



Application for Admission 2019-2020

An application in itself does not guarantee placement at the school

Date of application: _____

Requested date for admittance ____/____/____

CHILD

Surname	
First names	
D:OB (dd/mm/yyyy)	
Age as of December 2019	
Language spoken at home	
Previous/current school	
Siblings (names and ages)	
How did you hear about us?	
Emergency contact details	



PARENT/SPONSOR/GUARDIAN #1

Surname _____

First Name _____

ID Number _____

Home address: _____

City: _____ Prov.: _____ Postal _____

Code: _____

Phone: _____

Employer: _____ Occupation: _____

Place of employment/business: _____

Business Tel: _____ Cell: _____

Email: _____

Call first in case **of** illness or emergency: ____ YES ____ NO

PARENT/SPONSOR/GUARDIAN #2

Surname _____

First Name _____

ID Number _____

Home address: _____

City: _____ Prov.: _____ Postal _____

Code: _____

Phone: _____

Employer: _____ Occupation: _____

Place of employment/business: _____

Business Tel: _____ Cell: _____

Email: _____

Call first in case **of** illness or emergency: ____ YES ____ NO



Desired program options:

ACADEMIC PROGRAMME	CHECK DESIRED PROGRAMME
Yoga Pod	
3 to 6 Full day programme (07:30 to 13:00) morning snack, lunch and yoga classes	
Half day mornings (09:00 to 13:00) Extra lessons 6 to 13 years	
Half day afternoons (13:00 to 17:00) Extra lessons 6 to 13 years	
Aftercare (13:30 to 17:00) R840 pm afternoon snack and activities	
GoldenPod Yoga included in tuition for 3 to 6 year olds	
Piano payable to the service provider	
Guitar payable to the service provide	
Little Cooks payable to the service provide	
Baller 4 All payable to the service provide	
Go for Chess for beginners payable to the service provide	
Holiday Club R150 per day	



DECLARATION OF PARENTS/SPONSORS/LEGAL GUARDIANS

This enrolment agreement between Apple Tree Montessori Pty (Ltd) and
Parent/Sponsor/Guardian

hereby confirm the admission of (child): _____
I/We hereby confirm that the information declared by us in this agreement is complete and accurate. This agreement shall take effect immediately upon signature hereof and shall continue for the duration of the enrolment of the child at Apple Tree Montessori.

DECLARATION OF ACCOUNT HOLDER: FINANCIAL TERMS AND CONDITIONS

We, the undersigned, _____
Hereby certify that the information given by us in this Enrolment Form is complete and accurate.

We accept joint and several liability to APPLE TREE MONTESSORI for the due and punctual payment of the once-off, non-refundable Placement Fee, school fees and any other amounts which may become due and payable to the school or in respect of participation in or attendance of any extracurricular activity.

We accept the Financial Terms and Conditions and Rules of which a copy has been kept.

Parent/sponsor/guardian 1

SIGNATURE:

Print:

Date:

Parent /sponsor/guardian 2

SIGNATURE:

Print:

initial



Date:

FINANCIAL TERMS AND CONDITIONS

ACCEPTANCE OF LIABILITY

The person responsible for the account (hereafter the Account Holder) as set out in the Enrolment form herewith assumes liability for the account, alternatively binds him-/herself as co-debtor and surety payment for all fees to Apple Tree Montessori Montessori Pty (Ltd). The legal guardian as described in the Enrolment form, binds him-/herself as surety and co-debtor for the payment of all fees by the Account Holder or any other payments that may arise from the Agreement.

