

REGISTRATION FORM - 2026



PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL? Yes No

Name of other learner(s) : _____

DATE: 12 NOV 2024

LEARNER INFORMATION

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: _____

Religious denomination: _____

Gender: Male Female

Ethnic group: _____

Home language: _____

Preferred tuition language: _____

Dexterity: Left Right Both

Learner mobile number: _____

Learner e-mail address: _____

Admission date: _____

Grade in 2026 : _____

Years in grade for 2026 : _____

Years in phase for 2026 : _____

Pre-primary education attended: Formal Informal

Other: _____

Attach learner photo: 

Method of transport: _____

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

OFFICE USE ONLY

Family code: _____

Waiting list: A B

Number on waiting list: _____

Register class: _____

ID copy:

Admission number: _____

Application fee:

Proof of residence:

Birth certificate:

Clinic card:

FAMILY INFORMATION

Family status: Both parents Single parent - Unmarried

Foster care Childrens home Single parent - Divorced

Other Re-composed Widow/Widower

Parents deceased: Mother Father None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Western Cape: Yes No

Learner attended school last year Yes No

If yes, in which Province/Country: _____

Previous school _____

Telephone Number _____

Address _____

Province _____

Highest grade in previous school _____

Reason for leaving the school _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: Common law marriage Divorced
 Married Separated Single
 Widowed

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Home tel: _____

E-mail: _____

Is the learner living with this parent? Yes No

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: Common law marriage Divorced
 Married Separated Single
 Widowed

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Home tel: _____

E-mail: _____

Is the learner living with this parent? Yes No

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

DECLARATION BY PARENT / GUARDIAN

I _____ (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at _____ on _____ day of _____ 20____.

Signature of Parent / Guardian : _____

ACCOUNTABLE PERSON'S INFORMATION

 Biological Parent 1 Biological Parent 2 Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Comm language: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

BANKING DETAILS

Bank: _____

Branch: _____

Branch code: _____

Account type: Cheque Transmission Savings

Bank account number: _____

Account holder: _____

GENERAL INFORMATION

HOME BACKGROUND

Number of Children in family: _____

Position of child in family:

	1st
	2nd
	3rd
	4th

EMOTIONAL

Shortly mention any other situation (s) (e.g. serious illness, death, trauma in the family) which may have had an effect on your child's life that you feel are of importance and that we need to know of in order to understand your child better:

Underline ALL the attributes relevant to your child:

Introverted, unsettled, nervous, daydreamer, needs lots of cuddling and pampering, poor self-control, fears, phobias, jealous, moody, undisciplined, rebellious, cries a lot, tells lies, theft, fighting, selfish, helpful, nail biting, bed wetting, masturbation, anything else of importance

DEVELOPMENTAL HISTORY OF CHILD

PREGNANCY

No problems / complications

Any of the following: Bleeding / threatening miscarriage / kidney problems / high or low blood pressure / swollen joints, hands, feet.

Duration of pregnancy: normal / early birth / late birth

Any other pregnancy problems/concerns: _____

BIRTH

Birth weight: _____ Labour: _____ hour(s)

Underline where applicable: Quick labour / instruments used / caesarean (c-section) / lack of oxygen / breathing problems / jaundice / special aid needed (please specify): _____

Any other birth complications: _____

BODILY DEVELOPMENT

Breastfed: Duration: _____ Bottle fed: Duration: _____ Any feeding problems (please specify): _____

Crawling: Normal time (8 -10 Months) /earlier / later (_____ months) Duration: _____ months Method: hands & knees / on bottom / shuffle

Walking: Normal time (12-14 months) /earlier / later (_____ months) Was your child ever placed in a walking ring? Yes / No
If yes, time spent in it per day: _____ for a duration of: _____ months

Full bladder control / toilet training: _____ Under 2 years / between 2 & 3 years / after 3 years / still experiencing problems (Please specify): _____

Speech / Language First words at: Normal time (12-16 months) / earlier / later (_____ months) 6-word sentences: Under 2 years / between 2 & 3 years / after 3 years Does your child still pronounce any sounds/words incorrectly? Yes / No

Is your child sucking his/her thumb?

