

APPLICATION FOR ADMISSION 2021



Blossoming Minds
LEARNING CENTRE

DETAILS OF LEARNER

NAME		SURNAME	
D.O.B		I.D NUMBER	
GENDER		RELIGION	
POSITION OF CHILD IN FAMILY		HOME LANGUAGE	
ADDRESS			
PREVIOUS SCHOOL ATTENDED			
PREFERRED START DATE			

PARENT DETAILS

MOTHERS NAME		MOTHERS SURNAME	
I.D NUMBER		EMAIL	
CELL NUMBER		MARITAL STATUS	
TEL. WORK		OCCUPATION	
TEL. HOME		RELIGION	
FATHERS NAME		FATHERS SURNAME	
I.D NUMBER		EMAIL	
CELL NUMBER		MARITAL STATUS	
TEL. WORK		OCCUPATION	
TEL. HOME		RELIGION	

NEXT OF KIN - IN CASE OF EMERGENCY IF PARENTS ARE UNAVAILABLE

NAME		SURNAME	
TEL. NO.		RELATIONSHIP TO CHILD	

MEDICAL HISTORY

ALLERGIES	
ILLNESS YOUR CHILD HAS HAD (MEASLES, MUMPS ETC.)	
OPERATIONS YOUR CHILD HAS HAD	
IS YOUR CHILD ON ANY SPECIFIC MEDICATION? PLEASE SPECIFY	
MEDICAL AID NAME	
MEDICAL AID NUMBER	
MAIN MEMBER	
FAMILY DOCTOR	TEL. NO.

SCHOOL FEES STRUCTURE - YEAR 2021

LEVY FOR THE YEAR: R700 . THIS COVERS THE COST OF TISSUES, HAND SANITIZERS, NAPPY SACKS, ART SUPPLIES, STATIONERY ETC

AGE GROUP	FEES	TIME SLOTS	PLEASE TICK
6-24 months	R2700 P/M	07H00 - 12H30	
	R3000 P/M	07H00 - 14H00 *	
	R3400 P/M	07H00 - 18H00 * (FRIDAYS 17H30)	
2 years - 5 years old	R2400 P/M	07H00 - 12H30	
	R2700 P/M	07H00 - 14H00 *	
	R3000 P/M	07H00 - 18H00 * (FRIDAYS 17H30)	

* These fees include a nutritious, home-cooked meal for lunch. You will find the menu on our website.

1. An acceptance fee of R800 will be applicable should we offer your child a position. This will be deducted from your child's first month's fees.
2. A non-refundable admin fee of R150 will be applicable on submission of registration. Please email proof of payment to accounts@blossomingminds.co.za
3. Applications will not be processed unless this fee and all relevant documentation has been received.
4. Fees are payable on the 1st of every month, payable over 12 months via EFT, or debit order.
5. Should you fail to collect your child on time, you are liable for a penalty fee of R30 per 10 minutes.

BANKING DETAILS

Name	Blossoming Minds Learning Centre
Bank	Standard bank
Type of account	Cheque
Account number	270 601 880
Reference	Name and surname of learner

CONSENT AND INDEMNITY

I/we fully understand and accept that all activities shall be undertaken at my child's own risk. I/we undertake on behalf of myself/ourselves and my child, to hold harmless and absolve Blossoming Minds Learning Centre and its staff against all claims that may arise.

This consent is signed with indemnity and with the knowledge that Blossoming Minds Learning Centre and the staff will take all responsible precaution for the safety and welfare of my child.

Signature of Mother:		Signature of Father:	
Print name in full:		Print name in full:	
Date:		Date:	

DECLARATION AND AGREEMENT

I declare all the above information is true and correct. On acceptance of my application at the above institution, I understand and shall abide by the rules of Blossoming Minds Learning Centre, as set out in the contract.

Parent signature:	
Print name in full:	
Date:	

PLEASE INCLUDE AND ATTACH COPIES OF THE FOLLOWING:

1. Copy of Mother's ID
2. Copy of Father's ID
3. Birth Certificate
4. Clinic card