ENROLMENT FORM

Welcome to Smiley Kids Chantelle! 🌻

On behalf of our staff and myself, we're delighted to welcome you to our family. We look forward to building a strong and productive partnership with you to ensure your child reaches their full potential. Together, we can truly make a difference in your child's educational journey.

This is the first step in becoming part of the Smiley Kids family – **Ready, Set, GO!**

How the Enrolment / Registration Process Works:

You can complete the enrolment form in one of the following ways:

- 🖌️ Print and complete the form by hand
- 💻 Fill it out electronically in PDF format
- 📱 Enroll online via our enrolment link (sent to you via WhatsApp)

Once completed, please ensure that all supporting documents are submitted with your form to avoid delays in processing.

Parent tick		School Received
☐	Copy of your child birth certificate (Unabridged)	☐
☐	Copy of your child's immunization certificate (clinic card)	☐
☐	Copy of both parents/guardians identity documents or cards / Passports	☐
☐	Proof of residence	☐
☐	If your child will be using transport other than yourself, proof of the drivers PDP.	☐
☐	Copies of emergency contacts Identification Documents	☐
☐	If the person responsible for the account is different to the parent / guardian, copy of their ID document must be handed in	☐
☐	If the person responsible for the account is different to the parent / guardian, proof of address must be submitted.	☐
☐	Copy of the medical aid card	☐
		☐

Regards,

BJV Rensburg

Owner

PAGE 2

STARTING DATE: _____ (D/M/Y) **Parent Signature: _____**

PARTICULARS OF CHILD:

Full Names: _____ Surname: _____

Known as: _____ Gender: Female: ☐ Male: ☐

Date of Birth (Day/Month/Year) : _____ Home Language: Afr: ☐ Eng: ☐ Other: ☐

Preferred teaching language: _____

PREVIOUS INSTITUTION ATTENDED:

Name of school, daycare, nursery school, day mother etc:

_____

Suburb/Town: _____ Contact Number: _____

Duration: From: _____ Until: _____

MEDICAL INFORMATION:

Medical Aid Scheme: _____ Government: _____

Medical Aid Number: _____ Main Member of Medical Aid: _____

ID Number of Main Member:_____ Doctor Name:_____

Address OF Doctor: _____

Doctor contact number/s: _____

Any medical condition which the school needs to be aware of:

_____

_____

_____

Any allergies: _____

Chronic Medication/any other medication: _____

_____

Please note that we are only allowed to administer chronic medication.

PAGE 3

Parent Signature: _____

PARENT/GAURDIAN 1: FATHER: ☐ MOTHER: ☐

Full Names: _____ Surname: _____

Known as: _____ Gender: Female: ☐ Male: ☐

Date of Birth (Day/Month/Year) : _____ ID Number: _____

Passport Number: _____ Place of birth: _____

Home (Physical) address:_____
(number, street name, suburb/extension, town and code)

Occupation: _____ Place of work: _____

Work address: _____
(number, street name, suburb/extension, town and code)

Cellphone: _____ Work Tel: _____

Work email address: _____

Personal email address: _____

PARENT/GAURDIAN 2: FATHER: ☐ MOTHER: ☐

Full Names: _____ Surname: _____

Known as: _____ Gender: Female: ☐ Male: ☐

Date of Birth (Day/Month/Year) : _____ ID Number: _____

Passport Number: _____ Place of birth: _____

Home (Physical) address: _____
(number, street name, suburb/extension, town and code)

Occupation: _____ Place of work: _____

Work address: _____
(number, street name, suburb/extension, town and code)

Cellphone: _____ Work Tel: _____

Work email address: _____

Personal email address: _____

Parent Signature: _____

FAMILY STATUS:

Please tick the appropriate family status:

Parents Married: ☐ Divorced but staying with mother: ☐ Divorced but staying with Father: ☐

Parents not married: ☐ Other: _____

EMERGENCY CONTACT (1) DETAILS (NOT A PARENT):

