



LEGAE-LA-BANA
Early Learning Centre

NPO: 224-695

368 MOROLONG SECTION
KGABALATSANE VILLAGE

TEL: 081 887 3059
EMAIL: care@legaelabanaelc.com

**LEGAE LA BANA EARLY LEARNING CENTRE
2025- APPLICATION FORM**

PLEASE ATTACH THE FOLLOWING:

1. Copy of Birth Certificate of the child
2. Copy of Clinic Card
3. ID copy of Parent/Guardian

DETAILS OF THE CHILD:

Child's surname: _____ Child's name: _____

Date of Birth: _____ Sex: _____

DETAILS OF PARENTS

Father's Name & Surname: _____

Contact number: _____

Home Address: _____

ID No. _____

Mother's Name & Surname: _____

Contact number: _____

Home Address: _____

ID No: _____

Contact Person in case of emergency:

Name: _____ Contact No: _____



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CHILD'S BACKGROUND

Does your child have any habits such as thumb sucking, comfort blanket etc.?

Does your child have any fears (e.g. The dark, dogs etc.)? _____

Are there any foods your child may not eat? _____

Reason: _____

Is there any drink your child may not have? _____

Reason: _____

MEDICAL BACKGROUND:

Has your child had all immunisations to date? _____

Does your child have any physical defects? _____

If so, please specify: _____

Has your child had any children's diseases? _____

If so, please specify: _____

Does your child have any allergies? _____

If so, please specify: _____

May your child have Panado syrup or Stopayne? _____

Family Doctor's Name: _____

Tel: _____

Address: _____

Medical Aid: _____

Medical Aid No. _____

Head Beneficiary Name: _____

ID: _____

I, _____ hereby give permission for my child
_____ to be taken to a doctor in case of an accident.



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TERMS AND CONDITIONS:

IMPORTANT NOTICE:

By signing or initialling or otherwise entering into this Contract you agree to the terms and conditions contained in this document as well as any terms and conditions which form part of this Contract. **If there is any provision in this Contract that you do not fully understand, please ask for an explanation before signing.**

ADMINISTRATION & FEES:

- 1. You have absolute responsibility for the payment of any Fees applicable to your Child attending at LEGAE LA BANA EARLY LEARNING CENTRE (ELC).** You also acknowledge that School Fees are payable ONE month in advance. If you are unclear about any of your financial obligations, PLEASE VERIFY WITH THE PRINCIPAL and/or ADMINISRTATOR.
2. Fees as per Fees Structure will be provided.
3. Monthly Fees must be paid **in full by the 5th of every month.**
4. If fees are not paid by the 6th of the month, PENALTY of R50 is imposed.
5. A full months' fees are payable even if your child leaves during the course of the month.
6. A once-off registration fee of R400.00 is payable per child. **THIS FEE IS NON-REFUNDABLE.**
7. A fee of R60.00 will be charged for late collection of children.
8. Parents are liable for fees whether or not the child has attended the full month's quota of days. Unfortunately, there will be no rebate for missed days.
9. Fees for December and January are paid in full.

PLEASE NOTE: If you wish to terminate your contract or withdraw your child from LEGAE LA BANA ELC, we require one calendar month's written notice. This calendar month's written notice will only apply from January to the first day of October. If you wish to terminate the contract or withdraw your child from LEGAE LA BANA ELC after the 1st of October, you will be liable for the Centre fees of November and December.

Parent Signature: _____

Witness: _____



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GOVERNANCE

1. . All activities and outings are compulsory, and will be paid for by parents as and when such activities are arranged.
2. Activities or Operations may be suspended due to:
 - An unforeseen or an unfortunate circumstance taking place around the area/community.
 - Conditions beyond the Centre’s control
 - Centre’s Management decision if It deems necessary for the best and safety of the learners.

Parent Signature: _____

Witness: _____



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INDEMNITY FORM

I, the undersigned, herewith apply for admission of my child,

to Legae La Bana Early Learning Centre (ELC) and should my application be successful, I undertake to do the following:

1. I, as the natural guardian of the above named child on behalf of myself, my assigns, heirs and executors, hereby indemnify the employees of Legae La Bana ELC from any liability or damage whatsoever and any legal expenses or costs which may arise from any claim as a result of the death of the above child arising from sickness or of injury which the said child might have contracted or sustained during their vacation/holiday in the centre, except where such injury, illness or damage is as a result of the unlawful and intentional negligence of the Centre or an employee of the Centre.
2. I undertake to have the above child immunised against all infectious diseases and children's diseases at admission and to give proof of immunization to the person in charge of the Centre.
3. I hereby state that I will not hold the owners or employees of Legae La Bana ELC responsible for any accident that may occur while my child is in transit, except where such injury, illness or damage is a result of the unlawful and intentional negligence of the Centre or an employee of the Centre.
- 4. I, further undertake to abide by the rules laid down by Legae La Bana ELC or which may be issued from time to time.**
- 5. In addition to the above, I undertake to pay all fees as required by the Centre for my child.**
- 6. Lastly, I grant the principal and/or staff my consent to obtain whatever medical treatment might be necessary during an emergency where I shall not be immediately or timeously able to grant consent in person.**

Signed at on the ____ day of _____ 20____.

Parent/Guardian Signature: _____

Witnesses Signature: _____