- NO
- YES, during daytime
- YES, during bedtime

SENSES

Hearing: Good / uncertain / problems (please specify): _____

Sight: Good / uncertain / problems (please specify): _____

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

The budget for 2025 was presented to and approved by the School Governing Body on 11 September 2024.

A resolution was adopted for compulsory school fees for the next year. Fees are determined annually for a period of 12 months. The school fee for 2025 will be R29 400 per year, per learner. The aftercare fee amounts to R22 200 per year, per Pre-Primary school learner and R24 600 per year, per Primary School learner..

School and aftercare fees may be paid monthly in 12 (twelve) instalments. School and aftercare fees are payable in advance per month on the first day of each month. Payment of school and/or aftercare fees are not subject to the presentation of a statement. Should more than one instalment not be paid on due date, the full amount will become due, owing and payable.

The non-payment of fees automatically gives the school and aftercare the right to terminate the learner's enrolment. Should parents elect to make monthly payments, the annual fee will be apportioned over 12 (twelve) equal monthly instalments (including December). As such, even though the learner does not technically attend school or aftercare for the full month of December, the school and/or aftercare fees charged in that month, represent a portion of the annual school and aftercare fees charged and as such become due and payable by the parent.

If the parents fail to pay any instalment on the due date contained in the applicable annual fee letter, and the school or aftercare grants them an indulgence of time to make such payment, this shall not be regarded as a waiver (giving up) by the school or aftercare of their right to insist that all amounts owing be paid immediately or an agreement that the payment dates for the remaining instalments have in any way been extended or altered. The school and/or aftercare do not have an obligation to extend any payment date but may do so in their sole discretion.

The school and aftercare reserve the right to NOT enrol a learner in the next academic year should any fees from a previous academic year be outstanding.

The parents will not be entitled to any reduction or refund in respect of school and/or aftercare fees or additional fees for any period that a learner is under suspension or should the learner be expelled, unless determined otherwise at the sole discretion of the school and aftercare.

The fact that the learner cannot attend school or aftercare, for any reason whatsoever does not relieve the liability for payment of fees.

In the event of non-payment, action will be taken against both parents regardless of any maintenance agreement which may exist between the parties. In terms of Family law, parents are jointly and severally liable for payment of learner fees.

All correspondence regarding school and/or aftercare fees will be distributed by D6 and e-mail – please inform us of any changes to your address, telephone number or email address so that we can keep our mailing information current and accurate. Alternatively, the correspondence will be handed to the learner in a sealed envelope by the respective teacher for the delivery to the parent or guardian.

ATTENDANCE REQUIRED

School R2450 per month for 12 months
 Aftercare R1850 per month for 12 months
 Aftercare Primary School Learner R2050 per month for 12 months

METHOD OF PAYMENT

DEBIT ORDER
 D6 / EFT / CARD

BANKING DETAILS

HERMANUS PRE-PRIMARY NPC
FNB, HERMANUS
62933119895
250655
Beneficiary payment reference: Learner name and surname

OTHER

I would like to sponsor a learner

- a. Monthly: Amount R_____
- b. Donation
- c. Annual School fees for a learner

NOTICE PERIOD

One full term's notice in writing (email - office@hermanuspreprim.co.za) to the Financial Office, before removing the learner from school or aftercare for any reason whatsoever, or payment of one term's fees in lieu of such notice. School and/or aftercare leaver notices are not accepted during the fourth term (October and November). An account holder which has given notice during the fourth term must therefore pay fees and outstanding accounts until the end of December.

The abovenamed parents and/or guardians of the abovenamed learner hereby agree to the enrolment of the abovenamed learner at Hermanus Pre-Primary school/Babbel & Krabbel aftercare for the year, subject to the terms and conditions hereof and do hereby further undertake joint and several liability for payment of the amounts stipulated herein.

