

# HAPPY DAYS ECD CENTRE CC (EDENVALE)

24-13<sup>th</sup> Avenue (Cnr 2<sup>nd</sup>), Edenvale \* PO Box 8918 Edleen 1625  
Tel 011-453-7203 \* Fax 086-501-8544 \* E-mail: [happydays@happydaysecd.co.za](mailto:happydays@happydaysecd.co.za)

## CONTRACT AND TERMS OF ENROLMENT

I, \_\_\_\_\_ (print) the undersigned, hereby apply for the admission of my child (details hereover) to Happy Days Child Care Centre cc (hereinafter referred to as the Centre).

### I undertake to:-

1. indemnify on behalf of myself, my heirs, executors and my assignees, the Centre, its owners and employees against any damages whatsoever and any legal costs arising from any claim due to sickness or injury sustained during my child's stay at the Centre;
2. have or allow the child to be inoculated as per state policy and to produce proof of such immunisation as requested;
3. at all times be subjected to the rules of the Centre as updated from time to time;
4. pay the specified monthly fees **in advance on or before the first day of each month**;
5. pay a **non-refundable administration fee of R 300,00** (once-off);
6. tender **written notice of one calendar month** prior to being exempt from the payment of fees, and to pay the monthly fees per child regardless of whether the child attends the Centre or not, until completion of the written notice period. This applies to absence due to illness, holidays, or any other reason whatsoever;
7. being liable for any collection and legal fees incurred should the account be handed over for collection, as well as **interest calculated at Prime plus 8%**.
8. pay a **surcharge of R 100,00 for late payment of fees**;
9. deliver and collect my child personally and on time, or in the event of a third party collection, to make prior arrangements with the Centre; and to pay a **late collection charge of R 70,00**;
10. grant permission, in the event of emergency, for the person in charge to act on own initiative;
11. to immediately advise the Centre of any change to the particulars and especially telephone numbers supplied overleaf;
12. ensure that **no dangerous objects**, glass bottles, toys or jewellery are brought to the Centre;
13. mark all clothing clearly. **No responsibility will be accepted by the Centre for any loss or damage.**;
14. attend and allow my child to attend all meetings and outings as scheduled from time to time.

I, the undersigned, acknowledge that I agree to the terms listed above and that the particulars detailed overleaf are correct. I further agree to the jurisdiction of the local Magistrate's court in all disputes. I choose the residential address overleaf as my Domicilium Citandi et Executandi for all purposes.

Thus done and signed at Kempton Park on this the \_\_\_\_\_ day of \_\_\_\_\_ 2012.

PARENT/GUARDIAN \_\_\_\_\_ AS WITNESS \_\_\_\_\_

FULL DAY  HALF DAY  AFTER-CARE  (PUT CROSS IN CHOICE)

(Office purposes only) INITIAL PAYMENT REC. NO.: \_\_\_\_\_ AMT: \_\_\_\_\_ CLASS \_\_\_\_\_

YEAR STARTED: \_\_\_\_\_

CHILD	FAMILY PARTICULARS
SURNAME _____	FIRST NAMES _____
DATE OF BIRTH _____	HOME PHONE NO. _____
HOME ADDRESS _____	

MOTHER
SURNAME _____ FIRST NAMES _____
ID NUMBER _____ CELL NO. _____
WORK TEL _____ EMPLOYER NAME & ADDRESS _____
_____

FATHER
SURNAME _____ FIRST NAMES _____
ID NUMBER _____ CELL NO. _____
WORK TEL _____ EMPLOYER NAME & ADDRESS _____
_____

SERIOUS AILMENTS OR DIETARY PROBLEMS (EPILEPSY, ASTHMA, ETC.) **PLEASE SPECIFY**

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