

## INFORMATION FORM

PLEASE KEEP A COPY OF THIS PAGE FOR YOUR RECORDS Right of admission is reserved

### FEES 2019

Half day 06:30 - 14:00 Grade 0000, 000	R2800.00 per month paid in advance on or before the last day.
Full Day 06:30 - 18:00 Grade 0000, 000	R3550.00 per month paid in advance on or before the last day.

Half day 06:30 - 13:00 Grade 00	R2700.00 per month paid in advance on or before the last day.
Full Day 06:30 - 18:00 Grade 00	R3450.00 per month paid in advance on or before the last day.

### LATE COLLECTIONS *(Half day pupils having a nap must be collected by 14:00)*

13:00 - 15:30	R45 extra per afternoon (half day children)
13:00 - 18:00	R80 extra per afternoon (half day children)
18:00 - 18:15	R80 or part thereof
18:15 - 18:30	R130 or part thereof
After 18:30	R130 for every 15 minutes or part thereof

### PAYMENT

The rates quoted are payable monthly over 11 months (Jan - Nov), in advance, on or before the last day of each month. Please note that school fees are payable in full - even when your child is sick, or you are going on holiday, to ensure your child's place, when he/she returns.

Interest/penalty fees will be levied on any fees paid after the last day of each month.

Should a parent or guardian fail to make payment for a period of one (1) month, the school reserves the right to refuse entry to the child until the school fees have been paid up to date, and the parent or guardian has signed a debit order authorisation or paid the balance of the year's fees in advance. **NB!** - Only Registration Fees and School Fees to be paid into Little Bean's bank account. **ALL** other payments to be made to the office in cash. Other fees inadvertently paid into Little Bean's bank account will be used to offset future school fees.

### REGISTRATION FEE

A registration fee of R500.00 is payable on date of first enrolment, and a R300 re-registration fee for each subsequent year that the child attends Little Bean. **NB!** - Failure to pay a re-registration fee **DOES NOT** constitute notice that you child will not be returning the following year. The registration fee is non-refundable.

### STATIONERY

Each child will require a Grade-specific Stationery Pack when starting at Little Bean and for each subsequent year. The price of the Pack is available from the office and the Pack (to be purchased at Capmor Stationers, Randridge Mall) must be brought to school clearly marked on the first day of school. Little Bean will not take responsibility for any unmarked stationery.

### NOTICE OF TERMINATION

One (1) calendar months written notice (letter or email to [accounts@littlebean.co.za](mailto:accounts@littlebean.co.za)) is required to remove a child from the school (to be acknowledged in writing by the Accountant only). A full calendar months' fee will be charged in lieu of notice. Please do **NOT** give verbal notice or any notice letters to your child's teacher.

### EDUCATION

Our structured Early Learning Education & Development program and Montessori Program is presented during school terms.

### SNACK

Please pack a healthy snack for your little one to have at 10 o'clock. Please no sweets, chips and sweet cookies.

### SCHOOL HOURS

Little Bean opens at 06:30 in the morning and closes at 18:00 in the afternoon. These hours are applicable Monday to Friday. Parents of half day children may make prior arrangements with our secretary for late collection. (Please see late collections).



Registration No: 2001/05/2909/23

## SCHOOL CLOSURE

The school will be closed on all Public Holidays and from mid-December to early January of each year. The exact dates will be available from the office.