TERMS OF PAYMENT (as per rules 3-6 of the School Rules)

- 1.1 It is recorded that fees are determined at the end of the previous year and that the Account Holder is informed in writing.
 - 1.2 The Account Holder shall inform Apple Tree Montessori Pty (Ltd) immediately if he/she has not received an invoice at the start of the academic year or in any consequent months.
 - 1.3 Fees for twelve(12) months are payable monthly in advance before the second (2) day of each calendar month or annually in advance by 31 January, depending on the fee payment option exercised by the Account Holder in the Enrolment form. Annual payments before 31 January qualify for a 5% discount. **Bank details:** Apple Tree Montessori, First National Bank, Business Account, , Broadacres, 62797574459, branch code: 204809, reference is your child's Initials and surname.
 - 1.4 The school reserves the right to charge a 10% fine on all accounts that are paid after the 7th of the month that the payment is due.
 - 1.5 In the event where an existing account is/has not been managed in the proper manner, no further enrolments will be considered.
- BREACH OF CONTRACT.**
- In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of the Agreement the school may in its sole discretion:
- 1.6 Refuse the child entry to the School's premises until the breach has been remedied; or
 - 1.7 Claim damages from the Account Holder and/or the surety and legal guardian; or
 - 1.9 Take whatever legal steps that may be necessary.
 - 1.10 Apple Tree Montessori does not reimburse or excuse tuition for personal vacation. Early withdrawal for vacations or other reasons will result in the loss of the enrolment deposit, and registration fee. The school requires ONE FULL TERM written notice of withdrawal or tuition for the following term will be required.

JURISDICTION

This agreement is subject to South African law.

CREDIT INFORMATION

The Account Holder, surety or legal guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the National Credit Act.

GENERAL

initial



This Agreement constitutes the entire Agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange or other document issued or executer pursuant to or in terms of the Agreement and no settlement of any disputes arising under this agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or Terms of this Agreement or of any Agreement, bill or exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given.

DOMICILIUM

The parties choose as their domicilia citandi et executandi the addresses set out in the Enrolment form.

LEGAL FEES

In the event where Apple Tree Montessori Pty (Ltd) takes legal action against the Account Holder, he/she will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

CANCELLATION (as per rules 3-6 of the School Rules)

1 full term written notice is required when withdrawing a child from the school.

Failure to give notice shall render the parent/guardian liable for school fees for the term.

Under no circumstances will notice be accepted during the **4th term**. In the event that the child is withdrawn at the end of an academic year, the parent/guardian is still liable to pay for the complete **4th term**.

Apple Tree Montessori Pty (Ltd) is entitled to terminate the enrolment of any child under the following circumstances;

For the purposes of this contract, a material breach is considered to exist where you or your Child (as the case may be):

- fail to uphold the Policies and/or Rules of the School
- fail to pay and Fees when due;
- fail to fulfil all legal requirements necessary for your Child to attend school in South Africa, if any of these legal requirements apply to your Child, for example, failure to obtain a valid study permit for your Child if he/she is a foreign citizen; or
- act in such a way that you or the Child become seriously and unreasonably uncooperative with the School and in the opinion of the Principal, you or your Child's behaviour negatively affects your Child's or other children's progress at the School, the well-being of School Staff, or brings the School into disrepute.

Parent/sponsor/guardian 1

SIGNATURE:

Print:

Date:

Parent /sponsor/guardian 2

SIGNATURE:

Print:

initial



Date:

SCHOOL RULES

1. Apple Tree Montessori runs in conjunction with the Department of Education's TERMS AND HOLIDAYS.
2. All parents must complete an ENROLMENT FORM and all other relevant forms requested and pay a Placement fee on enrolment.
3. FEES: Parents/guardians must assume full liability for school fees in respect of the enrolled child for the academic year.
4. Fees are payable as usual during a child's absence due to illness, being taken on holiday, etc.
5. The school reserves the right to restrict admission of any child of whom monies due to the school are outstanding. In such a case, the child's place will then be open for a new enrolment.
6. *You have the right to cancel this contract at any time, for any reason, provided that you give the School a full Term's notice, in writing, of this intention before the withdrawal of the Child from the School. Alternatively, a full Term's fees (including Additional Fees prorated for the term) is payable to the School in lieu of notice, and as a reasonable cancellation fee taking into account the nature of the educational services, capacity planning and reasonable potential to fill the vacancy. Such amount is due and payable on the first day of the Term which would have been the final Term if the appropriate notice had been given. Should you have elected to pay annual school fees or should any additional fees have been paid in advance, those fees will be credited in proportion to the terms remaining, less any amount payable in lieu of appropriate notice.
7. *Under no circumstances will notice be accepted during the 4th term.
*In the event that the child is withdrawn at the end of an academic year, the parent/guardian is still liable to pay for the complete 4th term.
MEDICAL CONCESSION: If a child needs to stay away from school for medical reasons half the monthly school fee is payable to keep the child's space - non refundable. To qualify for this discount we will need a written request with a doctor's letter and the dates clearly indicated.
8. ILLNESS: Children suffering from colds, coughs, or any infectious condition should be kept at home until the infectious condition has passed. In the event that medication needs to be administered by mouth at school, the parent must give a written and signed directive in the child's notebook.
9. ABSENCE: The office and/or the child's teacher should be notified of the reason for a child's absence per phone call or sms, if possible before 9 a.m.
10. Parents are asked to co-operate by seeing that ALL their child's clothing is clearly MARKED with his/her name.
11. All children should bring a marked HAT to school to stay for outside play.
Please pack a CHANGE OF CLOTHING (marked) in case of accidents or water play.
12. CHILDREN SHOULD NOT BRING toys, junk food, yoghurt(messy) or candy to school, this includes chocolate, candy bars and sweet muffins.
13. We organize OUTINGS and/or at least once a term and a small cost may be required.
14. TRANSPORT: the school will not be responsible for transporting children to or from school. If parents privately organise lifts with staff members the school will not be held liable for anything happening to that child whilst being transported.
15. SAFETY AND SECURITY: Parents are requested to deliver their children personally to the teacher in charge.
School starts at 08:00.
Please notify the school of any changes to the person collecting or dropping off your child.
It is imperative that the school is notified of any changes in telephone and address details.
16. SCHOOL HOURS are from:- 07:30 - 13:00, Aftercare 13:15 - 17:00, so please adhere to the school times.
17. AFTERCARE: Teachers are not able to supervise the children if they have not been collected within 15 minutes of home time. Therefore all children that have not been collected by this time will then automatically be put into after care and charged accordingly. We do this for the safety of your children. Aftercare operates from directly

initial



after school to 5pm, Monday to Friday.

PERSONS AUTHORIZED TO PICK UP YOUR CHILD -other than parents. A written note granting permission to pick up your child is required for anyone not on this list.

Person 1

Name: _____

Address: _____

Phone #: _____

Relationship: _____

Person 2

Name: _____

Address: _____

Phone #: _____

Relationship: _____

HEALTH CARE CONTACT

Family Doctor/Pediatrician: _____

Dentist: _____

Address: _____

Phone #: _____



PERMISSION FOR MEDICAL TREATMENT

In case of illness or accident, I permit the staff of Apple Tree Montessori to obtain the necessary medical treatment (pediatric First Aid/CPR, call a Family Physician or Dentist, arrange a transport to the hospital or urgent care facility by ambulance) for my child. I also agree to take financial responsibility for all charges associated with emergency care of my child. I also agree to take financial responsibility for all charges associated with emergency care of my child.

The Parent understands that young children, even under close supervision, will have occasional accidents. We (I) the Parent(s) release, indemnify, and hold the school, its agents, and its employees, harmless of any and all claims, damages and other liabilities for injuries to my child which are not a direct result of negligence of the School, its agents or employees.

Parent/sponsor/guardian 1

SIGNATURE:

Print name:

Date:

Parent /sponsor/guardian 2

SIGNATURE:

Print name:

Date:



IMMUNIZATION RECORD

A copy of Immunization Record provided (an updated copy needs to be provided annually)

Child's Name: _____

It is my responsibility to inform the school every time my child receives a new vaccination.

