



Application Form



Baby Steps to Big Dreams

CONFIDENTIAL: MEDICAL FORM

PUPIL'S NAME: _____

HEALTH STATUS:

Please read the list below and indicate if your child has any of the listed conditions:

- | | |
|--|---|
| <input type="checkbox"/> Allergic to bee stings | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Allergic to Penicillin | <input type="checkbox"/> On medication (specify) |
| <input type="checkbox"/> Allergic to Sulfa Drugs Asthmatic | <input type="checkbox"/> Other health concerns/conditions (specify) |
| <input type="checkbox"/> Auditory conditions (ears) | <input type="checkbox"/> Problems with eyes |
| <input type="checkbox"/> Bone problems | <input type="checkbox"/> Serious food allergies |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Dietary Requirements | <input type="checkbox"/> Spinal problems |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Heart condition Epilepsy | |

Please provide specific details or information the school should be aware of regarding the medical condition/s indicated above: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Parent/Guardian name and telephone number: (Cell) _____

Alternative contact and telephone number: _____

MEDICAL AID NAME: _____

MEDICAL AID NUMBER: _____

FAMILY DOCTOR NAME: _____

FAMILY DOCTOR TELEPHONE NUMBER: _____

I agree to allow Management to transport my child to the nearest hospital in the case of emergency medical attention.

Parent/Guardian Signature: _____ Date: _____



Cell: 082 6165830

Web: baby-steps.co.za

Email: info@baby-steps.co.za

BABY STEPS APPLICATION FORM

Date of Application: _____ Date to start school: _____

1. PUPILS PARTICULARS

Surname: _____ First Names: _____

Date of Birth: _____ Sex: _____ Religion: _____

Country of Birth: _____ Identity Number: _____

Home Language: _____ Nationality: _____

Residential Address: _____

Postal Address: _____

Code: _____

How did you hear about us? ☐ Friends/relatives ☐ Website ☐ Advert ☐ Other

2. SIBLINGS

Do you currently have a sibling attending Baby Steps? _____

Siblings Name: _____ Grade: _____

Present School: _____ Age: _____

3. PHOTO CONSENT

I _____ parent of _____

gives permission for my child's photos to be used and to post photos on all social platforms.

Parent/Guardian Signature: _____ Date: _____

4. BANKING DETAILS

Accountholder: Baby Steps Early Learning Centre (Pty) Ltd

Linbro Park

Standard Bank

Business Current Account

Acc No: 020017820

Branch Code: 051001

Riley Road

Standard Bank

Business Current Account

Acc No: 020017707

Branch Code: 051001

Assumption

Standard Bank

Business Current Account

Acc No: 020017855

Branch Code: 051001

5. PARENTS' PARTICULARS

Parent responsible for school fees:

Title: _____ First Names: _____

Surname: _____ Relationship to Pupil: _____

Identity Number: _____

Home Address (*domicilium citandi et executandi*): _____

_____ Code: _____

Cell: _____ Home Tel: _____ Fax: _____

Postal Address: _____

_____ Code: _____

Email Address: _____

Company Name: _____ Business Tel: _____

Occupation: _____

Business Physical Address: _____

_____ Code: _____

6. OTHER PARENT

Jointly liable for school fees

Title: _____ First Names: _____

Surname: _____ Relationship to Pupil: _____

Identity Number: _____

Home Address (*domicilium citandi et executandi*): _____

_____ Code: _____

Cell: _____ Home Tel: _____ Fax: _____

Postal Address: _____

_____ Code: _____

Email Address: _____

Company Name: _____ Business Tel: _____

Occupation: _____

Business Physical Address: _____

_____ Code: _____

6a To be completed if school account will be paid by person other than father or mother:

Title: _____ First Names: _____

Surname: _____ Identity Number: _____

Home Address (*domicilium citandi et executandi*): _____

_____ Code: _____

Cell: _____ Home Tel: _____ Fax: _____

Postal Address: _____ Code: _____

Email Address: _____

Company Name: _____ Business Tel: _____

Occupation: _____

Business Physical Address: _____

6b To be completed if school account will be paid by a company:

Company Name: _____ Business Tel: _____

For the attention of: _____

Company Registration Number: _____

Physical Address: (*domicilium citandi et executandi*): _____

_____ Code: _____

PLEASE NOTIFY THE SCHOOL OFFICE IMMEDIATELY OF ANY CHANGES IN ADDRESS OR CONTACT DETAILS:

The signatories acknowledge that should the company not pay, they remain liable for school fees jointly and severally and are bound by the terms and conditions of the agreement.