Full Names: _____ Surname: _____

Known as: _____ Gender: Female: ☐ Male: ☐

Relationship with child: _____ Contact Number: _____

Cellphone Number: _____ Please provide copy of ID: ☐

EMERGENCY CONTACT (2) DETAILS (NOT A PARENT):

Full Names: _____ Surname: _____

Known as: _____ Gender: Female: ☐ Male: ☐

Relationship with child: _____ Contact Number: _____

Cellphone Number: _____ Please provide copy of ID: ☐

TRANSPORT AND COLLECTION:

Please list the people who may collect your child from school:

Name and Surname: _____ ID Number: _____

Name and Surname: _____ ID Number: _____

Name and Surname: _____ ID Number: _____

My child will be transported by myself: ☐ or a Transport Company/Driver: ☐

Transport Company Name / Driver: _____

Contact details: _____

Time of arrival at school: _____ Time of departure: _____

Does the driver have a valid PDP (Public Drivers Permit): Yes: ☐ No: ☐

PAGE 5

Parent Signature: _____

PLEASE INDICATE WHAT SERVICE YOU WILL BE NEEDING:

Baby Department: Junior Babies (3-18 months) : ☐ Seniors: (19 - 2 years): ☐

Toddler Section: 2 - 3 years: ☐ 3-4 years: ☐ Grade RR (4-5 years): ☐ Grade R (5-6 years): ☐

Aftercare: Grade 1 - 7: ☐

BABY DEPARTMENT : (3 MONTH TO 24 MONTHS) PLEASE DO NOT COMPLETE IF THIS IS NOT APPLICABLE TO YOU):

What does baby like or dislike? (This will give us a better indication on what will soothe your baby):

_____

_____

Does baby use a dummy? _____
Does baby still use a bottle? _____
Can baby drink from a sippy cup? (Only from 12 months and above) _____
What milk does baby drink and how much at a time? _____
Sleeping habits and times of your baby:_____

Any other information or concerns you want us to be aware off? _____

_____

TODDLER DEPARTMENT (2- 3 AND 3-4 YEARS OLD):

Is your toddler potty trained_____

Any other information or concerns you want us to be aware off? _____

_____

_____

TODDLERS (GRADE RR AND R)

Does your child speak English? _____
Is it their first time in a school? _____
Any other information or concerns you want us to be aware off? _____

_____

_____

_____

_____

Parent Signature: _____

AFTERCARE SERVICE: (GRADE 1 TO GRADE 7)

Name of School your child attends: _____

Contact number of school: _____ Grade and Classroom: _____

Address of school: _____

Method of Transport to Smiley Kids: Private Driver/Company: ☐ School Bus: ☐

Name of Company/ driver or school bus: _____

Transport contact numbers: _____

Time of arrival at school: _____

Time of departure: _____

Any extra-curricular activities? Please indicate the days and time:

_____

_____

Any areas of concerns we need to be aware off? (example: need extra help with spelling etc.)

_____

_____

LANGUAGE OF INSTRUCTION

Smiley Kids is a fully bilingual (Afrikaans and English) organization. If you would like your child to be taught in Afrikaans or English and this language is not their home language that you please complete and sign below giving Smiley Kids permission as the child's parent or legal guardian to teach your child in either Afrikaans or English which may be your language of choice and that you as the parent or legal guardian understand the consequences (if any) of your decision and will not hold Smiley Kids responsible.

I _____ (full names) parent / legal guardian,
ID number / Passport number _____, hereby give Smiley Kids Chantelle permission to teach my child _____ (child's full names) in _____ (Afrikaans or English) although the child's home language is _____.

I also further more understand the consequences (if any) of my decision and will not hold Smiley Kids Chantelle or Smiley Kids Early Childhood Development Association responsible.

