



Little Kid-Oaks Playschool and Aftercare (Pty) Ltd
Reg No. 2021 / 332569 / 07

7 Pollard Street
Lorraine
Port Elizabeth
6070



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HOLIDAY & SATURDAY CLUB FORMS

Child's name and surname: _____

Child Date of birth: _____

Primary school and Grade: _____

Mother name and Contact Details: _____

Father name and Contact Details: _____

Home address: _____

Emergency contact details: _____

Any allergies or medication: _____

Medical aid details: _____

Who is allowed to drop and fetch your child? _____

Please note that all information must be filled in as we are registered with ECMR for any emergencies and these details are requested as per indemnity form and school policies.

- **N. B. HOLIDAY CARE LEARNER FEES ARE R80.00 PER DAY PER CHILD, WHICH INCLUDES ALL MEALS, YOU NEED TO BRING ALONG AN AFTERNOON SNACK DAILY FOR YOUR CHILD.**
- **N. B. WE ARE OPEN FROM 6:00 AM AND CLOSE STRICTLY AT 17:30 PM**
- **N. B. FEES NEED TO BE PAID IN ADVANCE**
- **N. B. WE DO NOT ACCEPT ANY CASH**
- **N.B. SHOULD YOUR CHILD STRIKE ANY FEVER OF 38'C, PLEASE KINDLY FETCH YOUR CHILD WITHIN 30 MINUTES AFTER BEING NOTIFIED**
- **SPOT FINE OF R100 WILL BE CHARGED IF LATER THAN 15MINS AFTET CLOSING TIME AND R25 FOR EVERY 15 MINUTES THEREAFTER**
- **PLEASE DO REFERENCE YOUR CHILDS NAME WHEN MAKING PAYMENT AND SEND POP**
- **PLEASE NOTE, WE WILL GIVE 30 DAYS NOTICE SHOULD OUR HOLIDAY CLUB FEE INCREASE WITHIN 5%-10%**
- **PLEASE TAKE NOTE THAT THE SCHOOL SHUTDOWN'S MID-DECEMBER AND CLOSES 1 PM SHARP ON THE DAY WE CLOSE, SO PLEASE MAKE ALTERNATIVE ARRANGEMENTS TO COLLECT YOUR CHILD ON TIME**

INDEMNITY DECLARATION

I, _____ the parent/guardian of _____

_____, hereby declare that I entrust the care of my child to the staff of Little Kid-Oaks Playschool during the hours as detailed in the Enrolment Contract. I hereby agree to hold the school and the owner indemnified for any claim resulting from any injury to my child during this time. I will not hold Little Kid-Oaks Playschool, the owner, or any member of staff liable for any mishap that may occur.

Parent signature: _____

Date: _____

Witness signature: _____

Principal: _____

Date: _____

Initials