



# Application Form 2025

11 Dion Road, Strathavon  
Sandton, 2198  
078 715 2157/073 508 6134  
info@sandownhappykids.co.za  
[www.sandownhappykids.co.za](http://www.sandownhappykids.co.za)  
Mondays to Fridays: Half Day 06:30 – 13:00/ Full Day 07:00 – 17:30

## Child's Information:

(Please Print) Surname: \_\_\_\_\_ First Names: \_\_\_\_\_  
Preferred name: \_\_\_\_\_ Gender: Male:  Female:   
Child's ID/Passport No: \_\_\_\_\_ Date of Birth (DD/MM/YY): \_\_\_\_\_  
Date of entry into center (DD/MM/YY): \_\_\_\_\_ Name of present school: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Country of Origin: \_\_\_\_\_  
Home Language: \_\_\_\_\_ 2<sup>nd</sup> Language: \_\_\_\_\_  
Special **dietary** requirements:  
\_\_\_\_\_  
\_\_\_\_\_  
Position in the family (e.g. eldest, youngest): \_\_\_\_ Who will collect the child from school? \_\_\_\_\_

## 2<sup>nd</sup> Child's Information:

(Please Print) Surname: \_\_\_\_\_ First Names: \_\_\_\_\_  
Preferred name: \_\_\_\_\_ Gender: Male:  Female:   
Child's ID/Passport No: \_\_\_\_\_ Date of Birth (DD/MM/YY): \_\_\_\_\_  
Date of entry into center (DD/MM/YY): \_\_\_\_\_ Name of present school: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Country of Origin: \_\_\_\_\_  
Home Language: \_\_\_\_\_ 2<sup>nd</sup> Language: \_\_\_\_\_  
Special **dietary** requirements:  
\_\_\_\_\_  
\_\_\_\_\_  
Position in the family (e.g. eldest, youngest): \_\_\_\_ Who will collect the child from school? \_\_\_\_\_

### 3<sup>rd</sup> Child's Information:

(Please Print) Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Gender: Male:  Female:

Child's ID/Passport No: \_\_\_\_\_ Date of Birth (DD/MM/YY): \_\_\_\_\_

Date of entry into center (DD/MM/YY): \_\_\_\_\_ Name of present school: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Home Language: \_\_\_\_\_ 2<sup>nd</sup> Language: \_\_\_\_\_

Special **dietary** requirements:

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

Position in the family (e.g. eldest, youngest): \_\_\_\_ Who will collect the child from school? \_\_\_\_\_

### 1st Parent Information (Person responsible for the payment of the account):

Title: \_\_\_\_\_ ID / Passport No: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel No's: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

E-mail address (please print clearly): \_\_\_\_\_

### 2<sup>nd</sup> Parent Information (Person responsible for the payment of the account):

Title: \_\_\_\_\_ ID / Passport No: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel No's: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Initial Here \_\_\_\_\_

E-mail address (please print clearly): \_\_\_\_\_

**Important:** If separated or shared custody, whom is the child living with? \_\_\_\_\_

**Emergency contact Person – in case parents are not contactable**

Title: \_\_\_\_\_ ID No: \_\_\_\_\_ Relation: \_\_\_\_\_ Surname: \_\_\_\_\_

Name: \_\_\_\_\_ Residential Address: \_\_\_\_\_

Tel No's: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

E-mail address (please print clearly): \_\_\_\_\_

**Medical Information:**

Allergies, illnesses or other information on state of health: \_\_\_\_\_

Doctor's name Doctor's phone number: \_\_\_\_\_

Medical Aid name and membership number: \_\_\_\_\_

Principal member: \_\_\_\_\_ Are your Child's immunizations up to date? Yes  No

**Fees Structure:** Please tick the preferred fees option: Full Day:  Half Day:

<u>MONTHLY FEE</u>	<u>Annual FEE</u>
Payable by EFT (only) on or before the 1 <sup>st</sup> of every month.	Payable via EFT before 15 January. Includes a 7,5% discount.

**Mondays to Fridays: Half Day 06:45 – 14:00/ Full Day 06:45 – 17:30** **ONCE OFF ENROLMENT FEE: R 1 500.00**

<u>Payable over 12 months</u>	<u>Annual Payment (7.5% Discount)</u>
Half Day: R 4 190.00	Half Day: R 50 280.00
Full Day: R 4 450.00	Full Day: R 53 400.00

Initial Here \_\_\_\_\_

<b>Daily Rate:</b> R 230.00/HD (06:45 – 14:00) R 250.00/FD (06:45 – 17:30)	<b>Daily Attendance Fee</b> <u>includes:</u> <ul style="list-style-type: none"> <li>• Baby stimulation</li> <li>• Sensory play</li> <li>• Music &amp; movement</li> <li>• Creative arts</li> <li>• Story time</li> <li>• Snack</li> </ul>	<b>Free Holiday care:</b> <ul style="list-style-type: none"> <li>• For all enrolled children from Jan – Dec</li> </ul>	<b>Full time attendance Fee includes:</b> <ul style="list-style-type: none"> <li>• Breakfast</li> <li>• Morning snack</li> <li>• Lunch</li> <li>• Afternoon snack</li> <li>• An interactive learning programme</li> <li>• 2 developmental progress reports</li> </ul>
--	--	--	---

<b>EXCLUSIONS</b>	<b>ENROLMENT: R 1 500.00</b>
-------------------	------------------------------

- Nappies, wipes & creams
- School Photos
- Concert tickets
- Extra-murals
- Toiletries (please see attached list)

- Includes:**
- Stationery
  - 2 in-house Educational shows

<b>DISCOUNTS</b>	<b>BANKING DETAILS:</b>
------------------	-------------------------

- 7.5 % Annual fees upfront payment
- 5% on second child's fees
- 2.5% on third child's fees
- Referral discount of 10% off one month fee

**BANKING DETAILS:**

**Bank Account Name: Sandown Happy Kids Preschool**

**FNB Account no: 62835474066**

**Branch code: 250655**

**Reference: Child Name**

Parent's/Guardian's name and signature: \_\_\_\_\_

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