_____ _____

Parent/Legal guardian signature **Date**

Parent Signature: _____

FANANCIAL INFORMATION:

This section must be completed by the person responsible for paying the account:

Full Names: _____ Surname: _____

Known as: _____ Gender: Female: ☐ Male: ☐

Relationship with child: _____ Contact Number:_____

Cellphone Number: _____ ID Number: _____

Passport Number: _____ Place of Birth: _____

Occupation: _____ Company Name: _____

Work Address: _____

Home (Physical) address:_____

Work Contact Number: _____ _____

Payment Method: EFT : ☐ Debit Card at school: ☐ Debit Order: ☐

I _____,ID number: _____
acknowledge the following:

INITIAL:

That I have read and understand the Smiley Kids terms and conditions and bind myself thereto. ☐

I will pay my school fees on the 1st: ☐ or the 15th: ☐ of every month.

School fees are paid in advance not in arrears. If you pay the 15th, you will receive a Pro-Rata invoice. ☐

I will be charged a penalty fee for late payments without any arrangements made beforehand. ☐

I understand that this is not a 12 month contract, and I am responsible for December school fees. ☐

This contract only ends when a party provides a full calendar month notice in writing.
Not via WhatsApp or SMS. ☐

No notice is accepted for November or December after the 7th October. ☐

Person responsible for account Signature : _____ Date: _____

Name and Surname: _____

Parent Signature: _____

FANANCIAL INFORMATION CONTINUE

This section must be completed by the person responsible for paying the account:

FEE STRUCTURE OPTIONS

I, _____ (ID Number:_____),
parent/guardian of _____(ID Number:_____),
hereby acknowledge and confirm the fee structure for my child's enrolment at Smiley Kids Chantelle.

(Please tick one)

□ **Option 1: Monthly Fees**

- Payable in advance on or before the 1st day of each month (January–December).
- Late payments may result in penalty fees or suspension of services after written notice.

□ **Option 2: Termly Fees**

- Payable at the start of each school term.
- A 10% discount applies if payment is made in full by the first week of the term.

□ **Option 3: Annual Payment**

- Full school fees for the year.
- A 10% discount applies for full annual payments made on or before this date.

Please select the fee option for 2026 that applies to your child:

□ Babes Class: R2 230.00 per month
□ Toddlers Class: R2 180.00 per month
□ Aftercare Only: R1 180.00 per month

Additional Fees:

- Registration Fee: R600.00 (Payable upon acceptance of the enrolment form)
- Grade R Book Fee: R400.00 (Once-off compulsory payment) - This is only payable for our Grade R enrollments.
- Stationery Pack for the Year: If the stationery pack is not ordered through the school, parents are required to bring all the listed stationery items on their child's first day.

I understand that school fees are payable monthly in advance and that late or non-payment may result in suspension of services as per the school's financial policy.

By signing below, I acknowledge that I have read, understood, and agree to the above fee structure and payment terms.

Parent/Guardian Name and Surname: _____

Signature: _____ Date: _____

Parent Signature: _____

FANANCIAL INFORMATION CONTINUE

School Bank Details:

First National Bank (FNB)
Account Holder: Diamond Hill Trading 168
Account Number: 62307597289
Branch Code and Name: Montana, 250655

Please use your child's name and surname as a reference.

STANDARD TERMS AND CONDITIONS

Parent/Guardian signature: _____

Date: _____

1. **Introduction**

The owner, teachers and staff of Smiley Kids Chantelle wish to take this opportunity to welcome you and your child to our school. We confirm that our first priority is to provide quality service to you and your child in a professional manner.

Parent tick

2. **Acceptance**

The undersigned ("the Applicant") hereby acknowledges that he/she shall be liable for the payment of the monthly fees in respect of the child-minding services as more fully explained in clause 3 hereof. ☐

3. Terms of Payment

3.1 The monthly fees shall be determined by Smiley Kids Chantelle from time to time. Parents shall be advised, in writing, of changes to any fees payable to Smiley Kids Chantelle or any of its service providers and/or agents. Non-receipt of the notification to changes to any applicable fee shall not invalidate such change to the applicable fees. The fees of Smiley Kids Chantelle shall increase annually at the of December. Such increase shall be implemented and will be effective from 01 January annually. ☐