## ADMINISTRATION PROCEDURES

- Little Bean must be notified immediately of ANY CHANGE IN YOUR ADDRESS OR TELEPHONE NUMBERS.
- Please ensure that all medicines are marked and discussed with the relevant teacher.
- Please do not leave medication in your child's bag. Children will not be given any medicine (including pain and fever medication e.g. Panado, Stopayne, etc.) if the medication file has not been filled in, signed and dated by the child's parent or guardian. Please note that Little Bean does not administer Antibiotics and Vitamins.
- For the safety of all concerned - no children with contagious illnesses may come to Little Bean. Should a child with a contagious illness arrive at the school, the school shall have the right to refuse the child entry or if the child is already at the school, the school shall have the right to phone the parents or guardian to collect the child immediately. The child shall be kept in the office until collected. Also, children with head lice will be sent home immediately.
- Your child's vaccinations must be up to date. **Proof of vaccinations to accompany enrolment forms.**
- Please let us know when someone else will be collecting your child, by phone call. Only a phone call from parents will be accepted, not from aunts or grandparents, etc.
- Please ensure that your child brings a bag, hat, an extra set of clothing and a healthy snack to school every day, Little Bean will not be held responsible for any unmarked belongings.
- Please ensure that your child wears the **school uniform which is compulsory**. The uniform is available from Student's Schoolwear & Sport at the Trinity Village Shopping Centre, Randpark Ridge.
- Communication books need to be read and signed daily. Please ensure that you send this book to school every day, as it is your child's teacher's method of communicating with you.
- An annual Edutainment fee is payable on or before the first day of school, for shows and outings during the year. Please contact the office or see the Info Booklet for these fees. **All fees of shows, activities, outings, etc. MUST be paid for in cash to the office and NOT as part of school fees to Little Bean.**
- Please note that music is **COMPULSORY** and charged at R80 per government school term or R320 per year. **If you would not like your child to participate in the music classes, please let us know in writing.**

## EXTRA MURAL ACTIVITIES

The extra mural activities are held on the school grounds and the following is offered: Ballet, Netball, Phyzz Ed Sportz, Playball, Pottery, Rugby, Soccer and Swimming.

## AFTER-CARE FACILITIES

We provide the after-school children with a structured daily programme, hot lunches, supervised homework, remedial assistance and outings. Please contact Little Bean Radiokop office on 011 679 2931 for details and rates applicable.

## SECURITY

On enrolment, you will be given a security gate code to grant you access to the property. Please keep this code confidential, and under no circumstances allow your child or any other person to know what the code is. Please escort your child into the property and hand him/her over to the teacher on duty. Do not allow your child to enter the premises unaccompanied.

## BANK DETAILS

Little Bean  
Standard Bank (Clearwater Mall)  
Branch Code: 001206  
Current Account No.: 402216105  
Reference: Family reference number or Child's name

## Please send the following documents with the registration form:

Child's birth certificate and vaccination record  
Copies of Dad and Mom's ID documents



Registration No: 2001/05/2909/23

## REGISTRATION FORM

Starting Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Full Day: \_\_\_\_\_ Half Day: \_\_\_\_\_

Little Bean Weltevreden Park (LB1): \_\_\_\_\_ Little Bean Radiokop (LB2): \_\_\_\_\_

### CHILD'S INFORMATION

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Nick name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

ID Number: \_\_\_\_\_ Home Language: \_\_\_\_\_

Other schools attended:

\_\_\_\_\_

Other information regarding the family situation which you feel we should understand:

\_\_\_\_\_

\_\_\_\_\_

### ADMINISTRATIVE INFORMATION:

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Home Tel. No.: \_\_\_\_\_ Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

#### Father's Details

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

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

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

Occupation: \_\_\_\_\_

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

Work Tel. No.: \_\_\_\_\_

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

#### Mother's Details

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

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

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

Occupation: \_\_\_\_\_

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

Work Tel. No.: \_\_\_\_\_

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

### MEDICAL INFORMATION:

Allergies: \_\_\_\_\_

Any other medical psychological or behavioural information regarding the child which you feel the school should know about:

\_\_\_\_\_

\_\_\_\_\_

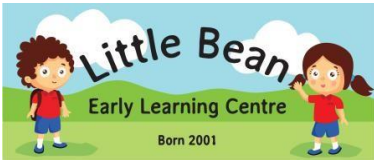
Family Doctor: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address of Surgery: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Medical Aid Name: \_\_\_\_\_ Medical Aid No.: \_\_\_\_\_

Any person/s other than parents who could be contacted in an emergency:

Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Relationship to child: \_\_\_\_\_



Registration No: 2001/05/2909/23

## CONSENT AND INDEMNITY

I hereby give consent for my son/daughter to take part in all the activities at school.  
I fully understand and accept that all activities shall be undertaken at my son's/daughter's own risk and undertake on behalf of myself, my wife and my child aforesaid to indemnify, hold harmless and absolve the Management, Principal and Staff of the school against and from any claims whatsoever that may arise in connection with any loss or damage to property or injury to the person of my child aforesaid in any activity, in the knowledge that the Management, Principal and Staff will nevertheless take all reasonable precautions for the safety and welfare of my child.

