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

Signature_____

Guardian or Parents

Relationship to child																				
Name																				
Surname																				
Birth date				-			-													
ID																				
Gender				Male																
Address																				
City																				
Province																				
Postal Code																				
Occupation																				
Work Address																				
Contact Details				Tell Cell																
				Work																
				Emergency																
Email																				
Copies attached				ID copy		Y	N			Proof of address		Y	N							

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Payment structure

The following is the Payment structure on per child, the structure below only indicates how much the parent or guardian will be paying for each child placed in the Center, the price only decreases for the new child entered to Center.

Bank details: Mr. A Schoeman T/A D.E.L.S Advanced Edu-Eaze.

Account: FNB / RMB

Account number: 62772718337

Account type: Current (Cheque) account.

Branch code: 250655.

Agreement Form

I _____ (being person held responsible for the payment of Center fees) understand that fees are payable in advance – annually, semi annually, and quarterly or monthly for 12 months, and that I am required to give one calendar months' notice, should I wish my child to leave the Center.

Center fees are still to be paid over the given notice period. I agree: To non-refundable registration fee of R500 on registration which will be submitted along with all completed application forms

- To pay the agreed Center fees.
 - To pay the agreed after care fees of R450 per month. (this applies if your child is scheduled for after care)
 - That Center fees are payable in advance and any EFT payments done must reflect by the 3rd of every month or beginning of every term. Proof of payment must be sent through by the 1st of every month
 - That cheques will not be accepted
 - That if fees are not paid by the 7th of the month, a R100 administration and interest charge will be served on my account, which will reflect on the next month's statement.
 - That if fees are not paid by the 7th of the month, my child will not be allowed to attend Center and will remain at home until all outstanding fees have been paid
 - That Center fees are due and payable irrespective of public and/or term holidays, absence due to illness and/or other ad hoc reasons
 - That my child will be collected by no later than 13:30pm if half day or 17:00 if full day or 18:00 if on after care. A late-coming fine of R100 per 30 minutes (or part thereof) will be charged if children are collected after 13:30pm (half-day) and 17:00 (full day) and 18:00 (after care). Late coming fees are levied directly to the account of the parent.
 - To give one calendar months' notice to the Center of my intent to withdraw my child from the Center, and that Center fees during this notice period will be paid timorously
 - .
- To sign a compulsory debit order form should fees be late for two consecutive months.

Full Name: _____

ID No: _____

Signature: _____

Date: _____

Please attach a copy of ID and proof of address of the person responsible for payment, for FICA purposes.

Indemnity Form

I _____ (full name of parent/guardian)
of _____ (full name of child) Hereby;

Indemnify and hold harmless Die Eike Learning Solutions and/or their staff, owners, principal, the Company, teachers, assistants against and from any claims whatsoever that may arise in connection with any loss and/or damage to the property, possessions, injury, illness or death which may be sustained by the pupil stipulated above, whilst on Center property.

Agree that I, as stipulated above, shall be responsible for the payment of all medical/and or hospital accounts, where applicable, should any injury, loss or damage be sustained to the pupil stipulated above whilst on the Center property.

Delegate to the principal of Die Eike Learning Solutions and/or her representatives, the power to authorize whatever treatment he/she in their sole discretion (and to the best of their ability) deems necessary for the pupil and in doing so agree that the principal and/or her representatives shall act in loco Parentis.

Give consent for the pupil stipulated above to take part in any extra mural activities on the Center premises or any such place where such activities are engaged in.

Agree that this indemnity shall commence on date of signature hereof and shall remain in force and be of effect for the duration of the pupil's enrolment at Die Eike Learning Solutions

Date: _____ Place: _____

Signature of parent/guardian:

Name and Signature of Witness: