

## TERMS AND CONDITIONS OF THIS AGREEMENT

1. Little Porcupine and Friends' hours are as follows:  
MONDAY – FRIDAY 06:30-18:00  
For every 15 minutes or part there of being late a R100.00 late fine will be charged.
2. Fees are payable strictly in advance on or before the 3<sup>rd</sup> day of every month. Your child will be suspended until the account is paid. School fees are still payable during suspension period.
3. One month's written notice on the 1<sup>st</sup> day of the month is required for termination of enrolment. If this is not adhered to, the full fee will be charged. Notice will **not** be accepted over the phone or for the October – December period.  
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 collection. Legal fees will be for your account.

I parent/guardian of \_\_\_\_\_ have read and understand point 3 and fully agree with this condition of termination.

\_\_\_\_\_

Signature: Mother

\_\_\_\_\_

Signature: Father

\_\_\_\_\_

Signature: Guardian

Signed on this \_\_\_\_ day of \_\_\_\_ 20\_\_.

4. School fees must be paid in full for the month if absent, sick or on holiday.
5. If you experience problems at home, kindly discuss them with your child / children's teacher or class assistant. The information will enable them to understand and assist your child / children better.
6. If a child has been ill or upset the previous night, the teacher must be informed accordingly.
7. All children's clothing must be marked clearly. Young children are encouraged to be independent at toilet time. Please dress them in clothing that is easily removed.
8. 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 or higher.
  - Do not send learners to school with any infectious diseases.
  - Do not send learners who have had symptoms of diarrhea and/or vomiting in the last 24 hours.
  - Do not send ANY medication to school. By law we are not allowed to administer any medication.
  - This includes multivitamins.

INITIALS OF DAD \_\_\_\_\_ AND MOM \_\_\_\_\_

9. Please send a water bottle to school (marked with child's name on) everyday with water in it.

10. The nursery school will be closed over the festive season. Parents will be liable to pay fees in advance for the month of December.

11. Although we take the necessary precautions to ensure the safe keeping and good health of your child, the staff, teachers and owners of Little Porcupine and Friends are not liable for any accidents, medical conditions, death or any other serious conditions that might avail upon your child whilst being in our care.

#### 12. General

- Birthdays are celebrated with a small cake or party.
- No child will be permitted to leave the school premises with anyone other than his/her parents or unless otherwise arranged
- Remember, we are here to make your child's stay a long and happy one. If you have any problems, please let us know.
- We trust you have read these Terms and Conditions carefully and we welcome you to Little Porcupine and Friends

#### 13. Religious Policy

- Little Porcupine and Friends is a Private Christian Nursery School. 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.
- We welcome other religious groups and will accommodate such religious groups, in the line of food only, e.g. Muslim – no pork.

#### 14. Smoking Policy

Smoking is not permitted on the school premises. Smokers should smoke away from school grounds at all times

#### 15. Academic Ability and Emotional Wellness

Should we pick up that your child is having academic or emotional problems, the school will refer your child to our in-house educational councillor who will assess the child and make a recommendation at our cost. At this stage we will then call you in and advice on further therapy at the parent's expense.

#### 16. School Uniform

- School uniform for children of 3 years and upwards is compulsory. Please note that on our badge we state that "Jesus is Lord". This statement may not be covered up or removed.
- Uniform stockist:  
**SIMPLE SCHOOL**  
**Tel: 011 907-0512**  
**Shop 37 Mall @ New Market**

INITIALS OF DAD \_\_\_\_\_ AND MOM \_\_\_\_\_

17. School Website

We have a website of the nursery school, feel free to view the site on [www.littleporcupineandfriends.co.za](http://www.littleporcupineandfriends.co.za). Included on the website is an option to view photos of the school and children. Please specify if you would or would not want your child's picture on the website.

I don't mind my child's photo being on the website

I **DO NOT** want my child's photo on the website

18. It is in your best interest to take a copy of this contract and place it in safe keeping for future reference.

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

I hereby give my full consent that my child / children \_\_\_\_\_ may be given in a medical emergency and if necessary transported to doctor or hospital when neither parents cannot be reached.

