



Faery Glen Therapy Centre

Holistic Therapy Centre for Special needs

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Reg number: 2009/161455/23

Faery Glen Therapy Centre

Enrolment Agreement

Between

Faery Glen Therapy Centre

And

(Parent / Guardian)

In respect of attendance at the school by

(Pupil)

Whose particulars are fully set out in addendum1

1. HOURS OF TUITION

Children may arrive from 07h00

The educational day will be 08:00 - 13:00

Children must be collected between 13:00 - 13:30

Starting date: _____

2. AFTERCARE

Aftercare is available at Faery Glen and commences from 13:30 until 18:00.

The fee with respect to aftercare is R1 000.00 per month. (January – December) over 11 months.

Aftercare fees are payable **STRICTLY** in advance on the **last working day** of each month.

One calendar month written notice must be given by the parent/guardian of the intention to withdraw the pupil from aftercare.

A daily rate of R75.00 will be charged for children enrolled on a day to day basis. Prior written arrangements must be made in order to avoid a late collection penalty.

The school is required to pay staff members overtime wages from 18:00. A late collection fee of R50.00 per 15 minutes late or part thereof will be charged for children collected after 18:00.

3. COLLECTION OF PUPIL

The child will be collected daily from school by:

- a) _____
- b) _____
- c) _____

In the event that anyone other than the nominated person is assigned to collect the pupil, the Parent / Guardian must provide written confirmation.

4. DEPOSIT

A Deposit of R1000.00 is payable on the signing of this agreement.

Deposits are non refundable.

5. FEES

Full Day Fees in respect of tuition for 2020 is R72600.00

If enrolment from January 2020, fees are payable over 11 equal payments of

R6600.00 (excluding December) OR fees payable over 12 months at R6050.00 per month.

If enrolment after January 2020, monthly fees are R6600.00.

We offer a **Full Upfront** discount amount of 8% on school fees if paid in advance by 31st December.

Fees are subject to an annual escalation and increases will normally be effective from January of each year.

Fees are payable **STRICTLY** in advance on the last working day of each month.

A 10% late payment charge is affected if fees are not paid by the 1st day of the month.

If fees have not been received by the 7th of the month, your child will be suspended until payment has been received.

If payment has still not been received by the 15th of the month, your child's placement will be lost.

School fees are **NOT** refundable.

School fees are not subject to discount / refund for days missed due to holidays or absence due to ill health.

Fees exclude all meals, nappies, nappy rash cream, wet wipes or personal use items.

6. NOTICE

One full term's written notice (3 months) must be given by the Parent / Guardian of the intention to withdraw the Pupil from the school. Failure to provide such notice will result in the Parent / Guardian being liable for paying a full term's fees in lieu of notice.

7. HOLIDAYS

Faery Glen therapy Centre will follow the ISASA (Independent School Association of South Africa). We have a four term calendar. Should a public holiday fall on a Tuesday or a Thursday throughout the year, the Monday or Friday will be declared a school holiday and the school will be closed.

8. LATE COLLECTIONS

A late collection fee of R50.00 per hour or part thereof will be charged for children collected after 13:30 unless prior written agreement between Faery Glen Therapy Centre and the Parent / Guardian has been achieved and / or the child has been enrolled in aftercare in which case after care rates will be applicable.

9. THERAPIES

Speech Therapy, Occupational Therapy and Physiotherapy are offered at Faery Glen Therapy Centre through outside therapists. Therapies not mandatory that however it is always recommended that you utilise the team on hand. The therapies come at an additional fee.

10. MEDICINE INDEMNITY

It is a condition of the acceptance of the Pupil at the school that the medicine indemnity form attached hereto marked "Addendum 2" is signed by the Parent / Guardian.

11. CONSENT AND INDEMNITY

It is a condition of the acceptance of the Pupil at the school that the consent and indemnity form attached hereto marked "Addendum 3" is signed by the Parent / Guardian.

12. WHOLE AGREEMENT

This document contains the entire agreement between the parties. Neither party will have any right or remedy arising from any undertaking, warranty, or representation not included in this document.

13. **VARIATION**

This contract cannot be varied, added to, or cancelled by agreement.
BY SIGNING YOU ARE IN AGREEMENT WITH ALL OF THE ABOVE.

Date : _____

Place : _____

Signature (Parent /
Guardian) : _____

Signature on behalf of
Faery Glen Therapy Centre

: _____

DOCUMENTS NEEDED

Please supply copies of the following documents together with this completed enrolment form:

1. Child's birth certificate
2. Father's ID
3. Mother's ID
4. Road to health card

BANKING DETAILS

PLEASE USE CHILD'S FIRST NAME AS A REFERENCE

Faery Glen Therapy Centre
Nedbank LTD
Account: 1115817035
Branch: 128405

ADDENDUM 1:

BIOGRAPHICAL INFORMATION

1. PUPIL PARTICULARS

Surname: _____

First Names: _____

Nick Name: _____

Date Of Birth: _____

Age (years/months): _____

ID Number: _____

Sex: _____

Home Language: _____

Residential Address: _____

2. PARENT.GAURDIAN PARTICULARS

FATHER

Surname: _____

First Names: _____

Occupation: _____

Residential Address: _____

Postal Address: _____

Telephone No Work: _____

Telephone No Home: _____

Cellular No: _____

Email Address: _____

ID / Passport Number: _____

Name of Employer: _____

MOTHER

Surname: _____

First Names: _____

Occupation: _____

Residential Address: _____

Postal Address: _____

Telephone No Work: _____

Telephone No Home: _____

Cellular No: _____

Email
Address: _____

ID / Passport Number: _____

Name of Employer: _____

ALTERNATIVE EMERGENCY CONTACT PERSON

Surname: _____

First Names: _____

Occupation: _____

Relation to child: _____

Telephone No Work: _____

Cellular No: _____

Email Address: _____

3. MEDICAL DETAILS

Name: _____

Telephone Number: _____

Address: _____

Medical Aid: _____

Medical Aid Number: _____

FAMILY HISTORY

Parents (Any history of inherited disorders eg. asthma, hear problems, learning difficulties etc):

Learner concerned (Any inherited disorders eg. asthma, heart problems, learning difficulties etc):

Siblings (Any inherited disorders eg. asthma, heart problems, learning difficulties etc):

Extended family (Any inherited disorders eg. asthma, heart problems, learning difficulties etc):

OBSTETRICAL HISTORY

Did you have difficulty falling pregnant?

Did you have miscarriages before falling pregnant?

How old were you when you fell pregnant?

What was moms general state of health during pregnancy eg viral infections, illness, German Measles, stress, excessive morning sickness, haemorrhage?

Were any prescription drugs taken during your pregnancy?

Where there any blood type complications during your pregnancy?

What was duration of pregnancy?

Were there any complication relating to the birth?

NEONATAL PERIOD

Birth Weight? _____

Breast or Bottle fed? _____

Where there any feeding problems:

Were there any difficulties introducing solids?

Developmental Milestones

First smile: _____

Held head up first time: _____

Sat unaided: _____

Stood unaided: _____

Crawled: _____

Walked unaided: _____

Began babbling: _____

First words: _____

Sentences: _____

Understanding and

response to commands: _____

MEDICAL HISTORY

Has your child had any significant illnesses?

Has your child ever been in hospital (if yes please give a brief description)?

Has your child experienced any recurrent illnesses (eg. ear/nose throat infections)?

Does your child have a history of seizures, convulsions or epilepsy?

Is your child on any medication at present (if yes supply name and dosage)?

Is your child currently attending any therapies? (If yes please supply therapist name and contact number)

Is your child's immunisations up to date?

Does your child have any allergies?

Does your child have any physical / coordination difficulties?

Does your child have any visual / hearing difficulties?

SOCIAL EMOTIONAL DEVELOPMENT

Describe the relationship your child has with immediate family members:

Describe any behavioural or emotional difficulties your child may have:

How would you describe your child's personality?

Please indicate if your child has difficulties with any of the following:

- Sleeplessness: _____
 - Tactile Defensive: _____
 - Auditory Defensive: _____
 - Oral Sensitivity: _____
 - Self Stimulatory Behaviours: _____
 - Easily Frightened: _____
 - Nail Biting: _____
 - Tantrums: _____
 - Restrictive Routines: _____
 - Tic: _____
 - Phobia: _____
 - Need for attention: _____
 - Over Dependency: _____
 - Behaviour Difficulties: _____
-

How would you describe your child's relationships with his/her friends and siblings:

If both parents are working what are your child's day care arrangements besides school:

SCHOOL HISTORY

Has your child attended school before: if yes please give details?

Were there any particular problems experienced at any of the above mentioned playgroup, crèche or nursery schools?

Reason for Referral to Faery Glen therapy Centre?

What do you think are your child's main areas of difficulty?

What do you think your child's areas of strength are?

What are your expectations for your child?

PREVIOUS ASSESSMENTS

Has your child had any previous assessments? (If yes please supply copies of reports)

ADDITIONAL INFORMATION

Is there any additional information you would like to share regarding your child or any additional areas you would like us to focus on?

ADDENDUM 2:

MEDICINE INDEMNITY

I, _____ (Parent / Guardian) indemnify Faery Glen Therapy Centre from any form of contra indication or side effect if so occurs when administering medication to _____ (my child). I also do not hold the school responsible for the management of such medicine, with regard to the expiry date and general care of the medicine.

It remains my responsibility to make sure there is enough medicine available, that the expiry date is current and the relative Information is current. In the event that my child requires Faery Glen Therapy Centre to administer medication, I acknowledge that I will provide Faery Glen Therapy Centre with written instructions, signed by myself, detailing how much medication is to be administered.

DATE: _____

PLACE: _____

NAME: _____

SIGNATURE: _____

APPENDUM 3:

CONSENT AND INDEMNITY

I, _____ (Full Name) the parent / guardian
of _____ (Pupil) hereby give full consent for
the above mentioned pupil to attend Faery Glen Therapy Centre.

I fully understand and accept the attendance at Faery Glen Therapy Centre and all activities carried out by the School are at the Pupils own risk and I undertake on behalf of myself, my wife or husband, as applicable and the aforesaid pupil to indemnify, hold harmless and absolve Faery Glen Therapy Centre and the staff of the school from any claim whatsoever that may arise in connection with any loss or damage to the property of or injury to the aforesaid Pupil, in the course of attendance at the School, as well as any activity arranged by the school in the knowledge that the staff and management of the school will nevertheless take all reasonable precautions to ensure the safety and welfare of the Pupil.

However, should any damage or injury be suffered or sustained by my child, I shall be liable for the payment of all medical and / or hospital costs relating to the damage / injury. I give permission for my child to be taken to the doctor and / or hospital of the schools choice in the event of an emergency.

DATE: _____

FULL NAME OF PARENT: _____

SIGNATURE: _____

**Signature (for and on behalf
of Faery Glen Therapy Centre) :** _____