



ONS EIE KLEUTERSKOOOL NURSERY SCHOOL "ONS EIE"



CONTRACT, INDEMNITY & CONSENT

PAYMENT OF SCHOOL FEES AND NOTICE

I/We hereby declare myself/ourselves responsible for payment of the agreed school fees.

The agreed school fees per month (half day/full day) will be payable in full before the 7th of each month.

I/We agree to give the Nursery school one month's written notice in the event of the child leaving the school. If I/we do not abide by this agreement, I/we will pay a full extra month's fee.

HEALTH & SAFETY

I/We hereby give permission for my child/children to be given one dosage of paediatric syrup if necessary for pain and fever. The school will contact you in case your child has a fever to make arrangements for them to be collected from school.

I/We understand that no medication – prescription/non-prescription (antibiotics/vitamins) can be given at school.

I/We understand and agree that should my child be receiving antibiotics he/she/they will be kept home until the treatment is done.

I/We understand and agree that my child will be kept home for at least 24hours after the last vomiting or diarrhea or dosage of fever medication.

I/We understand that should my child have a runny nose with any discolouration that it is an indication of an infection and that he/she/they will be kept home until it is clear or stopped.

I/We understand that the above measures are necessary and put in place for the health and safety of my child, the other children, and the staff of the nursery school.

I/We accept that all necessary precautions will be taken regarding the health, safety, and well-being of our child. The School, Principal, Management and Staff of **NURSERY SCHOOL "ONS EIE"** will not be held responsible or be liable whatsoever, for any injury/ unforeseen events/ infection of any disease or condition that our child may develop.

I/We accept full responsibility for the payment of medical bills and transfer our powers as parents to the school management if medical treatment may be urgently needed.

As far as I/we know, our child is in good health.

POPIA CONSENT

I/We hereby give consent to participate in the respective class Whatsapp Group in terms of the Personal Information Act, 4 of 2013 (POPIA). As such, you are hereby notified that you are entitled to refuse such permission and you may exercise such a right by leaving the group. If you choose to remain on the group, it is presumed that you have agreed to be part of the group and that your personal information (namely your name, surname and cell phone number) is visible to all the members on the group.



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The children take part in various activities that are fond memories. We would like to share these memories with you. For us to do this, we use photos and videos we share with you on social media (Whatsapp groups). We would also like to give other prospective children and parents the chance to share the experiences (social media pages).

I/We hereby give permission for the school to share the photos and videos on their school's social media pages and Whatsapp groups.

I/We agree and understand that the personal information submitted in the application/re-registration form shall be solely used for the registration of my/our child/children with **NURSERY SCHOOL "ONS EIE"**. All the information submitted shall be used for the purpose stated above, as mandated by law. **NURSERY SCHOOL "ONS EIE"** undertakes to ensure that appropriate security control measures are implemented to protect all information.

Signed at _____ on the _____ day of _____ 20 _____

Signature Father

Signature Mother