



## Registration Form

The following information need to be completed and submitted to the school admin office.

Name and surname of child \_\_\_\_\_ **Grade** \_\_\_\_\_

### Family Information

1. Medical history and Indemnity Form
2. School Fees
3. School Banking Details
4. Debit Order Form
5. Consent to use photographs
6. Consent and Indemnity

Modimolle Christian Academy Board.

073 181 8006

[www.modicademy.co.za](http://www.modicademy.co.za)

modicademy@outlook.com

**1. Family and Learner Information**

Child's Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

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

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

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

**Mother's Information**

Mother's Full Name: \_\_\_\_\_

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

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

Work Telephone No: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_

Home No: \_\_\_\_\_

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

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

\_\_\_\_\_

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

Code: \_\_\_\_\_

**Father's Information**

Father's Full Name: \_\_\_\_\_

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

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

Work Telephone No: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_

Home No: \_\_\_\_\_

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

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

\_\_\_\_\_

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

Code: \_\_\_\_\_

Does your child have any special needs that we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child receive any form of therapy? If so, please give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous school/s attended?

\_\_\_\_\_  
\_\_\_\_\_

**Documentation needed for Admission File**

- A copy of the child's Birth Certificate
  - A copy of the child's Immunization Chart
  - A copy of both parents' ID Documents
  - Copy of previous school report/s
  - Financial Clearance Form from previous school
  - ID Photo of Learner
  - Family Photo
  - Proof of Payment of Registration Fees and Logistic Fees
- 
- Copy of your medical aid membership card.

*Admission will be delayed if these documents are not received.*

**Withdrawal Notice:**

- A full term's written notice is required if you intend to remove your child from the school.
- In cases of absence from school due to illness or holiday, the monthly fee is still payable.
- Fees will be deemed unpaid until proof of payment is received.
- In the event of late payment of the above fees, within the first 7 days of the new term, interest will be charged at 2,4% per month of any fees in arrear for 60 days or longer.
- The parents and/or legal guardian authorizes **Modimolle Christian Academy** to carry out any checks and/or traces that may deem fit with any registered credit bureau or credit reference and also to list them with any credit bureau in the event of this account not being paid within the 7 day period for payment.
- The parents and/or guardian confirm that any notice that is required to be delivered to them as required by law, may be delivered to them at the address as set out in the Application Form.
- The parent s and/or legal guardian hereby confirm that they are jointly liable as co-principle debtors for the payment of any fees not withstanding any other indication and/or nomination of any other person in the "Person Responsible for Payment of School Fees" below.
- below.

**Person Responsible for Payment of School Fees:**

I, \_\_\_\_\_ acknowledge all conditions of payment.

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

Home phone : \_\_\_\_\_ Cell: \_\_\_\_\_

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

**2. Medical history and Indemnity Form**

**Person to Contact in Case of an Emergency:**

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

Tel: \_\_\_\_\_

Work: \_\_\_\_\_

Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

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

**Another Family Member or Friend:**

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

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

Tel: \_\_\_\_\_

Work: \_\_\_\_\_

Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

**Family Doctor's Details:**

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

Tel: \_\_\_\_\_

**Child's Medical Information**

Medication: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

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

**Medical Aid Details:**

Name of Medical Aid Company: \_\_\_\_\_

Medical Aid Number: \_\_\_\_\_

Primary Member: \_\_\_\_\_

**Medical Emergencies at School**

Should your child need to be treated for a scrape, bump, or minor laceration, all parents will be notified at the end of the school day, and ALL incidences will be recorded and filed in the student's personal file.

**Please note the following:**

Wounds are cleaned out with warm water and the following is applied on a wound:

- Germolene – antiseptic
- Arnica – bruising

*Under no circumstances is a staff member allowed to administer prescribed medication to a child – ALL medication is to remain at home.*

In the case of a more serious injury, the parent/parents/guardian will be contacted immediately by telephone.

*In the case of an emergency an ambulance will be called, under NO circumstances will a staff member be permitted to transport a child to an emergency room.*

If you have supplied us with your medical aid details and a copy of your membership card, a private ambulance will be called. Please be aware that should your child NOT be on a Medical Aid, a state ambulance will be called.

**CPR – Cardiopulmonary Resuscitation**

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_, hereby GIVE / DO NOT GIVE staff members trained in First Aid at Modimolle Christian Academy permission to administer CPR, until medical assistance arrives on the scene.

Signed: \_\_\_\_\_

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

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

## Germs and Bugs

We try at all costs to avoid the spread of infection within the classes, and try to do what is in the best interest of all those in our care. We therefore request that all parents monitor their children's health carefully.