Parent Name (please print): _____

Parent Signature: _____

Date: _____

If you intend to apply for an exemption, please indicate your reasons:

- Medical Exemption

- Religious or Conscience Exemption _____

*Please note that if you have chosen NOT to immunize you are required to keep your child at home should there be any outbreaks of illnesses



FIELD TRIP PERMISSION:

I permit my child(ren) _____ to participate in occasional Off Site Walks and the Field Trips* scheduled by Apple Tree Montessori for the current school year.

Parent Name (please print): _____

Parent Signature:

Date: _____

*You are welcome to keep your child at home if you do not wish him/her to go on a particular outing. Just let us know in advance.



PERMISSION TO POST PHOTOGRAPHS

Permission to post photographs and samples of work on the school bulletin boards, in the monthly newsletters and on the school website and social media (without any identifying names)

Apple Tree Montessori has developed a school website and you can access the site on the Internet. This web site will contain information about the school community and can be visited by anyone in any part of the world who has access to the Internet.

Apple Tree Montessori's guidelines for the development of our web site include the following:

- Pictures of students included on our school website must NOT include student names. Similarly, the school should not use filenames for pages that include student names. First names can be used for samples of student work.
- When using pictures of persons on the school website, the school is required to obtain written permission on the form provided.
- School web site content should NOT provide the means for people to contact any student directly. Communication to the school must be directed to the appropriate staff member.

Apple Tree Montessori may wish to display a photograph (for example, a team photograph or your child participating in a small group activity) or a sample of your child's work on the school website. This will be accessible on the Internet. Apple Tree Montessori may also wish to display photographs and samples of work on the bulletin boards and in the monthly newsletters.

There may be a reason why some families do not want their child's photograph or work displayed. In order to comply with these wishes, all parents are asked to return the form at the bottom of this page to the school. Your selection will be in effect until your child leaves the school or until you sign a new form indicating the required change.

Child's Name: _____

I give permission that photographs and/or samples of work of the person named above may be used on the school bulletin boards and in the monthly newsletters. _____



I give permission that photographs and/or samples of work of the person named above may be used on the school website/social media (Facebook)._____

I request that that photographs and/or samples of work of the person named above NOT to be displayed on the school bulletin boards and in the monthly newsletters._____

I request that that photographs and/or samples of work of the person named above NOT to be displayed on the school website/social media (Facebook)._____

*** This direction will remain in effect until the child named above leaves the school or until new instructions are received from the Parents.**

Parent/sponsor/guardian 1

SIGNATURE:

Print name:

Date:

Parent /sponsor/guardian 2

SIGNATURE:

Print name:

Date:



SCHEDULE OF PAYMENT OF SCHOOL FEES 2019-2020

A once off R 500 Application fees is required upon application. To ensure a place in Apple Tree Montessori a non refundable enrolment fee of R5 000 is payable within one week to confirm acceptance. A 10% sibling discount is offered on school fees.

	annual fees	5 % discounted fees (Payable before 31 Jan)	Per Term	12 months payments
3 to 6 year olds	R42 000	R39 900	R10 500	R3 500
	10 lessons	15 lessons	20 lessons	
7 to 13 year olds	R1 800	R2 400	R3 000	

PAYMENT INFORMATION:

Payment of Fees (**excluding registration-related and first month fees as noted above**) may only be made through Electronic Funds Transfer or Debit Order. Please indicate the preferred payment method in the boxes below:

Electronic Funds Transfer

Apple Tree Montessori
 First National Bank
 Business Account
 Broadacres
 62797574459



DEBIT ORDER

All Fees outstanding by the account holder in terms of this Agreement will be debited from the account holder on a monthly basis.

Name of Account Holder	
Name of Bank	
Name of Branch	
Branch Number	
Account Number	
Account type	

I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my/our above mentioned account at my / our abovementioned bank (or any other bank / branch to which I / we may transfer my / our account) on condition that the sum of such payment instruction will never exceed my / our payment obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:



Date of debit order

1st day of each month

20th day of each month

26th day of each month

I / We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Mandate

I / We acknowledge that all payment instructions issued by you shall be treated by my / our above mentioned bank as if the instructions had been issued by me/us personally.