3.2 Monthly school fees (as well as fees for services rendered by other service providers) are due and payable in advance and shall be paid by no later than the 7th day of the month during which the service is rendered. Smiley Kids Payments made after the 7th of the month is seen as late payments. Smiley Kids Chantelle reserves the right to refuse access to the Applicant and his/her child/children if the fees that are due have not been paid or are outstanding. ☐

3.3 Should the 7th day of the month fall on a Saturday, Sunday or Public Holiday then the amount due to Smiley Kids Chantelle shall be payable on the preceding ordinary working day. ☐

3.4 The Applicant shall qualify for a discount, the amount which shall be determined at the sole discretion of Smiley Kids Chantelle from time to time. This will only be applicable for payments 3, 6 and 12 months in advance. ☐

3.5 Payments made after the 7th day of a month (as well as arrears) shall be subject to a penalty fee. ☐

3.6 Every payment by the Applicant arising out of or in connection herewith shall be made at the address of Smiley Kids Chantelle, free of any deductions and without set-off on the due date and without demand. ☐

3.7 The Applicant shall be liable to pay collection commission, all attorney/client fees and tracing fees (if applicable) in the event that Smiley Kids Chantelle has to institute legal action to recover any amount outstanding to it by the Applicant as is set out further in clause 12 below. ☐

3.8 Fees may be paid either by means of a cash payment at the premises of Smiley Kids Chantelle (please ensure that you receive an official Smiley Kids Chantelle receipt with the correct amount recorded thereon) or by means of an internet transfer or by direct bank deposit. The school's bank account number is: ☐

Account Holder	:	Diamond Hill Trading 168 cc
Bank	:	FNB
Branch and code	:	250655
Account number	:	62307597289

Please ensure when making the payment that you use the **child's name and surname** as the reference of the payment. Proof of payments must be submitted at the school.

STANDARD TERMS AND CONDITIONS CONTINUE

Parent tick

3.9 Smiley Kids Chantelle reserves the right to withhold any academicals and/or other information concerning the Applicant's child or children's progress if any fees are outstanding or not paid in full. ☐

3.10 An amount of R600.00, is payable on receipt of enrolment form for registration. No enrolment form will be accepted without the registration fee. This registration fee is a once off payment and is for administration cost and is not refundable. ☐

3.11 There is an additional cost for stationery used throughout every year. It is a once of payment and covers most of the stationery used by the children. The cost for the stationery for the year is indicated on the price list attached. ☐

4. Notice

Should the Applicant wish to remove his/her child/children from Smiley Kids Chantelle, then the Applicant shall be obliged to give Smiley Kids Chantelle one calendar month's written notice. For purpose of this clause a calendar month notice shall mean from the first day of the month until the first day of the next month (for example, notice given on 15 March shall only have effect from 01 April and the agreement shall terminate one calendar month later, on 01 May). ☐

Despite the provisions of this clause, the Applicant may not give notice for the months of November and December. The fees for December are fully payable. Notice to terminate this agreement for the end of December must be handed in at the office by no later than the 7th of October. ☐

Smiley Kids Chantelle shall be entitled to give the Applicant shorter notice of the termination of this agreement in the event of a material breach of this agreement as well as a breach or non-compliance with any standing operational procedures, code of conduct or other policies of Smiley Kids Chantelle. Such shorter notice by Smiley Kids Chantelle to the Applicant may be verbal or in writing. Should Smiley Kids Chantelle in its opinion believe that the Applicant's child is not suited to be a student at the school for any reason whatsoever, it may in its sole discretion terminate this agreement by providing the Applicant with 5 days written notice of its intention to terminate. The Applicant shall nevertheless be obliged to pay for the calendar months' notice and the remainder of the month in which the child was removed from school. ☐

5. School Hours

5.1 The school hours are strictly from 06h00 to 18h00, Monday to Thursday and 06h00 – 18h00, excluding Public Holidays, when the school shall be closed. On Fridays the school closes at 17h30. ☐