Please don't send your child to school if:

- o They have a 'green' runny nose, as this is highly infectious.
- o They are running a temperature, as this can make the child extremely miserable and lethargic.
- o They have a persistent cough, as this is easily spread amongst the children.
- o Children who are still taking the first two days of their antibiotics. If they are well enough on the third day they will be welcome back at school.
- o Children who have upset tummies or are vomiting will be sent home as these bugs can spread.
- o We will dispense medication for asthma and allergies. Please send medication to the appropriate staff member with a clear set of instructions and do not leave it in your child's bag.

We do understand that there are many working parents who find it difficult to keep their children at home when they are sick. Unfortunately, we will not allow sick children to come to school as this would increase the risk of infecting the others in the school. Thank you for your co-operation in this matter.

## MEDICAL INDEMNITY FORM

I/we, the undersigned, being the parent(s) / guardian(s) of \_\_\_\_\_  
(Name of child)...

hereby indemnify, hold harmless and absolve the Staff of Modimolle Christian Academy, acting in good faith, against all claims whatsoever as may arise from accident or injury to, or any loss or damage to the property of the above named learner, which may occur whilst on Modimolle Christian Academy premises or as part of an official function, activity, visit or field trip or arising from there or in consequence thereof.

The Modimolle Christian Academy staff shall at all times exercise such behaviour towards the above named learner and exercise such control as is consistent with that of a reasonable caretaker.

The staff can take no responsibility for injuries and accidents which occur as a result of a breach of Modimolle Christian Academy's guidelines, rules and regulations as and where perpetrated by the above named learner.

I/we the undersigned, agree that in the event of the above named learner requiring emergency medical attention which may or may not involve the administration of an anaesthetic and an operation by a suitably qualified medical practitioner/specialist, due permission and authorisation may, in such instances, be given by the caretaker or any other member of the staff authorised to do so.

I hereby request the responsible persons to note the following:

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(Please mention any particulars or details that you may wish the responsible persons to take note of i.e. health conditions/allergies/requirements etc.)

Notwithstanding the above provisions, approval of this Indemnity does not in any way remove or deny any person or parent(s) / guardian(s) those safeguards which are afforded according to the laws of South Africa, under whose jurisdiction, to the exclusion of all others, this Indemnity pertains.

All persons and their property enter the premises at their own risk.

**In the event of an emergency, we authorize the school or responsible staff member to employ the services of any emergency service, medical doctor, hospital or other competent person. Any cost for such services will be borne by the signatory/signatories.**

Thus done and signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

_____	_____	_____
<b>Signed</b>	<b>Name</b>	<b>Date</b>
_____	_____	_____
<b>Signed</b>	<b>Name</b>	<b>Date</b>
_____	_____	_____
<b>Signed</b>	<b>Witness</b>	<b>Date</b>



**Medical Questionnaire**

Name / Surname of student	
Grade	
Activity	
Date of birth	
Name of parent / guardian	
Home address	
Home telephone number	
Cell phone number	
Work address	
Work telephone number	
Medical aid fund name	
Medical aid membership number	
Family doctor	
Family doctor telephone number	
Is your child allergic to anything i.e. food, medication? If yes, please provide details.	

\_\_\_\_\_  
**Signature of Parents / Guardian**

\_\_\_\_\_  
**Date**

<b>3 School Fees: Please Contact Office @ 073 181 8006</b>	<b>2017/2018</b>
<b>Registration Fee payable once off at first registration</b>	
1st Child	
Siblings	
<b>Once off Administration FEE at ADMISSION</b>	
<b>Annual Logistics: (Payable on or before 31 October every year)</b>	
Gr RR – 12	

**2017 / 2018 2017 / 2018**

<b>Monthly School Fee</b>	<b>Paid over 12 months</b>	<b>Annual amount</b>
Grade RR - 3		
Grade 4 – 12 and Remedial		

**Payment Terms: Fees payable before the 1st of the month and no later than the 7<sup>th</sup> of the month in advance over 12 months.**

**Additional costs**

- School camps, excursions and field trips
- School uniform
- Stationery
- School photos
- Therapists/OT/speech/remedial/psychologist/counselor/  
extra-mural sport and cultural activities of the parent’s choice.

