



Harvest Seedlings NPC 2015/294886/08  
157 Allcock Street, Colbyn 0083 Tel: 012 430 2216 / 0735062492 E-mail: [info@harvestseedlings.org.za](mailto:info@harvestseedlings.org.za)

## Information & Registration for 2019

Harvest Seedlings is a Christian pre-school for toddlers aged 2 to 6 years. Our vision is to create an opportunity for all children to develop in a happy environment by learning through play.

### Values & Principles

Harvest Seedlings will aim to

- provide high quality, Christian-based education and care in a safe, loving and nurturing environment;
- create opportunities for learning through play;
- extend the warm, family environment of home to school;
- focus on individual attention; and
- encourage open communication with parents and teachers.

### Terms & Conditions

#### Hours

- Half day school hours are from 6:45 to 13:00 and full day school hours are from 6:45 to 17:15.
- Formal activities for the 2 to 5-year group is from 8:30 to 12:30. **Formal activities for Grade R is from 8:00 to 12:45.** It will be preferable for drop off and pick up to take place before or after these times.
- The school follows the public school's calendar; therefore, we will be closed on all public holidays and days allocated to being 'school holidays' which form part of long weekends. We will be open during public school holidays at a minimal additional fee per child per day and should the demand be great enough. The school will close by mid-December and re-open in January. Details and exact dates where necessary, will be communicated before each holiday.

#### Fees

- Registration fee (non-refundable): **R 250** per child, payable annually in January or upon enrolment + **R90** for a floppy hat.
- Half day (6:45 – 13:00): **R1680-00** per month
- Full day (6:45 – 17:15): **R2300-00** per month
- **Stationery fee for Grade R's:** **R 530**, payable in January, or in two instalments over Jan & Feb.
- School fee includes a morning and afternoon (only if staying full day) snack and music as an extra mural activity one morning per week.
- The **monthly fees are payable in advance by the 3<sup>rd</sup> of each month for 12 months.** A late payment fee will apply for payments not received by the 3<sup>rd</sup> of the month.
- Please pay fees into the following account and e-mail proof of payment to [info@harvestseedlings.org.za](mailto:info@harvestseedlings.org.za) .
- Cash payments are discouraged for security reasons.
- Banking details: **Standard Bank Account Name:** Harvest Seedlings NPC  
**Account Number:** 012643181  
**Hatfield Branch code:** 011545  
**Reference:** **CHILD'S NAME AND SURNAME**
- **A calendar month's written notice is required should your child be leaving the school.** Notice may not be given during or for October or November for a child to leave the school at the end of these months.

- A discount of R90 per child can be given to siblings attending the school.
- No discount can be given if your child is away on holiday or home sick or during school holidays.
- Your child must be picked up by 13:00 if he or she is not staying for the full day. A R38 late fee will be charged for every 15 minutes (or part thereof) after 13:00.
- Children staying for the full day must be picked up by 17:15. The late fee will also apply for pick up after 17:15.

## Meals

- The school will provide a mid-morning snack and an afternoon snack if your child is staying full day.
- Please send a healthy lunch, which the children will eat before 13:00. Please limit sweet treats and crisps to a Friday only.
- Own snacks and lunch to be sent during school holidays.

## Please send the following to school

<u>Daily</u>	<u>Month of enrolment / Beginning of 1<sup>st</sup> term</u>	<u>Beginning of 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> terms</u>
<ul style="list-style-type: none"> <li>• Marked school bag.</li> <li>• An extra set of clothing.</li> <li>• Plastic bag to send home wet/dirty clothing.</li> <li>• Healthy lunch.</li> <li>• Hat.</li> </ul>	<ul style="list-style-type: none"> <li>• 1 x box of tissues.</li> <li>• 1 x roll of toilet paper.</li> <li>• 1 x packet of wet wipes.</li> <li>• 1 x liquid hand soap.</li> <li>• 1 x face cloth (labelled and with a tag to hang on a hook please)</li> </ul>	<ul style="list-style-type: none"> <li>• 1 x box of tissues.</li> <li>• 1 x roll of toilet paper.</li> <li>• 1 x packet of wet wipes.</li> </ul>

Full-day children must bring a **labelled single sheet and blanket** to school if they are going to sleep during rest time. This can stay at school and will be sent home every second week or as necessary to be washed. We recommend that all 2 to 4-year olds sleep/rest. The 5 – 6-year olds may engage in quiet play during rest time.

## Birthday celebrations

Children love celebrations and the school will do its best to help your child feel very special when it is their birthday. You are welcome to send party eats, but please keep them simple and check with us how many little ones there are in the class to cater for.