5.2 Should the Applicant's child/children be collected after 18h00 / 17h30, a late collection fee of R100.00 (Hundred rand) for every fifteen minutes after 18:00 / 17:30 will be charged to his/her account. This amount may be amended from time to time at the sole discretion of Smiley Kids Chantelle. ☐

5.3 No unauthorised person or children under the age of 18 will be allowed to collect the Applicant's child or children from Smiley Kids Chantelle. Smiley Kids Chantelle must be informed if any other person who will collect the Applicant's child or children from school. Please furnish us with the person's identity number, name and surname and a short description of the features of the person concerned. ☐

Parent/Guardian signature: _____

Date: _____

STANDARD TERMS AND CONDITIONS

Parent tick

5.4. The school shall be closed for the December Holidays from approximately 15 December until approximately the second Tuesday of January. The specific details in this regard will annually be communicated to Applicant's by no later than end October. The full school fees shall be payable, despite the closure of the school during this period. The exact dates will be communicated in writing to the Applicant. ☐

6.Indemnity

Although every precaution necessary will be taken to prevent accidents, neither Smiley Kids Chantelle nor any of its employees, agents, guests, facilitators, representatives or anyone acting on its behalf shall be held liable for any injury, be it physical, emotional or psychological or howsoever caused to the child whilst under the control of Smiley Kids Chantelle, be it as a result of gross negligence or otherwise. Smiley Kids Chantelle shall further be indemnified and held harmless by the Applicant against any claim of whatsoever nature and howsoever arising whether in contract or delict, which may be brought against Smiley Kids Chantelle, its members, employees, agents, guests, and facilitators by any other third party. If and when the Applicant's child or children are being transported by Smiley Kids Chantelle, for whatever reason, (including but not limited to outings, collecting or dropping off) it will be at the Applicant's and child's own risk. Smiley Kids Chantelle (including all its employees and or any person acting on behalf of Smiley Kids Chantelle) shall not be liable in respect of any injury sustained or damage suffered by the Applicant's child or children. ☐

7.Transport Facility

Smiley Kids Chantelle does not offer this service. We cannot take responsibility for drivers or companies which has been appointed by you as a parent or guardian. You have a legal contract with them. Smiley Kids are not a 3rd party to that contract or agreement. ☐

8.School property

In the event that property of the school is damaged by the Applicant's or his/her child or children, the Applicant will be responsible for any and all costs to replace or repair the damaged property. ☐

9. Breach

9.1 The Applicant shall be in breach of this agreement if the Applicant fails to make payment of any amount due and payable to Smiley Kids Chantelle on its due date or the Applicant being placed under administration or is sequestrated or by virtue of the attachment of the assets of the Applicant in any judicial process. ☐

9.2 In the event of the breach of this agreement by the Applicant as is set out in clauses 4 and 9.1 above, Smiley Kids Chantelle may elect to cancel this agreement with or without notice in the sole discretion of Smiley Kids Chantelle. ☐

9.3 Smiley Kids Chantelle shall be entitled to list the name of the Applicant on a credit control list/database/credit bureau or system to report defaulting on your account. With the effect thereof is that the Applicant's child or children may be refused entry to any school within the South Africa until such time that the act or omission that caused the breach, is remedied and Smiley Kids Chantelle reserves the right to proceed with legal action against the Applicant without further notice. ☐

Parent/Guardian signature: _____

Date: _____

STANDARD TERMS AND CONDITIONS

Parent tick

10. Notice and Domicilia

10.1 The parties choose the domicilia citandi et executandi for the purpose of all notices and processes arising out of or in connection with this agreement as follows:

Smiley Kids Chantelle: 237 Salie street, Chantelle, 0182 ☐

Applicant (physical address) : _____

(please complete the above)

10.2 Any notice sent by post, by either party to the other, shall be deemed to be received on the seventh day after the date of posting or on the date of delivery in the case of delivery by hand. ☐

10.3 Each party shall be entitled to change the address specified by it in terms of this clause, in writing, to any other address within the Republic of South Africa (not being a post office box or poste restante) on not less than 14 calendar days prior written notice to the other party. ☐