**Payment options**

- Please take careful note of payment and cancellation terms and conditions on all applicable forms.
- Debit-order payments are monthly in advance on or before the 1st day of each month for 12 months.
- Internet payments are monthly in advance on or before the 1st day of each month for 12 months.
- PLEASE USE YOUR CHILD’S NAME AS REFERENCE FOR ALL PAYMENTS.
- Please note that progress reports will not be issued in case of outstanding school fees

**4. Debit order form.**

**Details of person responsible for school account:**

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

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

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

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

Contact number : \_\_\_\_\_

Cell Phone Number : \_\_\_\_\_

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

**If it is your payment method of choice, please complete a debit order form on the next page and deliver it to the school admin office for confirmation of payment.**

**DEBIT ORDER FORM**

BANKERS DEBIT ORDER FORM: MODIMOLLE CHRISTIAN ACADEMY

Learner(s) Name: \_\_\_\_\_

Grade(s): \_\_\_\_\_

TOTAL ANNUAL FEES: R \_\_\_\_\_

*(As per pricing schedule provided by the school)*

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CODE: \_\_\_\_\_

Please note: Payments will be processed on the 1<sup>st</sup> day of the month, starting in January, as school fees are payable in advance over a period of 12 months.

First payment due on: 01 \_\_\_\_\_ 20 \_\_\_\_ and monthly thereafter.

Name of Bank:	
Branch Name:	
Account Type:	Current / Savings / Other:
Account Number:	
Branch Code:	
Account Name:	

I/We hereby request **Modimolle Christian Academy** to withdraw from my/our account, whichever bank it may be at present, R, plus accrued monthly sundries.

I/We request my/our bank, whichever it is or will be, to debit my/our account with such amounts drawn against it by Modimolle Christian Academy in terms of the request. **I/We acknowledge that final payment by debit order for the year will be on the 1<sup>st</sup> of December.** Any fees still outstanding after 1 November; will be deducted from my account via debt order on 1 December.

This debit order will remain in force as long as my/our child(ren) remains at Modimolle Christian Academy or unless cancelled by myself/ourselves. I/We hereby grant permission to Modimolle Christian Academy to increase the annual amount in accordance with the Fees and Expenses each year.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

**BANKING DETAILS:**

**Name of account holder:** Modicademy  
**Bank:** Capitec  
**Branch:** Modimolle  
**Branch code:** 470010  
**Type of account:** Savings Account  
**Account number:** 1442995872

***PLEASE USE YOUR CHILD'S NAME AND SURNAME AS REFERENCE FOR ALL PAYMENTS.***

**5. CONSENT TO USE PHOTOGRAPHS**

**CONSENT TO USE PHOTOGRAPHS FOR MARKETING AND PUBLIC RELATIONS PURPOSES**

We are constantly taking photographs of our learners while they are busy with activities, on the playground and in the classrooms. We would like to make use of these pictures in marketing actions and public relations. We also wish to publish their achievements in the local newspapers and on the Modimolle Christian Academy social media networks.

As we need consent from parents to use these pictures, we request that you please complete and sign this form.

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ Grade \_\_\_\_\_  
hereby gives my permission to use any picture or video of my child taken during school activities or sporting events for the exclusive use of the marketing of Modimolle Christian Academy, and publicity in newspapers and on social media networks.

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

Signed: \_\_\_\_\_

## **6. CONSENT AND INDEMNITY**

NAME OF LEARNER/S:

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### **Both parents to please sign this agreement**

**We, the under signed, hereby declare that:**

- We commit ourselves to the financial responsibilities concerning our child's participation in and obligation towards Modimolle Christian Academy.
- All school fees will be paid in advance in 12 instalments, as prescribed annually by the Modimolle Christian Academy board.
- We will support high educational standards by creating a place where our child can study. We will encourage our child to complete all homework and school assignments timeously.
- We undertake not to tarnish the authority of Modimolle Christian Academy by spreading negative rumours, but to discuss any issue with the school authorities.
- Modimolle Christian Academy reserves the right to exercise discipline as required in the education of our child and in agreement with us as parents.
- We shall give a full term's (three months) notice if we do not wish to continue our association with Modimolle Christian Academy, or to pay a full term's fees.
- We appoint the staff of Modimolle Christian Academy to act on behalf of parents if emergency medical treatment of a child is required if us as parents cannot be contacted immediately.
- We accept that our child will be required to take part in educational and sports activities away from the school grounds.
- We understand that no person, employee or Modimolle Christian Academy itself can be held responsible for any loss or costs incurred regarding our child, (physical or otherwise).
- Modimolle Christian Academy cannot be held responsible for any loss or damage to the personal property of our child.
- We understand that with acceptance of registration, a non-refundable registration fee, as stipulated for the specific year, is payable in advance on the first day of every month.
- We undertake to pay the required school fees as stipulated.

- We understand that maximum 2.4% interest per month will be charged on any arrear amounts 30 days and older.
- We undertake to immediately notify Modimolle Christian Academy **in writing** of any change of address.

**Sign:** \_\_\_\_\_ (Mother/Guardian)

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

**Print Name:** \_\_\_\_\_

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

**Sign:** \_\_\_\_\_ (Father/Guardian)

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

**Print Name:** \_\_\_\_\_

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