Signed at _____ on _____ day of _____ 202

Signature of Parent / Guardian : _____

DEBIT ORDER INSTRUCTION

This reference will appear on your statement: HERMANUS P

BANK DETAILS

BANK _____

ACCOUNT HOLDER NAME _____

BRANCH _____

Acc number: _____

BRANCH NR _____

ACCOUNT TYPE: CHEQUE/SAVINGS/TRANSMISSION

DEBIT ACCOUNT FOR

- SCHOOL
- AFTERCARE PRE-PRIMARY SCHOOL LEARNER
- AFTERCARE PRIMARY SCHOOL LEARNER

DEBIT ORDER PAYMENT DATE

- 1st
- 16th
- 26th

The signed Authority and Mandate refers to the financial letter as dated on signature hereof (the Agreement). I hereby authorise the financial department of Hermanus Pre-Primary school / Babbel & Krabbel aftercare ("the School") to issue and deliver payment instructions to the bank for collection against my account at the above-mentioned bank on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the Agreement, commencing on the commencement date and continuing until this Authority and mandate is terminated by me by giving the financial department notice in writing of no less than 30 (thirty) ordinary working days.

The authorised payment instruction must be issued and delivered at the financial office by hand or email. Debit my account with the debit amount on the Payment Day of each and every month on the payment Day of the month following the contract date. In the event that the Payment day falls on a Saturday, Sunday or recognised South African public holiday, the Payment Day will automatically be the next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, I will make a manual payment to ensure my payment obligations are met.

I understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks and I also understand that the 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 issuing of any payment instruction.

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

CANCELLATION I agree that, although this Authority and Mandate may be cancelled by me, the cancellation will not cancel the Agreement. I 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 acknowledge that this authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on _____ day of _____ 202 _____

Signature of Parent / Guardian : _____

CONSENT IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION: PHOTO'S AND SOCIAL MEDIA CONSENT

Hermanus Pre-Primary / Babbel & Krabbel aftercare has a highly active Facebook page where photos are posted with much pride and joy. However, teachers are cautious to post any information, due to the Protection of Personal Information Act 4 of 2013. We want you as parents to not miss out on the precious memories, but still make sure that we process and protect information according to the Act.

We publish a quarterly school newspaper to share with parents all of the activities and interaction in the classroom. A page of the newspaper will be allocated to each class teacher to give her the opportunity to add photos of class activities and projects done, funny things children say or do, as well as educational info or advice to parents, etc. Extra mural, and fund raising projects, will also be included in the paper.

The newspaper will be digital and shared with all school parents and showcased on our social platforms like Facebook and our website.

The Act defines personal information of children to include any photos of him/her, their artwork, videos taken in class, outside activities, sport activities. We are only allowed to use this personal information with written consent from a child's parent or legal guardian

PLEASE CONFIRM YOUR CONSENT BELOW:

Photos or videos may be taken of my child, of his or her artwork, or any of his / her activities and/or extra murals at the school or at any venue which the school may hire. (e.g. school concert, or athletics at the High School)

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Photos or videos may be posted on the class broadcast or whatsapp group.

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Photos or videos may be published in the schools quarterly Newspaper and any other future publications.

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Photos or videos may be published on Hermanus Pre-Primary / Babbel & Krabbel aftercare's Facebook and website page, or other social media platforms.

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Signature of Parent / Guardian : _____