11. Duration and Termination

This contract shall operate for an **indefinite** period and is subject to the notice periods as set out in clause 4 above. ☐

12. Costs

All legal and collection costs, including attorney and own client costs, tracing fees, charges and disbursements incurred by Smiley Kids Chantelle in collecting or endeavouring to collect all or any amount payable by the Applicant hereunder, shall be for the account of the Applicant and payable on demand. ☐

13.Certificate of indebtedness

The indebtedness of the Applicant to Smiley Kids Chantelle in terms of this contract shall be determined and conclusively proved for all purposes by a certificate signed on behalf of Smiley Kids Chantelle. ☐

14. Jurisdiction

The Applicant hereby consents, notwithstanding the amount of the claim, to the jurisdiction of the Magistrates Court. ☐

Parent/Guardian signature: _____

Date: _____

STANDARD TERMS AND CONDITIONS

Parent tick

15. Emergency Medical Treatment, Illness, Injury and Medication

15.1 Smiley Kids Chantelle cannot accept responsibility for extremely sick children, those running high temperatures, viruses and diseases, vomiting, with eye infections, or that have diarrhea or head lice. ☐

15.2 In the event of the Applicant's child or children contracting any infectious disease, Smiley Kids Chantelle must be notified immediately. Children with infectious diseases may not be sent to Smiley Kids Chantelle until certified by the Applicant's doctor. ☐

15.3 Please ensure that any and all allergies that your child or children may have is recorded on the enrolment form. ☐

15.4 The administration of medication to any child by a member of the personnel of Smiley Kids Chantelle may only be performed upon the written consent of the Applicant or the other parental party. The Applicant or the other parental party of the child or children must specify what medication is to be administered, the quantity that must be given and what time the medication must be administered. The Applicant or the other parental party of the child or children must clearly state their name and sign at this instruction. ☐

15.5 The Applicant or the other parental party of the child or children hereby consent to the administration of any emergency medical assistance, namely first aid, as is deemed appropriate, by Smiley Kids Chantelle, in the event of injury to the child. ☐

15.6 Should the Applicant's child or children require emergency medical treatment the Applicant hereby gives Smiley Kids Chantelle authority to take such child to the nearest doctor or medical facility. The Applicant shall remain liable for the costs incurred by such emergency medical treatment. ☐

Parent/Guardian signature: _____

Date: _____

STANDARD TERMS AND CONDITIONS

Parent tick

16. General

16.1 This agreement constitutes the whole and entire agreement between the parties and there are no other agreements, representations or warranties between the parties other that those specifically set forth herein. ☐

16.2 No amendment, variation or modification of this agreement shall be of any force of effect unless the same is confirmed in writing and signed by all the parties hereto. ☐

16.3 No indulgence on the part of either party in exercising any right conferred upon such party in terms of this agreement shall constitute a waiver or novation of any such right, nor shall any single or partial exercise of any right preclude any other of future exercise thereof or the exercise of any other right under this agreement. ☐

16.4 Smiley Kids Chantelle shall be entitled, without notice to the Applicant, to cede, transfer or assign its rights under this agreement to any third party. ☐

16.5 The person responsible for the account and preferably both parents must sign the agreement and supply with the signed agreement and enrolment form a copy of their identity document. Also a copy of the child or children's birth certificate must accompany this signed agreement and enrolment form. ☐

We _____ (full names and surname), being the parent(s)/ legal guardian(s) (herein referred to as "the Applicant") of

_____ (herein referred to as "the child"), understand, agree to and accept the standard terms and conditions aforesaid and that I am bound thereto.

_____	_____	_____
Signature of the Applicant (Person Responsible for account)	Identity Number / Passport Number	Date

Parent Signature: _____

PHOTO AND DIGITAL MEDIA CONSENT FORM

Smiley Kids Chantelle is committed to protecting the privacy, safety, and dignity of every child in our care. In compliance with the Children's Act 38 of 2005 and the Protection of Personal Information Act (POPIA), photographs or videos of children will only be taken, used, or shared with the informed consent of a parent or legal guardian.