\_\_\_\_\_  
Signature: Mother

\_\_\_\_\_  
Signature: Father

\_\_\_\_\_  
Signature: Guardian

Signed at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_ 20\_\_.

This is a legal document and you have agreed to the Terms and Conditions of LITTLE PORCUPINE AND FRIENDS.

# LITTLE PORCUPINE AND FRIENDS

## NATIONAL CREDIT ACT

### NEW NATIONAL CREDIT ACT CLAUSE

I / We the undersigned hereby agree and permit that LITTLE PORCUPINE AND FRIENDS 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.
2. Access the files of any credit bureau or its agent or its clients to ascertain the Applicant's and its Directors and/or Members and/or Principal's total available credit profiles when assessing this application and at any time during the currency of the Applicant's account with the supplier.
3. 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 to 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 application 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's 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 court 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 effected by the Applicant notifying LITTLE PORCUPINE AND FRIENDS 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 Conditions of LITTLE PORCUPINE AND FRIENDS and by signing below, I/We are standard Terms and Conditions.

### SIGNATURE AMENDMENT

Name and Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_

# LITTLE PORCUPINE AND FRIENDS

## DISCIPLINE POLICY

The following procedures will be carried out if a child misbehaves or fails to follow reasonable instruction.

### 1. TIME OUT

This goes according to your child's age, e.g. 4 years old = 4 minutes on the time out chair.

### 2. TANTRUMS

Will not be tolerated and children must either spend time on the time out chair or be reported to management. If reported to management child will spend "time out" in the Principal's office.

### 3. STEALING

Parents will be requested to discipline child. Verbal counselling will be given to both child and parents. Should this problem continue the child will be asked to leave the school.

### 4. SWEARING

If a child uses vulgar language – on a continual basis, your child will be asked to leave the school. Please note it is school policy not to teach your child to swear. We prefer a more educational approach.

### 5. DISREGARD TO SCHOOL PROPERTY OR FELLOW PUPIL/TEACHER

Should a child purposely break or damage the school / fellow pupil or teacher's property, the parent will be asked to pay damages.

### 6. INAPPROPRIATE SEXUAL BEHAVIOUR

This will be brought to parent's attention immediately. Please be very aware of what your children watch on TV; listen to and who they hang around with. Older siblings can pass on information not suitable for little ears. Make sure bedroom activities are kept – out of sound and sight of your children. As they have a tendency to re-enact them, and you thought they were sleeping .....

### 7. CONTINUOUS DISREGARD / DISRESPECT SHOWN TO TEACHERS

We are experiencing a high volume of children who lack good manners, who won't listen to reasonable instruction and who have little or no respect for a teacher. This makes our jobs extremely frustrating and difficult. Should such behaviour continue after a parent has been informed we will ask you to remove your child from our school, as such behaviour has a negative impact on the whole class.

### 8. BITING

This is a very common between the ages of a year to two years. Should your child bite another child, please nip it in the bud by biting your child when they do this at home. This is the most effective way to stop biting. As we are not allowed to bite any of the offenders, we put a bit of toothpaste in the child's mouth or vanilla essence and inform the parents. Please bear in mind if your child is biting, the parent of the child who has been bitten are extremely traumatized to find bite marks on their child. We ask parents to try and be understanding and to stop the biting as soon as it starts.

INITIALS OF DAD: \_\_\_\_\_ AND MOM: \_\_\_\_\_

9. BULLING

Will not be tolerated, we will try and deal with it in-house, but we need parent's co-operation and help to eliminate such behaviour immediately.

10. HITTING AND PINCHING

Will not be tolerated, we will first reprimand, then allow the victimised child to dish out what they received. Finally call parents in.

I \_\_\_\_\_ (full names) have read and understand the above disciplinary policy of Little Porcupine and Friends.

\_\_\_\_\_

Signature: Mother

\_\_\_\_\_

Signature: Father

\_\_\_\_\_

Signature: Guardian

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

# LITTLE PORCUPINE AND FRIENDS

## CHECK LIST:

Nursery School

Child's Clinic Card

Child's Birth Certificate

Mom's ID

Dad's ID

Guardian's ID

Medical aid card

Colour ID photo of child