



PRE-PRIMARY

**APPLICATION FOR
ADMISSION TO
KIDS ACADEMY AFRICA**

APPLICATION FOR ADMISSION 2026 –

Babies - RRR

We have various payment plans. Please select the option that suits you and please keep in mind, once you have chosen a payment plan, you cannot deviate from that payment package.

Option 1 - Monthly Payments over 12 months:

- | | | |
|--------------------------|--------------------------------------|--|
| ☐ | Half day (06h30 – 12h30): | R28 800-00 per annum
12 months x R2 400-.00 per month |
| ☐ | Full day / Aftercare (06h30 – 18h00) | R36 600-00 per annum
12 months x R3 050-00 per month |

Option 2 – Payment over 10 months:

- | | | |
|--------------------------|--------------------------|---|
| ☐ | Half day (06h30 – 12h30) | R28 800-00 per annum
10 months x R2 880-00 per month |
| ☐ | Full day (06h30 – 18h00) | R36 600-00 per annum
10 months x R3 660-00 per month |

Option 3 – Payment over 11 months:

- | | | |
|--------------------------|--------------------------|---|
| ☐ | Half day (06h30 – 12h30) | R28 800-00 per annum
11 months x R2 618-18 per month |
| ☐ | Full day (06h30 – 18h00) | R36 600-00 per annum
11 months x 3 327-27 per month |

Option 4 – Upfront payment for the whole year.

- | | | |
|--------------------------|--------------------------|---|
| ☐ | Half day (06h30 – 12h30) | R28 800-00 per annum
To pay R26 784-00 by the 01 October 2025 (saving R2 016-00) |
| ☐ | Full day (06h30 – 18h00) | R36 600-00 per annum
To pay R34 038-00 by the 01 October 2025 (saving R2 562-00) |

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CHILD

Surname: _____ First Names: _____
Preferred Name: _____ Date of birth: _____
ID number: _____ Place of birth: _____
Citizenship: _____ Age: _____
Home language: _____ Class /Grade: _____
Starting date at Kids Academy Africa: _____ Gender: _____
Does your child have any learning difficulties / barriers that you are aware of? If yes, please explain: _____

The following documentation must be submitted together with the fully completed application form and emailed to enrolments@kidsacademyafrica.co.za . Documents must be certified, not older than three months.

- | | |
|---|---|
| ☐ Completed application form | ☐ Proof of registration fee |
| ☐ Copy of Childs birth certificate | ☐ Copy of Child's latest report |
| ☐ Copy of Child's Road to Health / Clinic Card | ☐ Copy of both parents / guardian ID |
| ☐ Proof of medical aid if applicable | ☐ Recent Utility bill |
| ☐ Latest bank statement | |

**Please ensure all supporting documents are handed in with your application forms.
No applications will be accepted if there are documents outstanding.**

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FAMILY

Father / step-father or legal guardian

Surname: _____

First Name: _____

Relationship to child: _____

ID Number: _____

Marital Status: _____

Citizenship: _____

Residential Address: _____

Code: _____

Tel Home: _____

Cell no: _____

Whatsapp Number (if different to cell): _____

Email Address: _____

Employer's Name: _____

Address: _____

Occupation/Position Held: _____

Business Tel: _____

Annual Income: _____

Mother / step-mother or legal guardian

Surname: _____

First Name: _____

Relationship to child: _____

ID Number: _____

Marital Status: _____

Citizenship: _____

Residential Address: _____

Code: _____

Tel Home: _____

Cell no: _____

Whatsapp Number (if different to cell): _____

Email Address: _____

Employer's Name: _____

Address: _____

Occupation/Position Held: _____

Business Tel: _____

Annual Income: _____

GUARDIANSHIP/CUSTODY

The learner lives with: _____

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MEDICAL INFO

In the event of an injury at school, we will always contact the parents to inform them of what happened and what action was taken. In the event of a serious injury, if we are unable to contact the parents / guardians, we require the following information to be completed in full so that this sheet can accompany your child to hospital in the case of immediate admission.

IN THE EVENT OF AN EMERGENCY

Family Doctor: _____ Phone No. Office/Home: _____

Pediatrician: _____ Phone No. Office/Home: _____

Name of person not living with you or child to call in the event of emergency if we are unable to reach you:

Contact Number for above person: _____

Relationship to child: _____

Medical Aid Company: _____ Membership No.: _____

Allergies: _____

Reaction to allergies: _____

Does your child have any dietary restrictions? If yes, provide details: _____

Is the learner receiving medical treatment for any condition? If yes, please provide details:

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CONSENT AND INDEMNITY

I _____ the parent/guardian of _____
fully understand Kids Academy Africa is totally and whole heartedly committed to the safety and well-being of my child / children.

