



Section C: Emergency Details

<i>Person (other than parents) to be contacted in an emergency</i>			
Name:			
Telephone number		Cell number	
Address			
Medical aid & plan		Medical aid number	
General practitioner name		GP telephone number	
Address			

Section D: General Health Questionnaire

<i>Information regarding the pupil's general health & physical condition</i>	
Disability diagnosis / condition	
Complications	
Past medical treatment	
<i>Operations, illnesses and any contagious disease which the pupil has suffered and relevant dates</i>	
Operations / Illness / Contagious diseases	Date
Immunisation details - attach copy of card / certificate	Date
Allergies	Treatment
<i>Current medical / therapy treatment - (please attach all copies of reports to the application)</i>	



How should your child be dealt with when he/she is very upset/disturbed/angry? (Favourite music, sing to them, give stern command timeout etc.)	

I, the undersigned _____ both in my personal capacity and in my capacity as parent and/or legal guardian (hereinafter referred to as the Parent) of _____, hereby apply to enrol my child at El-Shalem Haven.

I hereby consent and give permission to THE EL-SHALEM HAVEN to obtain emergency medical treatment by a qualified medical practitioner for the child whenever a member of staff deems it necessary.

Child's Details:

Name: _____

Surname: _____

Date of birth: _____

Age: _____

Admission Requirements

A child who requires assistance with all functional activities and self care will be required to attend the Haven with a suitable and capable facilitator/assistant, should this be deemed necessary by the Haven supervisor.

Fees

Annual Fees are as follows:

Registration and administration fee – **R 275.00 p.a.** (Payable on date of registration)

Type	Fee	Please tick (✓) which option
Full day	R 35 640 p.a. (R 2970 p.m. X 12 payable in advance)	<input type="checkbox"/>
Half day	R 31 680 p.a. (R 2640 p.m. X 12 payable in advance)	<input type="checkbox"/>
*Partially subsidised	R _____,00 p.m. X 12 payable in advance	<input type="checkbox"/>

*** To be determined by management.**

The above fees should be paid in the following bank account by the 1st of each month:

Bank: FNB

Account Holder: El-Shalem Haven (Pty) Ltd.

Account number: 62389178958

Branch: Eldoraigne

Branch Code: 250655

I agree that I am liable for the fees as set out. Should the services of the Haven not be required, one calendar month's notice must be given in writing.

This tuition fee includes the following:

- A stimulation program from 08:00 – 12:00
- Afternoon care until 17:30 (Full Day)



- Partial holiday care during school holidays, the Haven is closed for one week during the April school holidays, one week during June school holidays and the 3 weeks during December holidays

Code of conduct

All children attending the Haven will be required to behave in a disciplined, dignified manner. New applicants will be accepted on a trial period of 3 months.

If any serious transgressions or misbehaviour occurs during this period and cannot be sorted out following consultation with the parent(s), the Haven reserves the right to refuse further admission.

Serious transgressions related to discipline and unruly behaviour (e.g. swearing at other children and staff) will be noted as a warning. The parent(s) will be informed of such warning and the nature thereof. After a warning the parent(s) will be requested to attend a meeting with the haven supervisor and it will be expected of the parent(s) to commit in addressing the misbehaviour in an urgent and serious manner.

If there is no improvement and after 3 subsequent warnings, the haven may opt to suspend the child for a period of 1 month and thereafter reconsider attendance on a trial period.

Parents will be required to keep all children with any symptoms of any contagious illness and/or diseases including colds and flue, at home. Most of the children attending the haven have weak immune systems, and it is to the benefit of all the other children and staff attending and working at the haven.

SIGNED ON THIS _____ DAY OF _____ 20____

FOR THE PARENT / LEGAL GUARDIAN

Parent / Legal Guardian

Witness

Person responsible for payment of Haven fees

Name: _____

ID: _____

FOR EL-SHALEM HAVEN

Haven Supervisor

Witness

Welcome to El-Shalem Haven! May your journey with us change your life!