Parent/Guardian Information
Full Name: _____
ID Number: _____

Child's Information
Full Name: _____
ID Number: _____

Consent Options (Please tick your choice)

☐ I give consent to Smiley Kids Chantelle to take photographs or videos of my child for internal educational and developmental purposes (e.g, classroom activities, portfolios, school events).

☐ I give consent to Smiley Kids Chantelle to post photographs of my child on the school website. I understand that no names or surnames will be published, and images will be used responsibly.

☐ I give consent to Smiley Kids Chantelle to share photographs of my child on the school's official social media platforms (e.g., Facebook). I understand that faces may be covered or blurred, and no identifying information (such as names or surnames) will appear.

☐ I do NOT give consent to Smiley Kids Chantelle to take, use, or post any photographs or videos of my child on any digital platform, including social media, websites, or marketing materials, without my written consent each time.

Parent/Guardian Signature: _____ Date: _____
School Representative Signature: _____ Date: _____

Note:
All images will be handled in accordance with POPIA and will not be shared with third parties without additional written consent. Parents may withdraw consent in writing at any time.

DEBIT ORDER PAYMENT INSTRUCTION

If you have selected debit order as your preferred method of payment, please complete this section.

As the parent or guardian, your account will be debited according to the option you have selected. You will receive an SMS notification **2 days** before the debit order is processed and another notification after the debit order has gone through. This will inform you of the amount that will be debited and allow you to ensure sufficient funds are available in your account.

All fees will be confirmed with you before the debit order is loaded for the first time.

Important:
A fee of **R150** per unpaid transaction will apply if the debit order is returned unpaid.
This unpaid transaction fee is subject to annual review and may change.

Please complete the form on the next page.

STRATCOL debit orders

Parent/Guardian signature: _____

Date: _____

DEBIT ORDER AUTHORISATION

Smiley Kids
CHANTELLE

ACCOUNT HOLDER (DEBTOR) INFORMATION:

ID Number / Registration Number: _____ Name & Surname / Company Name: _____

Address: _____Code_____

Contact Details: _____ (Home) _____ (Mobile) _____ (Work)

If Company / CC, Name of Person(s) signing this: _____

Account Holder Name: _____ Bank: _____

Branch / Code: _____Account Number: _____

Account Type:
☐ CURRENT
☐ SAVINGS
☐ TRANSMISSION
☐ OTHER
If "Other" supply details: _____

COLLECTION INSTRUCTION:

Interval:
☐ ONCE OFF
☐ MONTHLY
☐ QUARTERLY
☐ BIANNUALLY
☐ ANNUAL
☐ WEEKLY
☐ BI WEEKLY

Is this limited to fixed amounts, or to debits due in future that may vary?

Fixed amounts: ☐
Variable amounts: ☐

Note: if variable, the amount(s) hereunder may be exceeded.

* **Once off transaction:**
Collection date: dd_____ /mm _____ / 20_____ R _____. _____ (Amount)

* **Recurring transactions:** **CONTINUE INDEFINATELY UNTILL CANCELLED BY DEBTOR? YES ☐ NO ☐**

1st Collection date: dd_____ /mm _____ / 20_____ R _____. _____ (Amount)

Day of Month thereafter: _____ (1-31) Annual escalation: _____ (%) Escalation month: _____

* **If not indefinitely:** _____ (number of deductions) dd_____ /mm _____ / 20_____ (Final date)

* **If weekly:** MON / TUE / WED / THU / FRI / SAT

I / We, the above mentioned and undersigned, hereby authorized StratCol to collect by debit order from the above mentioned bank account, all amounts due in terms hereof and to pay same to the Stratcol User above.

(I confirm that I / we are the person(s) with signature authority as registered with my / our bank).

