



APPLICATION FOR REGISTRATION FROM 2020

As parent or legal guardian of my child, I apply herewith for his/her registration at *Capriccio! Arts Powered Preparatory*.

STARTING DATE REQUESTED: _____

GRADE REQUESTED: _____

DETAILS OF LEARNER:

Surname: _____ Full Names: _____

Preferred Name: _____ Date of Birth: _____ Male / Female (pls indicate)

How many children in family? _____ Ranking in family: 1st / 2nd / 3rd / 4th

Was applicant born at full-term / pre-term? (please indicate) If pre-term, please specify: _____ weeks

Primary language: _____ Other languages spoken: _____

Family's religion: _____ (please note that we function from within a Christian ethos, but welcome children from families of any conviction)

Diet exclusions, if any (e.g. no meat/fish/eggs/nuts/sugar): _____

Previous school: _____ Contact: _____ Tel: _____

DETAILS OF PARENT(S)/GUARDIAN(S):

1) Title: _____ Surname: _____ Name: _____

ID no: _____ Home phone: _____ Cell: _____

Work phone: _____ Email: _____

Occupation: _____ Company: _____

Work Address: _____

Home Address: _____

2) Title: _____ Surname: _____ Name: _____

ID no: _____ Home phone: _____ Cell: _____

Work phone: _____ Email: _____

Occupation: _____ Company: _____

Work Address: _____

INITIALS OF SIGNATORIES

Home Address: _____

Who does the learner live with: Mother / Father / Both / Guardian / Other: _____

Who will drop off the learner? _____

Who will collect the learner? _____

Other person authorised to collect learner: _____

Please mention any family issues we need to be aware of, e.g. date of divorce/separation or details of any traumatic event:

EMERGENCY CONTACTS:

Alternative persons, residing at a different address, who may be contacted in case of emergency, to act on your behalf, should you not be available immediately:

1) Surname: _____ Name: _____

Home phone: _____ Cell: _____

Work phone: _____ Relation to learner: _____

2) Surname: _____ Name: _____

Home phone: _____ Cell: _____

Work phone: _____ Relation to learner: _____

MEDICAL INFORMATION:

Family doctor: _____ Tel: _____

Family dentist: _____ Tel: _____

Medical Aid: _____ Option: _____

Membership no: _____ Principal Member: _____

Previous serious illnesses: _____

Surgical procedures/operations: _____

Any speech, hearing or sight impediments: _____

Blood type: _____ Any allergies: _____

Mental/psychological problems: _____

Have all inoculations, as prescribed by law, been administered? _____

Is the learner's physical development, in your opinion, normal for his/her age?

Please specify details and any other relevant information we need to be aware of: _____

NB: PLEASE ATTACH A COPY OF INOCULATION CERTIFICATE AND BIRTH CERTIFICATE.

INITIALS OF SIGNATORIES

INDEMNITY DECLARATION:

- We acknowledge that in certain situations there may be insufficient time to contact Parents or Guardians, or to refer to Medical Records, and consequently *Capriccio! Arts Powered Preparatory's* representative is authorised to utilise the most appropriate medical service available.
- We delegate the Principal, or her representative, the power to authorise whatever emergency medical treatment she/he in their sole discretion deems necessary for the learner, and in doing so agree that the Principal and/or his/her representative should act *in loco parentis*.
- We indemnify and hold *Capriccio! Arts Powered Preparatory* and/or their staff, agents or employees harmless in respect of any injury, loss, accident, illness, damage or expense, whether to person or to property, from any cause howsoever arising, which may be sustained to the child or their property or possessions, whilst on the academy premises, or in the care of the staff during any activity, excursion, transportation or outing.
- We agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be of effect for the duration of the child's registered attendance at *Capriccio! Arts Powered Preparatory*.

COMMUNICATION:

Where did you hear about *Capriccio! Arts Powered Preparatory*?

I would like to / would not like to (pls indicate) receive correspondence from the facility, e.g. updates, newsletter and feedback, via:

- Email address: _____
- WhatsApp: _____

I give permission / do not give permission (pls indicate) for my contact details to be shared with parents of learners in my child's class.

ASSESSMENTS:

I give permission / do not give permission (pls indicate) for Capriccio! Arts Powered Preparatory to facilitate my child's assessments with Impaq Education

PHOTOGRAPHS/VIDEOS:

I give permission / do not give permission (pls indicate) to the facility staff to publish photographs or videos in which my child appears for purposes of education, promotion and publication.

PAYMENT OF FEES:

The Signatories agree that they shall be jointly and severally liable to pay fees as prescribed, and further levies imposed by the academy, and that they have sufficient funds to meet the financial commitments herein.

If any payment due by the Signatories remains unpaid for a period of 30 (thirty) days after due date, the academy shall have the right to suspend the learner from attending the facility without prejudice to its other rights under this agreement, including its right to immediately institute action against the Signatories for the full balance owing in terms hereof.

The Signatories accept that interest at prime + 2% will be charged on all outstanding fees.

Person responsible for payment: _____ ID NO: _____

- Non-refundable, once-off *registration fee* payable upon notification of successful application: R4,000 (R1000 if learner has completed Grade R at Capriccio! Arts Powered Pre-school and register before the early registration end date). Kindly note that this does not include the Impaq Education registration fee, payable directly to Impaq.
- *Fees:* billed annually based on four academic terms; subject to annual escalation, as advised at the end of each academic year for the following year.
2020 Fees: R45,600 per annum payable monthly in advance in 12 instalments of R3,800 each (January to December), kindly due on the 1st day of each month.

INITIALS OF SIGNATORIES

- **2020 Afternoon care fees - (optional):**
 - a. 5-days per week option: R18,000 per annum payable monthly in advance in 12 monthly instalments of R1,500 each (January to December), kindly due on the first day of each month.
 - b. 3-days per week option: R15.600 per annum payable monthly in advance in 12 monthly instalments of R1,300 each (January to December), kindly due on the first day of each month.
- **Annual educational supplies fee (subject to annual escalation):**
For 2020, R1,950 payable at the end of November of 2019, covering stationery, art materials, ingredients towards specific projects, academy shirt, exercise books, etc (excludes some hygiene items to be brought from home; details to be advised).
- **Annual Impaq Education registration fee (payable directly to Impaq):**
Covers core curriculum resources and services provided to learner parents by Impaq Education.

Should a registered learner be absent from attending the facility for any period of time, all fees for that period will continue to be payable.

Please note that in the case of a learner's discontinued attendance at Capriccio! Arts Powered Preparatory, advance written notice of one complete academic quarter (3 months) is required.

I/We hereby undertake to abide by the rules, regulations and payment procedures of the facility and include a copy of both parents' identity documents, my/our child's birth certificate, inoculation certificate and a small photograph of my/our child for his/her file.

SIGNED AT: _____ DATE: _____

SIGNATORIES: MOTHER/LEGAL GUARDIAN: _____ FATHER: _____

This completed application to be presented to the principal.

Should the application be successful, you will be advised via email communication, at which point the registration fee becomes due and the contract between the parent/guardian and the facility comes into effect. Upon payment of registration fees (including Impaq registration), your child will be successfully registered and his/her placement is guaranteed.

Feel free to contact me should you have any questions.

We look forward to joining hands with you and your child on his/her educational journey!

Kind regards,

Elbe Webber (principal)

Rosina Lee-Warden (vice-principal)

Tel: (021) 551-7008

Cell: 081 271 0572

Fax: 086 608 4000

Email: info@caprischools.co.za

Website: www.caprischools.co.za