Kiekeboe

EDUCARE

Application Booklet

2026

Kiekeboe
EDUCARE

Personal Information

Child's first name	
Child's surname	
Child's ID number (birth certificate)	
Date of birth	
Gender	
Age of child	
Nationality	
Home Language	
Physical Address	

Parental / Guardian Information

Parent / Guardian 1		**Parent / Guardian 2**	
First name		First name	
Surname		Surname	
ID number		ID number	
Date of birth		Date of birth	
Gender		Gender	
Nationality		Nationality	
Home Language		Home Language	
Physical Address		Physical Address	
Cell-phone number		Cell-phone number	
Email Address		Email Address	

Parent / Guardian 1		Parent / Guardian 2	
Occupation		Occupation	
Employer		Employer	
Employer's contact details		Employer's contact details	

Medical Information

Medical Aid	
Main Member	
Medical Aid number / Account	
Family Doctor	
Doctor's contact details	
Allergies / Medical conditions	
Chronic medication	
The school will require a copy of the doctor's prescription should such medication need to be administered at school	
Has your child had any traumatic experiences (physical or emotional) which the school should be aware of? (abuse, assault, death, surgeries, serious illness, etc)	
Other information that the school should be aware of?	
Name of person to contact in case of emergency	
Contact details	

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Financial Information

Person in charge of payments	
Relation to the child	
ID number	
Nationality	
Cell-phone number	
Email address for invoices	
Physical address	
All school fees are due by the 5th of the month	

Financial Commitment

* A registration fee of **R 1 200** is payable as part of the application to Kiekeboe Educare
* A credit, background and reference check will be done

* Monthly school fees:

	Half day	Full day
3 months – 18 months	R 2600	R 3650
18 months – 6 years (Grade R)	R 2450	R 3400
Aftercare	R 1100	

Fees are payable by latest the 5th of every month, Kiekeboe Educare runs a 12-month year. The school fees include stationery and toiletries.

* A month's notice in writing or fees thereof is required when the child is withdrawn from Kiekeboe Educare

* Any additional costs (such as Outings or Special Events) will be communicated in writing in a timely fashion to the parents and/or person responsible for payments

* If it is necessary for Kiekeboe Educare to use its attorney / collection agent to collect school fees, I will be responsible for any fees incurred in such events.

* I / we authorise Kiekeboe Educare to acquire medical assistance considered necessary in the event of an emergency and accept responsibility of any costs that should be incurred.

Signature: _____

Signed at (place)_____on this (date) _____

T 072 043 1750
E hello@kiekeboe.co.za
W www.kiekeboe.co.za

Cnr Woodlands & Dennehof
Gordons Bay
7150

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Educational Commitment

I / we, the undersigned parent(s) / guardian(s) of the child do hereby declare that:

* The information on the Application form is correct

* I / we take note of the school's rules and pledge to support Kiekeboe Educare and its staff in the education and well-being of my/our child(ren) as laid out in the school rules.

* A month's notice in writing or fees thereof is required when the child is withdrawn from Kiekeboe Educare

* I / we hereby indemnify Kiekeboe Educare and its staff against any claims that I might institute because of losses, injuries, illness or death that my/our child(ren) may sustain because of any unforeseen circumstances on the playground or as a result of my/our child(ren)'s participation in any Outing or Special event.

* Should I /we be contacted by the school on account of fever, illness, aggressive or extreme emotional behaviour, I / we will commit to come and collect my child promptly to prevent further illness of mychild or other children; or the endangerment of my child or other children.

* I / we understand that, if after several meetings and discussions between home and school, my child(ren)'s behaviour negatively affects the well-being of other children at Kiekeboe Educare, the school retains the right to request that the child(ren) leaves Kiekeboe Educare.

Parent / Guardian 1 Name & Surname: _____

Signature:_____

Parent / Guardian 2 Name & Surname: _____

Signature: _____

Signed at (place)_____on this (date) _____

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Credit Check Consent

Child's Name & Surname	
ID number	

Person in charge of payments	
Name & surname	
Relation to the child	
ID number	
Nationality	
Cell-phone number	
Email address	
Physical address	

Consent to perform Credit, Background and reference Checks

I,_____person responsible for the payments of child _____, authorize and permit Kiekeboe Educare to perform background checks (ITC) and obtain information about me from credit reporting sources and authorise all parties to disclose any information requested about me to Kiekeboe Educare.

I also authorize that Kiekeboe Eucare obtain updated information annually and on future occasions and for collection purposes should that be deemed necessary.

Name & Surname:_____(must correspond to details mentioned previously)

Signature: _____

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For Office Use Only

Child's Name & Surname	
Age of child when joining	
ID number	
Date of Application Received	
Copy of Birth Certificate	
Copy of Parents / Guardians ID	
Copy of Medical Certificate *(where necessary)*	

First Day of school	

Kiekeboe Educare Director	
Signature	
School Stamp	

Full Day		Half Day (until 13:00)	

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