SIGNATURE (1):_____SIGNATURE (2):_____ DATE: _____

OFFICE USE ONLY

EFT ☐ NAEDO ☐

Client reference number: _____ **Abbreviated Name:** _____

NAEDO TRACKING (Please circle): `1D/ 2D/ 3D/ 4D/ 5D/ 6D/ 7D/ 8D/ 9D/ 10D/ 14D/ 21D/ 32D

CHANTELLE

DEBIT ORDER Agreement

AGREEMENT

I/we hereby authorize STRATCOL to issue and deliver payment instructions to my / our banker for collection against my/our abovementioned account at my/our abovementioned bank.

The individual payment instructions so authorized to be issued, must be issued and delivered according to the abovementioned interval on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorized to be issued, must carry a number, which number must be included in the said payment instruction and if provided to me / us should enable me / us to identify the agreement on my / our bank statement. The said number should be added to this form on page 1 under client reference number, before the issuing of any payment instruction and communicated to me / us directly after having been completed by me / us.

I/we agree that the first payment instruction will be issued and delivered as per collection instruction.
If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I / We agree that the payment instruction may be debited against my / our account on the following or previous business day.

NAEDO

Allows for tracking of dates to match with flow of Credit at no additional cost to myself / ourselves. I / We authorized the originator to make use of the tracking facility as provided for in the EDO system at no additional cost to myself / ourselves.

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me / us by giving the Stratcol User notice in writing of not less than the interval (as indicated on the Authorization) and sent by prepaid registered post or delivered to his / her / its address indicated above.

MANDATE

I / we acknowledge that all payment instructions issued by the Stratcol User shall be treated by my / our abovementioned bank as if the instructions had been issued by me / us personally.

CANCELLATION

I / we agree that although this authority and mandate may be cancelled by me / us, such cancellation will not cancel the Agreement.I / we also understand that I / we cannot reclaim amounts, which have been withdrawn from my / our account (paid) in terms of this authority and mandate if such amounts were legally owing to the Stratcol User.

ASSIGNMENT

I / we acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20____.

_____ _____

SIGNATURE(S) AS USED FOR OPERATING ON THE ACCOUNT Name and Surname

ACKNOWLEGEMENT OF DOCUMENTS RECEIVED

Please sign the following to acknowledge that you, the parent, (the person responsible for the account) have received, read, understood and agree that the following documents are binding on you:

1.Enrolment Form
2.Standard Terms and Conditions (this is part of the enrollment form) , and
3.Welcoming letter.

I _____, Identity number _____ being the parent / guardian of

_____ hereby acknowledges that I have received, read, and understood the content of the aforesaid documents. I irrevocably bind myself to its content.

_____ _____
Signature Date

****

Please ensure that the Enrolment Form, Standard Terms and Conditions and all supplementary documents as requested in the enrollment form are returned to Smiley Kids Chantelle, completed and signed in full before your child or children commence school at Smiley Kids Chantelle.

Thank you for your patience in completing all the necessary documents.

Smiley regards

Mrs. B Janse Janse Van Rensburg
Owner

INTERNAL USE ONLY

Please indicate that all information has been completed and submitted:

Office received

Are all pages signed by a parent/guardian? ☐

Are all pages and information blocks completed and readable? ☐

Is there a copy of the following:

Copy of child unabridged birth certificate ☐

Copy of immunization certificate (clinic card) ☐

Copy of all parents/guardians ID document / Passports ☐

Proof of residence of parents/guardians ☐

If any transport is used, Proof of PDP ☐

If the person responsible for the account is not the parents/guardians - ID document ☐

If the person responsible for the account is not a parent/guardian - Proof of residence ☐

Registration Fee paid? Date of payment: _____ ☐

All pages of the Standard Terms and Conditions signed? ☐

Has the Welcome Booklet been handed to the parent - after enrolment forms where received? ☐

Copy of the medical aid card. ☐

Copies of IDs / Passports of emergency contacts. ☐

This enrolment will only be accepted once all information is received, completed and confirmed.

_____ _____ _____ _____

Administrator that accepted this enrollment | Date | Signature

School stamp