I understand the school shall endeavor to take all necessary steps with regards to their safety and well-being.

I understand the school and all staff, paid or unpaid, cannot and will not accept liability for the safety and possessions of the pupils and are therefore indemnified against injury, death or damage / loss of personal possessions.

I hereby take full responsibility for any goods/belongings that my child may bring onto the school premises and understand that I cannot claim compensation for any loss of such items.

I hereby give consent for my child/children to take part in any extra mural activities at Kids Academy Africa including games, educational tours and excursions, as well as to make use of educational and playground equipment at school.

Signed at (place) _____ on (date) _____

Name of parent / legal guardian: _____

Signature of parent / legal guardian: _____

SOCIAL MEDIA CONSENT

I hereby give consent to Kids Academy Africa Pre Primary School thereby allowing the school to use photos of my child/children for social media, marketing & informative purposes for example but not limited to Facebook and Instagram. I understand this will be at the school's discretion.

☐

Yes, full permission

☐

Not allowed at all.

Parent / guardian Name & Surname: _____

Signature: _____

Date: _____

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SCHOOL FEE AGREEMENT

Please read this section thoroughly and ensure you have a good understanding of our payment agreement.

Fees are payable in advance on or before the 1st day of every month!!

- **Annual Registration fee: R600-00**

BANKING DETAILS

First National Bank
Account Number: 62897932979
Branch code: 210 835

NB!!!

**REF. NO: YOUR CHILD'S NAME, SURNAME & GRADE
(Example: Daniel Chetty – Gr.5)**

All school fees are discounted or advanced payment, late payments are subject to late fees and interest, and late payments are detrimental to the running of the school and are not tolerated.

1. I agree to pay a non-refundable annual registration fee of R600-00 and one month's school fee upon registration. I understand that I forfeit this registration fee if I decide not to place my child at Kids Academy Africa.
2. School fees are payable monthly in advance before the 1st of every month. For example, January 2026 school fees will be paid by the 1st of January 2026. Please understand the school fees are discounted for advanced payments, late payments adversely affect the running of the school.
3. If school fees accrue, the learner will be excluded from the school by the 5th of that same month, **therefore no leeway for default is allowed. Late payments are subject to surcharges of up to 10% interest @ 27% imposed on all late payments. If you fail to remedy late payments your child will be excluded from school and your account will be charged a R590 handing over fees. If you are unable to pay timeously you must make a written contract with the school via email immediately.**
4. School fees remain unaffected if child / children are absent from school.
5. The parent / guardian is responsible for one full month's written notice to withdraw a child from the school. Failing so, the parent / guardian shall be liable for full payment of school fees for 1 month. If the child/children leave school at the end of an academic year, the parent / guardian is still responsible for the December school fees. Outstanding fees will be handed over and listed on ITC. All fees must be settled in full before leaving Kids Academy Africa in order for relevant exit documentation to be prepared.
6. Should you be in breach of contract for delayed payments, a letter of demand subject to a penalty fee of R250-00 will be sent around the 5th of every month.
7. All fees must be settled in full before leaving Kids Academy Africa.

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SCHOOL FEE DECLARATION

I, (name of person responsible for payment of school fees) _____ will be responsible for payment of fees as per terms and conditions mentioned above. I understand that school fees are paid one month in advance. Additionally I understand that school fees are due by the 1st of every month. If school fees are unpaid and fall into arrears, I understand my child will not be allowed to attend school.

Signature _____ ID No: _____

Relationship to child: _____ DATE: _____

DROP OFF & COLLECTION TIMES

Drop off:

- Between 06:30 & 08:00am
 - School lessons start promptly at 8am

Collection Time:

- Normal day excluding aftercare – School finishes at 12h30
 - There will be a penalty fee of R50-00 per child, per hour if not collected by 13:00
- Full day / Aftercare – Strictly 18h00
 - A penalty fee will be issued for late collections, of R100-00 per child if child is collected **any time** after 18h00.

School closes at 12h00 every Friday.

Please provide details of people ALLOWED to collect your child/children in the form of name, surname, vehicle details, colour and registration number.

Thank you for entrusting us with your child/children. If you are unsure of anything in this document, please contact our offices before signing. Your signature hereon means that you have read and understood the contents mentioned herein.

Parent / guardian signature: _____ Date: _____