



# LITTLE BEENS EDUCARE CENTRE

Hawthorne Road, Kyalami, Midrand, 1684  
Tel no: (011) 468-2312  
Cell: 0837192376  
E-mail: littlebeens@gmail.com  
Website: www.littlebeens.co.za

## REGISTRATION FORM - 2012

### Child's/children's details:

Surname: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Fathers particulars:

### Mothers particulars:

Title: _____	Title: _____
Surname: _____	Surname: _____
First name: _____	First name: _____
ID No: _____	ID No: _____
Home address (if not as above) _____ _____ _____	Home address (if not as above) _____ _____ _____

Home tel: _____	Home tel: _____
Work tel: _____	Work tel: _____
Cell: _____	Cell: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Company Name: _____	Company Name: _____

Marital status: \_\_\_\_\_  
Next of kin name: \_\_\_\_\_ Tel: \_\_\_\_\_  
Doctor name: \_\_\_\_\_ Tel: \_\_\_\_\_  
Medical aid name: \_\_\_\_\_ Number: \_\_\_\_\_  
Emergency contact name: \_\_\_\_\_ Tel: \_\_\_\_\_

Special instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It's your responsibility to advise Little Beens if any of the above information changes.

**Enrolment type (tick appropriate programme):**

Full day: \_\_\_\_\_

Half day: \_\_\_\_\_

Casual programme: \_\_\_\_\_

Enrolment date: \_\_\_\_\_

Agreed fees (per year/month/day): \_\_\_\_\_

Where did you hear about us: Internet:

Word of mouth:

Other: \_\_\_\_\_

1. I/we undertake to pay the above fees monthly in advance over 12 months by either EFT or direct deposit.
2. I/we agree that fees are payable irrespective of absenteeism due to vacation, illness or any other reason and to give 1 (one) calendar month's notice in writing of termination of schooling. I/We understand that payments are still due within this notice period and do understand that no notice can be given after the 1<sup>st</sup> (first) October of the corresponding year.
3. I/we agree that FULL fees depicted on the invoice will be paid by the 1<sup>st</sup> (first) or by no later than the 7<sup>th</sup> (seventh) of every month and failing to do so, am liable to be charged with a late payment penalty of 5% (five) of total invoice amount. I/We understand that Little Beens reserves the right to terminate the enrolment with immediate effect of my child/children if payment of account is unpaid by the 15<sup>th</sup> (fifteenth) of the month.
4. I/we understand that each January school fees are reviewable and notification of this change will be provided before December the preceding year.
5. I/we understand that Little Beens shall be entitled to all/any costs incurred in legal proceedings instituted against us by Little Beens to recovery any outstanding amounts owed in respect to School fees.
6. I/we understand that the home address set out above is my/our domicilum citandi et executandi and it's my/our responsibility to advise Little Beens in writing of any changes.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_