1. I, parent/guardian of hereby give my consent and voluntarily agree that Hermanus Pre-Primary / Babbel & Krabbel aftercare may process the following personal information of myself in the capacity of parent/guardian, as well as of said learner, being a minor, name, identity number, telephone number, email address, physical address, and financial information.
2. Processing shall include the receipt, recording, organising, collation, storage, updating or modification, retrieval, alteration, consultation, and use; the dissemination by means of transmission, distribution or making available in any other form, or the merging, linking as well as blocking, degradation, erasure, or destruction of information, as described by POPI.
3. In terms of POPI, parents/guardians and learners whose personal information is being processed, will be referred to as 'data subjects'.
4. This consent is effective immediately and will remain effective until such consent is withdrawn.
5. The personal information may only be processed if it is adequate, relevant, and not excessive, given the purpose for which it is processed, and if processing occurs in accordance with the relevant provisions of POPI. The purpose of the processing of information must relate to a school-related function or activity.
6. Hermanus Pre-Primary / Babbel & Krabbel aftercare will collect and process only personal information pertaining to the proper functioning, management, and governance of its schools, as prescribed in the South African Schools Act, no. 84 of 1996 and other relevant education legislation and policies.
7. The subjects and categories of information collected will depend on the purpose for which it is collected and will be processed for that purpose only.
8. Our School / Aftercare recognises that personal information may be processed in terms of POPI only if:
 1. the data subject, or a competent person where the data subject is a minor, consents to the processing.
 2. processing is necessary to carry out actions for the conclusion or performance of a contract to which the data subject is a party.
 3. processing complies with an obligation imposed on the school by law.
 4. processing protects a legitimate interest of the data subject.
 5. processing is necessary for the performance of a public law duty, and/or
 6. processing is necessary for pursuing the legitimate interests of the school.
9. A data subject has the following rights in terms of this consent:
 1. The right to know what information is being kept, how it is being used, and when the school will disclose it.
 2. The right of a data subject to correct their details. The school will attempt to keep information updated. Should any of the details of a data subject change, the school should be notified to ensure that all records are as accurate as possible.
 3. The right to revoke consent. Data subjects may revoke the consent that has been given in terms of this form at any time. This should be done in writing and addressed to the information officer of Hermanus Pre-Primary / Babbel & Krabbel aftercare, at info@hermanuspreprim.co.za. Revoked consent is not retroactive and will not affect any past or current use of information.
 4. All the aforesaid information is contained in the school's /aftercare's policy on the Protection of Personal Information and its privacy policy, available at the principal's office.
10. Consent to receive marketing information: By agreeing to the terms of this consent form, a parent/guardian expressly consent to the processing of their information for marketing purposes. Parents/Guardians should understand that by consenting, they may receive marketing materials, relevant to our school / aftercare, in the form of SMSs, WhatsApp messages, emails, etc. from the school.

RESPONSE

I AGREE

I DO NOT AGREE

Signature of Parent / Guardian : _____

- Copy of learner's latest Progress report
- Copy of learner's Birth certificate
- Copy of learner's Vaccination records
- Copy of Parents' ID Documents
- Completed Application form

ADDITIONAL DOCUMENTATION REQUIRED FROM FOREIGN NATIONALS:

- Copy of temporary Visa or Permanent Residency permit from the Department of Home Affairs (for both parents and child)
- Copy of evidence that you have applied for permission to legally work and stay in South Africa
- Copy of both parents' and child's passports.

MOST IMPORTANT

This Application for admission will only be processed if ALL fields are completed legibly, are signed and ALL necessary supporting documents are attached.

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

1. I, parent / guardian of _____ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by aftercare/school bus. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them with written consent from the parent.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I hereby agree to the following procedure of administration of medication in case of serious illness:
 - a. Parents will be contacted telephonically concerning the child's state.
 - b. In any other case such as a high fever or anything that looks like a contagious illness, it will be expected from you to come and fetch your child as soon as possible.
 - c. In any other circumstances where the parent cannot fetch the child immediately, medication will be administered as prescribed on the label, only if this permission section has been signed.
 - d. I confirm that my child is not allergic to Paracetamol (eg. Panado or any other generic equivalent.)
7. I undertake to inform the school if any of the above information may change.
8. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Hermanus Pre-Primary NPC as included in the Policy of the school.
9. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.
10. I herewith give permission for the following persons to fetch my child from school/aftercare:

Name of Person: _____ Contact number: _____

Signature of Parent / Guardian: _____ Date: _____

INDEMNITY

I/We the parents of/l the guardian of _____ (name of learner) insofar as every reasonable and practicable precaution has been taken for the safety and welfare of my/our son/daughter, indemnify Hermanus Pre-Primary NPC and/or the Governing of Hermanus Pre-Primary NPC or any person employed by Hermanus Pre-Primary NPC or any person acting on behalf of Hermanus Pre-Primary NPC against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Hermanus Pre-Primary NPC as well as any losses, claims, injury or death that may be caused to the above learner if he/she is left unattended on the school premises before the official school hours.

Signed at _____ on _____ day of _____ 202 _____

Signature of Parent / Guardian : _____

CONTACT: OFFICE@HERMANUSPREPRIM.CO.ZA / 028 313 1025