## General

- The school will send home a regular newsletter to keep you informed of themes and special activities.
- It is not permitted for children to bring their own toys to school.
- It is the parent's responsibility to inform us of any changes in personal details, phone numbers, etc.
- For the well-being of all the school's children, children that are ill should not be brought to school.
- Please see further important information under MEDICAL on the registration form regarding medicines to be administered at school and allergies.
- Should somebody else be fetching your child **please ensure that the school is informed in advance** of the full names and your relationship/child's relationship to the person. This must be done in writing - a text message will suffice. The designated person will be required to complete the sign out register.
- For outdoor play children have to wear a hat. Children therefore must remain in the shade or under cover if they have forgotten to bring a hat to school. A floppy hat with a rim around is preferable.
- Full day children will have time to rest after the usual school hours, thereafter they will have free play time until they are picked up from school.
- All clothing and other items should be labelled to help us find their owners when left behind/lost.



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For office use:

## Registration Form 2019

Class group:	Date enrolled:
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### Details of Child

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Full Names: \_\_\_\_\_ ID Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Home language: \_\_\_\_\_ Religion: \_\_\_\_\_

Position of child in family (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.): \_\_\_\_\_

Previous school/play group attended: \_\_\_\_\_

### Parents

Married/divorced/single parent: \_\_\_\_\_

**Father:** Surname & Full names: \_\_\_\_\_

Occupation: \_\_\_\_\_ ID Number: \_\_\_\_\_

Work address: \_\_\_\_\_ Work hours: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Tel. Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Mother:** Surname & Full names: \_\_\_\_\_

Occupation: \_\_\_\_\_ ID Number: \_\_\_\_\_

Work address: \_\_\_\_\_ Work hours: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Tel. Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### School Attendance:

Will your child be attending half day  or full day  ? Approximate pick up time: \_\_\_\_\_

**Emergency contact procedure:**

Which parent should be contacted first in the event of an emergency: \_\_\_\_\_

In the event that neither parent is contactable, provide an alternative emergency contact person:

**Name & surname:** \_\_\_\_\_

Cell phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please advise this person that they have been nominated for this responsibility.**

**Medical**

Are your child's immunisations up to date? Yes  No

Doctor's name: \_\_\_\_\_ Contact no.: \_\_\_\_\_

Medical Aid: \_\_\_\_\_ Number: \_\_\_\_\_

Plan/option: \_\_\_\_\_ Main member: \_\_\_\_\_

Please list any allergies or medical conditions that we should be aware of and attention/treatment required:

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

Please sign to **give permission for the teacher / staff member on duty to administer** the following treatments/medicine to your child. The school will always try to contact you telephonically before oral medication is given.

Type of medication	Use	Permission to administer (sign)
Panado syrup	Fever/pain	
Allergex syrup	Bee sting/insect bite	
Allergex mepyramine cream	Insect bites/itching	
Germolene ointment	Cuts/scrapes/stings	

All **medication from home**, which needs to be administered to a child during the school day, will be written up and must be handed to the staff member on duty (**labelled with the child's name, required dosage and instructions**). Medicine may not remain in your child's school bag.

In the interest of all the pre-schoolers, you will be contacted to collect your child should any of the following symptoms/conditions arise: Fever, flu, any contagious disease (measles, chicken pox, etc.), head lice and pink eye. Your child will be required to please stay at home until the infection or infestation has cleared.

**Pick up from school:**

Who will usually fetch your child?

\_\_\_\_\_

Who else is allowed to fetch your child?

Name: \_\_\_\_\_ ID: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ ID: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Declaration and consent**

I/we, \_\_\_\_\_, agree to the following upon completing and signing this registration form:

- To pay the school fees as required, **by the 3<sup>rd</sup> of each month.**
- To give a calendar month’s written notice should my child be leaving the school.
- That no notice will be accepted during/for October or November for a child to leave the school at the end of these months.
- That school fees are payable for 12 months (January to December).
- To ensure that my child will be collected from school on time.
- That we agree to all other terms and conditions as set out on the information & registration form.
- Accept the Christian values upon which teaching is based at Harvest Seedlings.
- To indemnify the school from any contra indication or side effect occurring when administering medications, with permission as indicated above, as well as own medications sent to school.
- That the principal / teacher / staff member on duty may take the necessary action in the event of injury or accident in which my child may be involved.
- That while Harvest Seedlings has taken necessary safety precautions and will ensure that all reasonable care is taken of the children, the staff of the school (including student teachers), the Governing Body of the school and Harvest Church International will not in any way be liable for any personal injury, damage or loss that might occur.

Signed at \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Name

Please attach the following to this application form:

- copy of child’s birth certificate
- copy of child’s immunisation chart
- copies of medical aid card and other medical information if applicable
- copy of the parent’s ID responsible for payment of school fee
- copy of previous assessments, reports etc. if applicable
- registration fee / proof of payment

For office use:


*We look forward to making a difference in your child’s future!*