



Lady Buxton Educare & Pre-Primary Centre

003-216 NPO

P.O. Box 44274

Claremont

7735

31 Eden Road

Claremont

7708

Tel.: 021 674 3110/1

Cell: 061 302 0402

admin@ladybuxton.co.za

accounts@ladybuxton.co.za

Application Form

Child's Details:

Surname: _____

First name (s): _____

Date of birth: Day: ____/Month: ____/Year: ____ Gender: M / F

Nationality: _____ Religion/Culture: _____

Home Language: _____ No. of children in family: _____

Physical address: _____

_____ Post code: _____

Postal address: _____

_____ Post code: _____

Proposed date of admission: _____

Medical information of Child:

Medical Aid name:	
Medical Aid no:	
Medical Aid plan:	
Primary Holder full name:	
Primary holder contact no:	(+27) (021)
Family Doctor name:	
Family Doctor address:	
Family Doctor contact no:	(+27) (021)



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Allergies:

Name of allergy"	Details:

Further information we as the school should know WRT your child and his/her allergies.

Parent/ Guardian information:

Details:	Parent / Guardian 1:	Parent / Guardian 2:
Title:		
Marital status:		
Surname:		
First names:		
ID no:		
Cell no:	(+27)	(+27)
Home telephone no:	(021)	(021)
Email address:		
Physical address:		
Postal address:		
Occupation:		
Work address:		
Work telephone no:	(021) (+27)	(021) (+27)



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Tick Legal Guardian:

☐ Mother

☐ Father

☐ Other Relationship to child: _____

Person responsible for fees:

Full name printed: _____

Signature: _____ Date: _____

(Kindly note the school reserves the right to increase the fees by 10% each year)

In case of a change in marital status who will be responsible for fees?

Full name printed: _____

Signature: _____ Date: _____

Responsible person (s), other than parents, who can be contacted in an emergency and are permitted to collect child from the centre

(Kindly attach their certified ID document and driver's license)

Details:	Contact 1:	Contact 2:
Full name:		
Physical address:		
Contact no:	(+27)	
Home telephone no:	(021)	(021)
Work telephone no:	(021)	(021)
Valid Driver's license:		

Is your child FULLY potty trained?

This document is approved by our SGB



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☐ Yes

☐ No

FULLY Potty Trained: Meaning that your child, _____, is able to go without a diaper from 07:30 AM – 17:30 PM and is able to indicate when he/she wants to use the toilet AND is able to use the toilet.

We have found that some folk are undecided about whether or not their child is potty-trained. In such cases we, Lady Buxton Educare and Pre-school, reserve the right to move the child to a class where potty training facilities are available.

Refunds:

Dear Parent - In the event that the application is cancelled by you BEFORE your child start date at our Centre, kindly note there is a **non-refundable** placement and admin fee.

Signature of parent/guardian: _____

Is there any information that we should be aware of regarding any experiences of your child that will impact on the social interaction/academic performance/other?

☐ Yes

☐ No

If YES, a confidential session will be arranged with the head of the Centre.

Previous ECD or Pre-school attended:

Do we have your consent to contact the above centre if we need to, in connection with?

A) Academic performance

B) Behaviour

☐ Yes

☐ No

The above is in the best interest of the child and the family.



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TERMS AND CONDITIONS

I/WE ACCEPT AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

1. This form is no guarantee of admission to the Centre, but merely ensures that the child's name will be placed on the waiting list. Please note that early application is no guarantee of acceptance. As we generally receive an overwhelming number of applications for a limited number of vacancies.
2. The Admission Fee and the first month's fee are payable 7 calendar days before first day of admission to the Centre. The Centre requires that fees are paid up as soon as confirmation of acceptance has been given.
3. Fees will be charged as from agreed date of admission.
4. When registration is cancelled by me, 20% of the monies paid will be refunded within seven working days.
5. All fees are payable in advance by the 1st of each month. Failure to settle in full may result in my/our child being asked to leave the Centre.
6. A calendar months' notice in writing is required for the withdrawal of the child, otherwise the equivalent fee (1 month's fee) will be charged.
7. Legal action will be instituted should my/ our account be in arrears or I/we fail to give a month's notice and/ or fail to pay the equivalent fee of (1) one month.
8. Should legal action be instituted I/we will be liable for legal charges on the attorney's scale, Including collection commission and tracing agent charges.
9. I/we will be liable for interest, calculated at the current prime rate on all overdue accounts – due dates are set by the Centre.
10. I/we hereby nominate my/our domicilium citandi et execandi, the address reflected on the face hereof under the heading Home Address.



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11. Parent(s)/Guardian are automatically members of the parent body and as such are requested to take an active part in the Centre's activities.
12. I/we agree to abide by the Centre's policies and practices which are generally in place in the best interest of the child and for the smooth-running of daily operations.
13. On accepting a place for my/our child at Buxton I/we undertake to support the Centre in all its endeavours, to actively support paying a fundraising levy of R 195 p.a. towards the Fundraising Costs and by paying a building maintenance levy of R 250 p.a. per family
14. All children are required to be fully immunised before admission to the Centre.
15. I do understand that I have the right to withhold personal medical information, but I do undertake to disclose where possible any medical condition that may be detrimental to the general public health at the Centre.
16. In the event of a medical emergency I/we will be contacted by the Centre. Should I/we (including emergency contacts) be unavailable, I/we hereby authorize the Centre to take my child to the nearest medical facility should they be by the means to do so. I/We hereby authorize the Centre my child hospitalised should the circumstances warrant it.
17. In the event of my child requiring any medical and/or hospital treatment, I/we accept liability for the payment of such treatment and furthermore agree to indemnify the Centre in full respect of all such costs.
18. It is my/our responsibility to notify the Centre in writing of any changes to the details given on this form so that all records can be kept up to date.
19. I /we are willing to assist/support with special projects, i.e. MySchool; Family Day; etc.
20. Parents who have any objections against any photographs of their child(ren) or themselves used in any of our printed/electronic or other ECD publications /media need to notify us in writing. I/we do not object to any photographs of my child/children used in publications linked to the Centre.
21. I/We commit to reading the Parent Handbook and familiarizing myself/ourselves with the school policies. I/We also commit to signing the Parent agreement, the Nap Time agreement and Confirmation of Fees agreement. You understand that school policies may change, for



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the up keep of the school, it's environment and the students and will be updated at the sole discretion of the school and it's SGB.

22. Please initial that you have read and understood the above terms and conditions:

Acknowledgment:

Parent/ Guardian 1 signature:

Parent/Guardian 2 signature:

Dated:

Witness 1:

Witness 2:
