



Faery Glen Therapy Centre

Holistic Therapy Centre for Special needs

381 Spionkop Ave Northriding

2162

Tel: 074 101 2707

Fax: 0866102397

Candice.shovlin@mtnloaded.co.za

www.faeryglen.co.za

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 Appendum 1

1. HOURS OF TUITION

- 1.1 Children may arrive from 07h00
- 1.2 The educational day will be 08:00 – 13:00
- 1.3 Children must be collected between 13:00 – 13:30
- 1.4 Starting date: _____

2. AFTERCARE

- 2.1. Aftercare is available at Faery Glen and commences from 13:30 until 18:00.
- 2.2. 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.
 - 1 calendar month written notice must be given by the parent/guardian of the intention to withdraw the pupil from aftercare.
- 2.3. A daily rate of R75.00 will be charged for children enrolled on an adhoc basis. Prior written arrangement must be made in order to avoid a late collection fee.
- 2.4. 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 anytime after 18:00.

3. COLLECTION OF PUPIL

- 3.1. The pupil will be collected daily from school by:
 - a) _____
 - b) _____(Nominated person / people)
- 3.2. 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**

- 4.1. A Deposit of R1000.00 is payable on the signing of this agreement.
- 4.2. Deposits are refundable subject to all fees being paid. In the event of there being outstanding fees or other payments, all or part of the deposit, as applicable, will be used by the school to offset these.

5. **FEES**

- 5.1 Full Day Fees in respect of tuition for 2018 is R71500.00
- 5.5.1. If enrolment from January 2018, fees are payable over 11 equal payments of R 6500.00 (excluding December) payable before the first day of each calendar month.
- 5.5.2. If enrolment after January 2018, monthly fees are R6500.00 payable before the first day of each calendar month and there is pro rata fee in December.
- 5.2. We offer a **Full Upfront** discount amount of 8% on school fees if paid in advance by 31st December 2017.
- 5.2.1. The **Full Upfront** amount of R65780.00 is payable in advance by 31st December 2015 whereby I shall receive a discount of 10% off the yearly fee of R71500.00 which equals an R5720.00 discount.
- 5.3. 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 and deposit retained.
 - 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 and wipes.

6. NOTICE

ONE 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 deposit being retained by the school as well as 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) four term calendar.

If a public holiday falls on a Tuesday or a Thursday throughout the year, the Monday or Friday will be declared a school holiday.

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. It is not mandatory that you avail of these therapies but in order to access the on site trans professional team it is strongly recommended that you utilise the services available.

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 otherwise than by means of a further written agreement between the parties.

Date : _____

Place : _____

Signature (Parent / Guardian) : _____

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

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

Faery Glen Banking Details:

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

APPENDUM 1:

BIOGRAPHICAL INFORMATION

1: PUPIL PARTICULARS

Surname: _____
First Names: _____
Nick Name: _____
Date Of Birth: _____
Age (years/months): _____
ID Number: _____
Sex: _____
Home Language: _____
Residential Address: _____

1. PARENT / GUARDIAN PARTICULARS

1.1. 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: _____

1.2. 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: _____

1.3. GUARDIAN / ALTERNATE EMERGENCY CONTACT

Surname: _____
First Names: _____
Occupation: _____
Relation to child: _____
Residential Address: _____

Postal Address: _____

Telephone No Work: _____
Telephone No Home: _____
Cellular No: _____
Email Address: _____
ID / Passport Number: _____
Name of Employer: _____

1.4. Who will be responsible for payment of school fees?

2. DOCTOR / MEDICAL AID DETAILS

Name: _____

Telephone No's: _____

Address: _____

Medical Aid: _____

Medical Aid Number: _____

3. FAMILY HISTORY

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

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

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

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

4. OBSTETRICAL HISTORY

4.1. Did you have difficulty falling pregnant?

4.2. Did you have miscarriages before falling pregnant?

4.3. How old were you when you fell pregnant?

4.4. What was your/mother's general state of health during pregnancy eg viral infections, illness, German Measles, stress, excessive morning sickness, haemorrhage?

4.5. Were any prescription drugs taken during your pregnancy?

4.6. Where there any blood type complications during your pregnancy?

4.7. What was duration of pregnancy?

4.8. Were there any complication relating to the birth?

5. NEONATAL PERIOD

5.1. Birth Weight? _____

5.2. Breast vs Bottle Fed? _____

5.3. Did your baby have any feeding problems?

5.4. Were there any difficulties introducing solids?

5.5. 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: _____

6. MEDICAL HISTORY

6.1. Has your child had any significant illnesses?

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

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

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

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

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

6.7. What immunisations has your child had?

6.8. Does your child have any allergies?

6.9. Does your child have any physical / coordination difficulties?

6.10. Does your child have any visual / hearing difficulties?

7. SOCIAL EMOTIONAL DEVELOPMENT

7.1. Describe the relationship your child has with immediate family members:

7.2. Describe any behavioural or emotional difficulties your child may have:

7.3. How would you describe your child's personality?

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

7.5. 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: _____

7.6. If both parents are working what are your child's day care arrangements:

8. **SCHOOL HISTORY**

8.1. Has your child ever attended a playgroup/crèche/nursery school, if yes please give name and a brief description:

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

8.3. Reason for Referral to Faery Glen therapy Centre?

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

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

8.6. What are your expectations for your child?

9. PREVIOUS ASSESSMENTS

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

10. ADDITIONAL INFORMATION

10.1. Is there any additional information you would like to share regarding your child?

APPENDUM 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 : _____

Signature (Parent / Guardian) : _____

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

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 : _____

Place : _____

Signature (Parent / Guardian) : _____

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