Cancellation

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Assignment

I / We acknowledge that this Authority and Mandate has been ceded to a service provider selected by eAdvance (Pty) Ltd trading as SPARK Schools, but in the absence of such assignment of the Agreement, this Authority and Mandate will be null and void.

Signature of account holder

Date:



Please forward us the following COMPULSORY documents:

- ❖ **A complete Application for Admission package**
- ❖ **A copy of your child's Birth Certificate**
- ❖ **Copies of sponsors/parents/guardians' ID documents for Credit Bureau check**
- ❖ **Proof of payment - Application fee R500**
- ❖ **Latest school report for 6 to 13 year olds extra lessons**
- ❖ **A copy of your child's immunisation card**

to email: school@appletree.africa

whatsapp: 076 238 724





ENROLLMENT QUESTIONNAIRE (for the new students only)

In order to ensure a proper fit between the philosophies of you, the parent, and the school we ask that you answer the questions below as honestly as possible. We feel that it is extremely important to have families in our school that agree with and support our philosophy and goals. This creates a sense of continuity between home and school which is beneficial to the child. All the information you provide will be held in strict confidence and is intended to assist the staff in working with your child.

Getting to know your Child

Please describe your child's personality, including interests, likes and dislikes, or fears:

Sleeping Habits:

- where does your child sleep? (crib, toddler bed, their own bed, or co-sleep with parents etc)
- child's usual bedtime
- child's usual wake up time

Eating Habits:

- Favourite foods
- Least favourite foods
- Do they sit at the table? High chair?
- Do they feed themselves? Use utensils? Fingers?
- How long does it take your child to eat? Do they require prompting to eat?

Toilet Habits:

- Please describe your child's independence and any habits:

Child's Health History and Development

initial



- Were there any complications during the birth process? No (...) Yes (...)

please explain briefly

- Does your child take any regular medication or undergo regular medical treatment (incl. hearing, vision? No (...) Yes (....?)

please explain

- Does your child has received or is still receiving any special services (incl. speech, occupational therapy, psychological counseling) No (...) Yes (...)

please explain

- Is there any other medical or physical information about your child you wish to provide? No (...) Yes (...)

please explain

- Do you have any concerns about your child's development or behaviour? No (...) Yes (...)

please explain



- Has your child ever had any communicable diseases? (hepatitis, mumps, measles, whooping cough, rubella) No (...) Yes (...)

please specify which illnesses

Getting to know the Parents

Why are you choosing the Montessori Method of Education for your child? What is your understanding of the major goals of the Montessori Philosophy?

What expectation/goals do you have for your child in sending him/her to Montessori School:
academic goals for your child: social goals for your child:

How do you feel the Montessori approach fits in with your family and parenting style? How will you support the teachers in their quest to educate the “Whole” child?

What questions do you have about Montessori Education? What would you like to learn about Montessori education at parent meetings?



What questions do you have about our school?

How can we best support you and your child in his/her school experience?

Are you aware of any area in which we might be able to give special help and encouragement to your child?

Emotional goals for your child:

Do you intend to keep your child in the school for the full 3-year cycle? What factors (if any) would affect this decision?

Do you have any hobbies, interests, skills that you would like to share with parents and students of our school. Examples: cultural background, cooking, knitting, travels, beekeeping, sports, arts and crafts, music etc.)



What was your school experience when you were your child's age?

Please keep us updated

Please let us know of any new information about the child or the family (i.e. loss of a family pet, or an extended family member, or a potential move to a new house, parents separating, new job for a parent that requires them to travel, work shift change etc.). This is all very helpful info to know because these events and changes may affect a child in different ways. We would like to be informed in order to better assist and guide your child through the life changes and help him/her to cope with the potential stress.