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

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

Place: \_\_\_\_\_

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

## AUTHORITY FOR TREATMENT IN CASE OF EMERGENCY

I hereby authorise Little Bean to take my child for treatment to the nearest hospital in case of an emergency:

YES / NO (Please circle appropriate)

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**Registration accepted:**

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date



Registration No: 2001/05/2909/23

**FINANCIAL CONTRACT (Dated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_)**  
 (Copy of Identity Document of responsible person and Birth Certificate of child to be attached)

Entered into by and between  
**Little Bean Early Learning Centre**  
 and

Name of Pupil: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Person responsible for the account:  
 Name and Surname: \_\_\_\_\_ Title: \_\_\_\_\_ ID Number: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Tel. No.: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell): \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**I agree:**

1. That this account is payable monthly (excluding December) in advance for each month on or before the last day of each month.
2. That I will be held liable for legal fees on the attorney and own client scale, to be added to the capital amount outstanding should the account be handed over to our Attorneys for collection.
3. That fees will not be refunded or waived for absence through sickness or vacation.
4. That a one (1) calendar month notice period, or fees in lieu of one (1) months' notice MUST be given if your child leaves, at any time. A letter of notification must be addressed to and acknowledged in writing by the Accountant.
5. To allow Little Bean management to undertake a credit check and TransUnion ITC or Experian, if deemed necessary. Little Bean subscribes to **Credit Intel (Pty) Ltd** – should you remove your child from the school without payment of fees, your details will be handed to Credit Intel for follow up. This could affect your ability to enrol your child at another institution and your credit record.
6. That Little Bean management reserves the right to increase fees at any time after giving one (1) months' notice. I undertake to complete a new Financial Contract when necessary, but at the very least once annually. Failure to complete a new contract will not constitute notice.
7. To undertake payment of school fees in the following manner (**please tick**):

CASH \_\_\_\_\_ Electronic Fund Transfer (EFT) \_\_\_\_\_ DEBIT ORDER \_\_\_\_\_

Registration Fee (first enrolment) R500.00  Re-registration Fee (returning child's annual fee) R300.00

Gr 0000,000 Half day monthly  R2800 if received before last day of month,  R3000 if received after the last day of the month  
 Gr 0000,000 Full day monthly  R3550 if received before last day of month,  R3750 if received after the last day of the month  
 Gr 00 Half day monthly  R2700 if received before last day of month,  R2900 if received after the last day of the month  
 Gr 00 Full day monthly  R3450 if received before last day of month,  R3650 if received after the last day of the month

*Should a parent or guardian fail to make an EFT or CASH payment for a period of one (1) month, the school reserves the right to refuse entry to the child until the school fees have been paid up to date, and the parent or guardian has signed a debit order authorisation or paid the balance of the year's fees in advance.*

I, the undersigned, accept that I am severally liable for all amounts in terms hereof and that a statement signed by the accountant for Little Bean certifying the amounts owing shall constitute prima facie proof for all purposes of any amounts owing in terms hereof and that any disbursements included in such amounts were duly made to or on behalf of my child. I understand and accept all terms and conditions annotated on pages one (1) and two (2) of this Registration Form.

Signature of person responsible for account: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed for Little Bean: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE THAT THE PERSON RESPONSIBLE FOR THE ACCOUNT MUST SIGN THE CONTRACT.  
 COPY OF ID MUST ACCOMPANY THE SIGNED AGREEMENT.**



Registration No: 2001/05/2909/23

### BANK DEBIT ORDER INSTRUCTIONS

Name (Debtor): \_\_\_\_\_

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

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

Contract No: \_\_\_\_\_

Debit Amount: \_\_\_\_\_

Commencement Date: \_\_\_\_\_

Contact No: \_\_\_\_\_

Abbreviated name as registered with the Bank: **LITTLE BEA**

Dear Sirs/Madams

The details of my bank account are as follows:

BANK: \_\_\_\_\_

BRANCH/TOWN: \_\_\_\_\_

BRANCH NO.: \_\_\_\_\_

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

ACCOUNT NO.: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ (savings, current, transmission)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

On the last working day ("payment day") of every month commencing on \_\_\_\_\_. If the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

#### MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally.

#### CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

\_\_\_\_\_

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

#### ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party. Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Assisted by:

FOR OFFICE USE

AGREEMENT REFERENCE NUMBER

This Agreement reference number is: \_\_\_\_\_