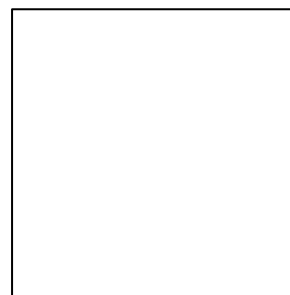


Easy Care Academy Application Form



Childs Picture Here

Childs Information	
Name	
Surname	
Date of Birth	
Religion	

Parent Information		
	Father	Mother
Surname		
Name		
ID Number		
Marital Status		
Home Address		
Postal Address		
Employer		
Work Address		
Occupation		
E-mail		
Telephone (W)		
(H)		
(Cell)		



Rules and Regulations

I hereby apply for admission for my child and undertake to abide by the rules and regulations of ECA as stipulated hereunder.

I understand that I must give one (1) months calendar notice and that December not be deemed a notice month. I also undertake to pay for the notice month in full.

I undertake to pay the school fees at the end of each month in full and in advance for the following month, not later than the 25th of the month.

The school funds are payable for 12 months at R1700.00 per month

A cash discount of 10% will be given if the school fees are paid in advance before the end of February.

A discount of 10% will also be given to a second child from the same household.

Deposit Payable - R1700.00 – Once off
Registration - R 300.00 – Annually

Easy Care Academy reserves the right to amend the rules and regulations.

School hours - 06h30 to 17h30

I have read the rules and regulations and undertake to abide by it.

Signature _____ Date: _____

Banking Details:

Easy Care Academy
ABSA Centurion
Br Code: 630445
Acc No: 9120267711



Indemnity Form

We, the signatories (full names and surnames)

Father : _____ and

Mother: _____,

The parents of: _____

Grant indemnity to Easy Care Academy and its staff, for any liability for injury, accident or loss of life or any adversity of any nature and sustained under any and whatever circumstances, while my child is under supervision and care of the school. This includes any liability for mishap, loss injury that may be suffered during participation in any activity.

Easy Care Academy and its employees will at all times use its best endeavours to ensure that safety and well being of the children and will do everything within their power to take precautionary measures and care to prevent such occurrences from happening.

I hereby indemnify the school in respect of occurrences relating to the above.

Signed at: _____ on this ____ day of _____

Father : _____

Mother: _____

Legal Guardian: _____



Health Questionnaire

Contact Details	
Name of Child	
Date of Birth	
Contact No - Emergency	
Name of Doctor	
Contact No - Emergency	
Other persons to be contacted in case of emergency.	

Medical Aid	
Name of Fund	
Member	
No	

Operations/Accidents	
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Allergies - Please include doctors letter	
Chronic Medicine	
Medical problems to take into account	
Contagious illness	

Has your child had any of the following:

	Yes	No
Measles		
German Measels		
Mumps		
Diphtheria		
Chicken-pox		
Whooping Cough		
Scarlet Fever		

Please supply immunisation records.

In case of emergency, your child will be taken to the nearest doctor for treatment.

I hereby give permission that my child may be taken to the nearest doctor for emergency treatment.

Date: _____

Parents: _____
