

# THE DAWN DAY CARE CENTRE

NO 3 BLOUKRANS STREET  
ALBERTSDAL, ALBERTON, 1448  
Tel NO : ( 011) 027 2764

E-mail: [principal@dawndaycare.com](mailto:principal@dawndaycare.com)

NPO Number: 115-073

## REGISTRATION FORM: 2025

**Fees details:** Enrolment type (tick appropriate programme):

Fees for Full day <b>06h00 -18h00:</b>	R2 550.00	<input type="text"/>	
Fees for Full day [ <b>Baby (6-30 months (2,5 yrs))</b> ]	R2 950.00	<input type="text"/>	
Fees for Half day <b>06h00-13h00:</b>	R1 950.00	<input type="text"/>	
Registration Fee: <b>Juniors (0-2,5 years)</b>	R 900.00	<input type="text"/>	Once off payment per year
Registration Fee: <b>Seniors (3-6 years)</b> (Including Day-by -Day books for the year)	R1 800.00	<input type="text"/>	Once off payment per year
Transport for day care:	R1 000.00	<input type="text"/>	Return trip
	R 500.00	<input type="text"/>	Single Trip
Fees for aftercare 14h00-18h00:	R1 050.00	<input type="text"/>	
Transport for school:	R1 000.00	<input type="text"/>	Return trip Albertsdal/ Brackenhurst
	R 550.00	<input type="text"/>	Single trip Albertsdal/ Brackenhurst
Transport for school: (Outside Albertsdal/Bracken)	R1 100.00	<input type="text"/>	Return trip
	R 550.00	<input type="text"/>	Single trip

### Banking Details:

**ABSA, The Dawn Day Care Centre**

**Acc no: 40 -8037-3328, Branch: Alberton (632005), Reference: Child's Names**

**Enrolment date:** \_\_\_\_\_ **Agreed fees (per year/month):** \_\_\_\_\_

Where did you hear about us? Internet: ☐ Pamphlets: ☐ Newspaper: ☐ Word of mouth: ☐

Other: \_\_\_\_\_

### CHILD'S PARTICULARS

Surname: \_\_\_\_\_ Name (s) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID No: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Address: \_\_\_\_\_

**FATHER'S PARTICULARS:**

Title: \_\_\_\_\_

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

First name: \_\_\_\_\_

ID No: \_\_\_\_\_

**Home address (if not the same as Page 1)**

\_\_\_\_\_

\_\_\_\_\_

Home tel: \_\_\_\_\_

Work tel: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Marital status: \_\_\_\_\_

**In case of Emergency:**

Next of kin name: \_\_\_\_\_

Doctor name: \_\_\_\_\_

Medical aid name: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Special instructions: \_\_\_\_\_

**MOTHER'S PARTICULARS:**

Title: \_\_\_\_\_

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

First name: \_\_\_\_\_

ID No: \_\_\_\_\_

**Home address (if not the same as on Page 1)**

\_\_\_\_\_

\_\_\_\_\_

Home tel: \_\_\_\_\_

Work tel: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

**Any allergies or any important information (please state), where possible attached medical record:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**It is your responsibility to advise The Dawn Day Care if any of the above information changes.****Kindly attached the following documents to the completed form on registration:**

- Copy of child's birth certificate,
- Copy of child's clinic card
- Copy of parent(s) ID
- Proof of home or residential address
- Reference or transfer letter from previous ECD (**This is for new parents for 3-6 years**)

