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| --- |
| OFFICE USE ONLY  |
| LEARNERS NAME   |
| *ENROLMENT DATE*  |  |
| *CLASS*  |  |

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Bunny Hop Nursery School

071 872 9432

bunnyhopdc1@gmail.com

www.bunnyhop.com

# APPLICATION FORM 20244

**Dear Parents,**

Welcome to the Bunny Hop Daycare family and thank you for trusting us to take care of your precious little one. We will strive to make your child feel as welcome and secure as possible to add to your child’s development. The management of BHDCC is always available to discuss any matter concerning your child’s welfare.

**Our Vision:**

To build a highly competitive nursery – school / daycare center that will become the number one choice for parents in Germiston. Our vision reflects our values: transparency, integrity, service, excellence, and teamwork.

**Our Mission:**

* To develop children with the skills to cope in the 4th Industrial Revolution
* To provide a friendly, warm, supportive, safe, stimulating and caring environment for your child;
* Our overall business goal is to position our institution to become the leading nursery school brand in the educational industry in South Africa.

**We encourage and teach our children to:**

Respect, appreciate and understand other cultures as well as one’s own. Teaching from this perspective, promotes the child’s sense of the uniqueness of his/her own culture as a positive characteristic. It also enables the child to accept the uniqueness of the cultures of others.

To assure smooth running of the center and to rule out any uncertainties please see application process below:

1. Complete the application form below and submit to bunnyhopdc1@gmail.com.
2. ALL required documents and proof of enrolment fee to be submitted with application form
3. Application Review
4. Once application is successful, Parent Agreement Contract to Follow. Unsuccessful applications will be refunded the enrolment/administration fee paid.
5. Submit Signed Parent Agreement Contract
6. Welcome letter will be sent with details and approved enrolment date

The following documents are attached hereto and shall at all relevant times, form an integral part of the agreement.

All forms and documents must be returned to the school office at least 24 hours prior to the student’s chosen start date.

THIS APPLICATION MUST BE ACCOMPANIED BY COPIES OF:

|  |  |  |
| --- | --- | --- |
|   |  | *Official use*  |
| 1  | Certified copy of Child’s Birth Certificate  |   |
| 2  | Copy of updated Vaccination Chart/Card – All vaccines to be up to date  |   |
| 3  | Copy of Medical Certificate, if the child has a chronic medical condition (Any medical condition/ medical letters regarding a condition)  |   |
| 4  | Proof of Residence  |   |
| 5 | Copy of Both Parent’s ID Documents  |   |
| 6 | Proof of administration / enrolment fee  |   |
| 7 | Parent Agreement Contract (successful applications)  |   |

Has your child been to nursery school / crèche previously? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of crèche / nursery school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lastly, we would like to know where you heard about Bunny Hop Daycare Centre and what influenced your decision to enrol your child with us?

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|   |

Internet search

Facebook

Instagram

Signage Board premises

Flyer

Word of Mouth

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kindly complete the application form below and submit to bunnyhopdc1@gmail.com

*Banking Details:*

*Bank: FNB*

*Branch: Eastgate*

*Branch Code: 252 355*

*Account Number: 63068527242*

*Reference: Learner’s full name & surname*

Yours faithfully

Amanda

*Bunny Hop Daycare Centre*

|  |
| --- |
| **Section A – Parent information**  |
|   | **FATHER / GUARDIAN**  | **MOTHER / GUARDIAN**  |
| SURNAME  |   |   |
| FIRST NAME  |   |   |
| PHONE (work)  |   |   |
| PHONE (mobile)  |   |   |
| EMAIL ADDRESS | Work:  Home:   | Work:  Home:   |
| I.D Number  |   |   |
| Nationality  |   |   |
| Date of birth  |   |   |
| Occupation  |   |   |
| Residential Address ***(Proof of address required)***  |       Code:\_\_\_\_\_\_\_\_  |      Code: \_\_\_\_\_\_\_\_  |
| Addressee  | Father  | Mother  | Both  |
| Learner lives with  | Both Parents  | Father  | Mother  | Guardian  |
| Marital Status  | Married  | Single  | Divorced  | Separated  |
| Who is responsible for payment of school fees?   |

|  |
| --- |
| **Section B – Learner information**  |
| SURNAME  |   |
| FIRST NAMES  |   |
| PREFERRED NAME  |   |
| GENDER  |   |
| DATE OF BIRTH  |   |
| HOME LANGUAGE  |   |
| RACE  |   |
| RELIGION  |   |
| SIBLINGS AT BUNNY HOP DAYCARE CENTRE  |  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year:\_\_\_\_\_\_\_\_\_\_  |
| MEDICAL DETAILS  |
| Does your child suffer from any of following  | Physical disabilities  | Allergies  | Chronic Illness  |
| Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| Family Doctor  |   |
| Tel No.  |   |
| Address  |   |
| **Does your child need any special or exceptional attention insofar as the caretaking is concerned?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| NAMES OF NEXT OF KIN OTHER THAN PARENTS (2 contacts required in case of emergencies)  |
| **Contact 1** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Contact 2** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

ENROLMENT/ START DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division: *(please tick relevant)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Babies BUNNY  | 1 – 2 yrs. FLOWER | 2 – 3 yr. CARROT | 3 – 4 yr. MEADOW | 4-5HOPPITY | Grade1-7AFTERCARE AND HOLIDAYCARE  |

**SCHEDULE OF FEES 2024**

Fees are applicable from January 2024 to November 2024.

School fees to be paid monthly by the 4th of each month.

Full day structure and Holiday care structure: 06h30 – 17h30

Half-day structure: 06;30-13:30

Inclusive of breakfast, lunch & afternoon snack

Aftercare- inclusive of a snack pack

Holiday-inclusive of breakfast, lunch and a snack

1. **New-Enrolment Fee: R500**
	1. Non-refundable
	2. Not deductible from 1st month’s school fee
	3. 100% discount on new enrolment administration fee for new learners, which register before 15th January 2024, for enrolment in January 2024.

1. **Monthly fee:**

|  |  |
| --- | --- |
| Bunny (baby class) | R1400 per month over 11 months Jan – Nov \* |
| Meadow class | R1250 per month \* |
| Carrot class | R1250 per month \* |
| Flower class | R1250 per month\* |
| Hoppity class | R1250 per month\* |
| Aftercare  | R500 -  |

 We kindly ask that parents provide **4 rolls of tissue and 2 bars of soap quarterly**. **Baby wipes** are to be provided at **one pack month**. Diapers and formula for baby class are to be sent with the child daily.

1. **Discounts**
* Sibling Discount o 1 sibling: R100 discount on fees on family account / month o 2 siblings: R200 discount on fees on family account / month

Additional costs: Concert tickets, Educational outings and visits, Extra-murals, Photographs

Holiday program will be charged at an additional cost and above school fees at R60 per day, to cover food, additional equipment and materials.

***Bank: FNB, Branch Code: 252 355***

***Account Number: 63068527242, Reference: Learner’s full name & surname***