7. DETAILS OF NEXT OF KIN OF APPLICANT (OTHER THAN IMMEDIATE FAMILY)

(i) Surname: _____ Name: _____

Cell: _____ Home Tel: _____ Work Tel: _____

(ii) Surname: _____ Name: _____

Cell: _____ Home Tel: _____ Work Tel: _____

8. THE FOLLOWING DOCUMENTS WILL BE REQUIRED IF YOUR APPLICATION IS SUCCESSFUL

- Certified copy of birth certificate
- Immunisation card
- Copy of both Parents/Guardians Identity documents

9. TO BE COMPLETED BY APPLICANT'S PARENT OR LEGAL GUARDIAN

- 9.1. I/ We are the applicants, who have both read the school's code of conduct, agree to be bound by the school's code of conduct and any amendment thereto, should this application be successful.
- 9.2. I/ We further consent to the school performing a credit check and/ or a financial means test for the purposes of considering this application and at any stage during the continuation of this agreement or in any circumstances where the school has to sue for outstanding fees.
- 9.3. Should this application be successful, a non refundable enrolment fee of R2 500 will be payable within 14 calendar days from the date of acceptance in order to secure the enrolment.
- 9.4. I understand and agree that should I withdraw my son or daughter from the School, that one term or four calendar months written notice must be furnished to the School. I further understand and agree that should I fail to give such notification within the specified time period, that I will be liable for the school fees for that term.
- 9.5. Should the monthly instalments not be paid on time the School reserves its rights to charge interest at the rate prescribed in the National Credit Act 34 of 2005, or as amended from time to time.
- 9.6. The person responsible for the payment of school fees and whose signature appears on this document agrees to be bound by the fees schedule attached hereto and any amendments thereto, provided; they have received timeous notification of any amendments.
- 9.7. The signatory hereto consents to the physical address and email address provided as being the physical address and email address at which he/she will receive all notices or document in connection with this agreement. (the signatory's domicillium address and email address). A delivery repost to such email address will constitute prima facie proof of delivery.
- 9.8. The signatory hereto consents to the jurisdiction of the magistrates court should they fail to comply with this agreement and agrees to be liable for legal costs of recovery including collection commission on an attorney client scale, should the School have to institute legal action to recover its fees.

Date: _____

PARENT/LEGAL GUARDIAN 1

First Name: _____ Surname: _____

Signature: _____

PARENT/LEGAL GUARDIAN 2

First Name: _____ Surname: _____

Signature: _____

Admissions Policy

Baby Steps is an independent school established in terms of Section 45 of the South African School Act 84 of 1996 read together with Section 29 (3) of the Constitution.

The School is co-educational and based on the Christian ethos and value(s). The School welcomes all pupils regardless of race, colour, nationality or ethnic origin, to all rights, privileges, programmes and activities generally accorded with pupils at The School subject to the various criteria set herein.

Education provided for by The School is holistic and does not only focus on academics.

CRITERIA FOR ADMISSION

1. Male and Female pupils will be accepted from 6 weeks to grade 3.
3. Admission is based on space available in The School.
4. Preference will be shown to applicants who have siblings in the school provided that they meet the minimum criteria.
6. Thereafter, the applicants that meet the minimum criteria will be placed on a first come first served basis. Those applications which are received first will be processed first. Those applications which cannot be accepted due to lack of availability only, will be placed on a waiting list in the order of the date of application being submitted.
7. Admission is conditional on ability to pay the prescribed school fees. Those parents who apply for admission of their children will be subject to a financial means test and a credit check, which by signing the application for admission they consent to. The applicant's school fees from their previous school must be paid in full before any application for admission will be considered by The School.
8. Successful applicants and their parents must also agree to be bound by The Schools Code of Conduct in place and any amendments thereto.

ADMISSION PROCEDURE

Applicants for admission must comply with the following procedure:

1. A parent/guardian shall complete the Application for Admission form, which shall be made available with the Admission policy and a schedule of fees.
2. When a parent applies for admission of a pupil to the school, the parent must present an official birth certificate of the pupil to the principal. If the parent is unable to submit the birth certificate, the pupil may be admitted conditionally until a copy of the birth certificate is obtained from the regional office of the Department of Home Affairs. The School will advise parents that it is an offence to make a false statement about the age of a child. (See Births and Deaths Registration Act, 1992 No 51 of 1992). The parent must ensure that the admission of the pupil is finalised within three months of conditional admission, If not the pupil's admission will be withdrawn and the non refundable application fee paid forfeited.
3. On application for admission in a primary school, a parent must show proof that the pupil has been immunised against the following communicable diseases: polio, measles, tuberculosis, diphtheria, tetanus and hepatitis B. If a parent is unable to show proof of immunisation, the school must advise the parent on having the pupil immunised as part of the free primary health care programme, before admission to The School.
4. Applicants who are not South African citizens must also provide a relevant study permit or proof of permanent residence.

ADMISSION MAY BE WITHDRAWN


A successful applicant for admission may be suspended or withdrawn by The School at any time after the applicant has been placed, under the following conditions:

1. Where the person(s) responsible for the payment of school fees and levies are in breach of the fees agreement.
2. Where a continued relationship between The School and the parent(s)/guardian(s) is not possible.


Parent/guardians full names: _____

Signature: _____ Date: _____

Tracey Urquhart
Principal

 082 616 5830

Baby Steps Riley


 066 220 4097


 22 Riley Road,
Bedfordview

 info@baby-steps.co.za




Baby Linbro Park


 064 687 6670

 43 Reid Avenue,
Linbro Park Sandton

 info@baby-steps.co.za

Baby Steps 2 Assumption

 067 407 0290

 Cnr Pandora & Mullins Roads,
Germiston

 info@baby-steps.co.za