



MIIDU DAYCARE  
58 FIRE LILY CRESCENT  
COUNTRY VIEW EXT 1  
MIDRAND  
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### **ENROLMENT FORM (2025)**

#### **Compulsory Document Required Copies:**

ID'S / Passport (Mom and Dad)	
Birth Cert (Child)	
Clinic Card	
Medical AID CARD	
Proof of Residence	

### **TERMS AND CONDITIONS**

#### **1. SCHOOL HOURS**

The gates are open from 6:30 a.m. to 17:30, and our strict closing time is 17:30. This policy is in place to ensure that our dedicated staff can also spend valuable time with their families. In the event of a late collection after 17:30, a fee of R 150 for every 30 minutes will be applicable. This fee is intended to compensate the teacher for their overtime work.

#### **2. SICKNESS**

Please do not send a sick child to school. We advise parents to keep a child at home if they are unwell and only return them to school once they have recovered.

#### **3. COLLECTION OF CHILD/REN**

Only authorized personnel will be allowed to collect children unless the parent(s) have notified us of the permission for collection.

#### **4. COMMUNICATION AND ASSESSMENTS**

Emails are the primary means of communication for sharing letters, while "WhatsApp" is also utilized as an alternative method of communication in daily use. At the start of the year (January), we conduct initial assessments in the form of videos that we store on USB drives. These assessments are very helpful in identifying the areas where the child may need support. We then send the parents assessment reports regarding their child's development at the end of the 2nd term in June and the 4th term in December.

## **5. School Term and Holidays**

We do not work on public holidays. School holidays are not mandatory. We offer a holiday program at no extra cost.

## **6. Birthdays**

We do not do birthday parties, but we, however, sing for the child.

## **7. SNACKS**

Children should bring their fruit for 10:00 a.m. and snacks at 15:00 p.m. No sweets, noodles, sugary biscuits or fizzy drinks.

## **8. MEDICAL MATTERS**

According to the Government Gazette Occupational Health and Safety Act NO. 72 OF 2008: Medicines and Related Substances Amendment Act, 2008, medicine can only be administered by a registered nurse or a First Aid Level 1 official. As per Occupational Health and Safety regulations, our staff is trained in basic first aid, CPR, choking, and infant CPR. Therefore, we are trained according to the specifications of the Act but are not qualified to administer any medication according to the Act.

ABOUT ME

(child's details)

My Name is \_\_\_\_\_ Nickname \_\_\_\_\_

I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters; their names and ages are: \_\_\_\_\_

How would you describe your personality? \_\_\_\_\_

Do you have a regular bedtime schedule? ( ) Yes ( ) no. What time do you usually go to bed at night? \_\_\_\_\_  
What time do you usually wake up in the morning? \_\_\_\_\_. Do you have trouble sleeping? \_\_\_\_\_ Night  
terrors? \_\_\_\_\_ .

If **infant**, how do you sleep? Stomach ( ) back ( ) side ( )

How many time(s) \_\_\_\_\_ and for how long do you usually nap? \_\_\_\_\_

Are there any special dolls or blankets that you need to go to sleep?

What is your disposition upon waking up? Happy, Grouchy, Clingy, Slow,

Do you have any known health problems ( ) yes ( ) no if yes, describe

Do you need regular medication? ( ) yes ( ) no if yes, what and when is it given?

Do you have any allergies? ( ) yes ( ) no if yes, please list allergies

Special instructions in case of an allergic reaction: \_\_\_\_\_

## REQUIREMENTS

### For Toddlers (2-3-year-olds)

- Bum cream, disposable nappies, wet wipes.
- Extra underwear for 2-3-year-olds who are potty training. If your child is already potty trained, please ignore.

**NOTE:** Blanket, and mattress cover for all age groups (2-5-year-old)

### FAMILY INFORMATION

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

Home Language : \_\_\_\_\_

Suburb : \_\_\_\_\_

Home phone number: \_\_\_\_\_

### MEDICAL INFORMATION

Medical Aid Name : \_\_\_\_\_

Main member : \_\_\_\_\_

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

House Doctor Name : \_\_\_\_\_

Doctor's number : \_\_\_\_\_

### PARENTS INFORMATION

FATHER		MOTHER	
SURNAME		SURNAME	
FIRST NAME		FIRST NAME	
ID/PASSPORT NUMBER		ID/PASSPORT NUMBER	
EMPLOYER		EMPLOYER	
OCCUPATION		OCCUPATION	
CONTACT NUMBER: CELL		CONTACT NUMBER: CELL	
EMAIL ADDRESS		EMAIL ADDRESS	

### EMERGENCY CONTACT INFORMATION

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

Relationship to the child: \_\_\_\_\_

Contact number : \_\_\_\_\_

### PAYMENTS

#### FEES:

**MONTHLY FEES:** Parents are required to pay the monthly fee by the 1st of each month.

#### **Full-day prices (6:30 – 17:30):**

1. Caterpillar 2 – 3 Years: R 3 680
2. Pupa 3 – 4 Years: R 3 680
3. Butterfly 4 – 5 Years: R 3 680

#### **Half-day prices (6:30 – 14:30):**

1. Caterpillar 2 – 3 years: R 3 105
2. Pupa 3 – 4 years: R 3 105
3. Butterfly 4 – 5 years: R 3 105

- A R100 discount will be given to the second child.
- **Registration fee** – R 800 Non-refundable
- Please note that the full month's fees are payable in both **January and December**.
- Should your child not attend school for any reason during the month, there will not be a reduction fee.
- We require **1 calendar month's written notice** should you wish to withdraw your child from the school.
- **Accounts** should be settled before the 5<sup>th</sup> of each month. If you fail to settle your account by the 7<sup>th</sup>, you will have to pay a fine of R 160.
- One-month school fees are payable before the child can resume classes.

## UPFRONT PAYMENT OPTIONS

### Full-semester (6 months) payment (2%) discount

PRICES PER SEMESTER	CATERPILLAR 2%	PUPA 2%	BUTTERFLY 2%
R 22 080	R 21 639	R 21 639	R 21 639

### Full-year (12 months) payment (5%) discount

PRICES ANNUALLY	CATERPILLAR 5%	PUPA 5%	BUTTERFLY 5%
R44 160	R 41 952	R 41 952	R 41 952

**N.B Discounts are applicable only on full-day attendance**

### STATIONARY:

Caterpillar (2 -3 years) – R 2 300

Pupa (3-4 years) – R 2 600

Butterfly (4-5 years) – R 2 700

*Note: Parents can purchase the stationery, and a list of required items is available upon request.*

### **BANKING DETAILS**

Name : MIIDU DAYCARE

Bank : FNB

Acc number: 62828980111

Code : 210835

Ref number: Child's Name and Surname

### **The parents hereby agree to abide by these rules.**

I, \_\_\_\_\_ (please print name), have read the Terms and conditions, and agree to abide by these conditions

Signature: \_\_\_\_\_ Date: \_\_\_\_\_