# AGREEMENT

1. I/we undertake to pay the above fees **monthly in advance over 12 months** by either **EFT or direct deposit**.
2. I/we agree that fees are payable irrespective of absenteeism due to vacation, illness or any other reason and to give **1 (one) calendar months' notice** in writing of termination of schooling.
  - 2.1 I/We understand that payments are still due within this notice period and do understand that no notice can be given after the **1<sup>st</sup>(first) October of the corresponding year**.
3. I/we agree that **FULL** fees depicted on the invoice will be paid by the **1<sup>st</sup>(first) or by no later than the 7<sup>th</sup> (seventh)** of every month and failing to do so, I am /we are liable to be charged with a late payment penalty of **10% per annum or 2% per month for late payments. (Incidental credit provider)**
  - 3.1 I/We understand that **The Dawn he Dawn day-care centre reserves the right to suspend the child should the school fees remain unpaid by the 15<sup>th</sup> (fifteenth) of the month and will remain suspended till the account is brought up to date.**
  - 3.2 I/we understand that the school fees are reviewed, and notification of this change will be provided before December of each year. these changes will be effective in January of the new year.
  - 3.3 I/we understand that the school fees is payable for the entire **12 months, (January –December)** even for months with school holidays, **Refer point 3.**
4. I/we Should the account be handed over for collection: I/we understand that I /we shall be liable to all/any costs incurred in legal proceedings instituted against us by **The Dawn day-care centre** to recovery any outstanding amounts owed in respect to School fees, and **will be liable for the payment of legal fees at a rate between Attorney and own client scale.**
  - 4.1 I am/ We are aware and accept that **The Dawn is Part of TPN Credit Bureau**, any outstanding account will be handed over for collection and blacklisting, at our additional collection, and legal costs.
5. I/we understand that the home address set out above is my/our domicilium citandi et executandi and it's my/our responsibility to advice in writing o **The Dawn** of any changes.

I, (Full Names & Surname) \_\_\_\_\_, ID No: \_\_\_\_\_, have read, understand, agree, and accept the above conditions.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of the school: \_\_\_\_\_ Date: \_\_\_\_\_  
(The Dawn Day Care Centre)

# TRANSPORT INDEMNITY

I, (Full Names & Surname) \_\_\_\_\_, ID No: \_\_\_\_\_

The Parent/ Guardian of \_\_\_\_\_ (Child's Full names & Surname)

Hereby indemnify **THE DAWN DAY CARE CENTRE**, or any driver appointed by **THE DAWN** against any claim for compensation which may be made against them arising from or in connection with any personal injury, loss of property, harm which may befall my child during or in connection with his/her conveyance in any vehicle made available for transport to and from school.

Signature of Parent/Guardian: \_\_\_\_\_

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

## INDEMNITY FORM – 2025

Child's surname: \_\_\_\_\_ full name (s): \_\_\_\_\_

**I/ We, the father/mother/guardian/ parent(s) of the child hereby agree:**

1. To accept and abide by all terms and conditions of The Dawn with which I/we declare myself/ourselves fully acquainted with.
2. That The Dawn will care for my child to the best of their ability and The Dawn, any staff member or any other entity connected to the ECD Centre will not accept liability for any claim/s arising from any accident or injury happening to my child while he/she is in the care of The Dawn on or outside their premises or any other claim/s of whatsoever nature that I/we or my child may have, and do waive any claim/s which may, at any time arise as aforesaid, both in my/our/my child's personal capacity and in my/our capacity as parent or guardian of my child.
3. **Give The Dawn consent/ permission to use photographs/ pictures of my child for marketing or communication purposes on the newspapers or any social networks to benefit the Centre/School.**
4. Not to hold The Dawn or any staff member liable for lost, stolen, damage and/or injuries to property or person of my child or any natural person who is directly or indirectly related to my child.
5. To ensure that my child has been properly immunised against whooping cough, diphtheria, tetanus, and polio and vaccinated against tuberculosis, and will furnish proof of this on request.
6. For the staff at The Dawn to give medical attention in the case of any accident or injury.
7. That The Dawn has the right to send home or refuse receipt of my child during the time that my child is sick to protect the safe being of other children until the condition has been diagnosed, stabilized and/or a medical certificate issued by a medical professional.
8. To contact The Dawn immediately if my child contracts a contagious disease so that other parents can be informed.
9. Give The Dawn permission to take my child to any surrounding medical centre for emergency treatment should any emergency arise as a result that I/we are unreachable during such an emergency. I/we do acknowledge that all medical expenses are liable to me/us if an event like this arises.
10. That The Dawn reserves the right to terminate the enrolment of my child on two weeks' notice if any behaviour of my child is deemed intolerable by The Dawn to any of our staff, other parents or to the safety and wellbeing of other children at The Dawn.
11. That The Dawn reserves the right to terminate the enrolment of my child with immediate effect if any behaviour is deemed intolerable by The Dawn of any natural person who is directly or indirectly related to my child.
12. That the Dawn reserves the right to terminate the enrolment of my child on two weeks' notice in the event of a breach of any terms and conditions set out in this or any other document.

Signature of Parent/Guardian: \_\_\_\_\_

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