

20 Elektron Road
Techno Park
Stellenbosch



Tel 0615858054
Email info@delicum.co.za

1 Van Dyck Street
De La Haye
Bellville

MONTH & YEAR APPLIED

GRADE APPLIED FOR

GRADE

1	2	3	4
5	6	7	8
9	10	11	12

AFTERCARE

YES

NO

TUTORING

YES

NO

TRANSPORT

YES

NO

HOLIDAY PROGRAM

YES

NO

IMPORTANT:

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

REQUIRED SUPPORTING DOCUMENTS, COMPLETED SECTIONS AND FORMS

- Copy of parents' / Guardians IDs
- Copy of learner's latest progress report
- Copy of learner's birth certificate / ID
- Copy of learner's vaccination records
- Copy of learner's residence

Learner
Photo
x2

SECTION 1: LEARNER'S PERSONAL DETAILS

SURNAME _____

FULL NAMES AS ON BIRTH CERTIFICATE / ID _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PREFERRED NAME _____

IDENTITY NUMBER _____

DATE OF BIRTH _____

AGE _____

GENDER

MALE

FEMALE

HOME & OTHER LANGUAGES

HOME _____

OTHER _____

LANGUAGE OF LEARNING

FIRST _____

SECOND _____

NUMBER OF LERANERREN IN FAMILY _____

POSITION OF LEARNER IN FAMILY _____

NATIONALITY _____

COUNTRY OF ORIGIN _____

MEANS OF TRANSPORT TO/FROM CENTRE (only applicable for Aftercare Centre)

<input type="checkbox"/> MOTOR	<input type="checkbox"/> MOTORBIKE	<input type="checkbox"/> BUS	<input type="checkbox"/> BICYCLE	<input type="checkbox"/> WALK
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LEARNERS' CELLPHONE NUMBER _____

SECTION 2: LEARNERS' EDUCATIONAL DETAILS

ATTENDING CENTRE'S NAME: _____

LAST GRADE PASSED _____ YEAR _____

GRADE/S REPEATED _____

HAS ADMISSION TO ANY OTHER CENTRES EVER BEEN REFUSED? IF YES, PLEASE STATE REASON.

YES

NO

REASON _____

SECTION 3: LEARNERS' MEDICAL DETAILS

BLOOD TYPE

<input type="checkbox"/> O+	<input type="checkbox"/> O-	<input type="checkbox"/> A+	<input type="checkbox"/> A-	<input type="checkbox"/> AB+	<input type="checkbox"/> AB-	<input type="checkbox"/> B+	<input type="checkbox"/> B-	<input type="checkbox"/> UNKNOWN
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FAMILY DOCTOR

NAME _____

TEL NO _____

ADDRESS _____

MEDICAL AID

NAME _____

NUMBER _____

MAIN MEMBER _____

ID NO _____

OPTION _____

HAS THE LEARNER RECEIVED ALL NECESSARY IMMUNISATIONS? IF NO, PLEASE STATE REASON.

YES

NO

REASON _____

HAS THE LEARNER SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? PLEASE MARK WITH AN X.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

ASTHMA
CHICKEN POX
DIABETES
DIPHTERIA

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

ENTERIC FEVER
GERMAN MEASLES
HEPATITIS
MALARIA

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MEASLES
MUMPS
POLIO
RHEUMATIC FEVER

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SCARLET FEVER
TICKBITE FEVER
TYPHOID FEVER
WHOOPIING COUGH

DOES THE LEARNER SUFFER FROM ANY ALLERGIES? IF YES, PLEASE SUPPLY DETAILS.

YES

NO

DETAILS _____

DOES THE LEARNER HAVE ANY SPECIAL NEEDS? IF YES, PLEASE SUPPLY DETAILS.

YES	NO
-----	----

DETAILS _____

DOES OR HAS THE LEARNER SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES?

YES	NO
-----	----

IF YES, PLEASE SUPPLY DETAILS. _____

SECTION 3: LEARNERS' MEDICAL DETAILS - CONTINUED

IS THE LEARNER RECEIVING MEDICAL TREATMENT FOR ANY CONDITION?

YES	NO
-----	----

IF YES, PLEASE SUPPLY
DETAILS. _____

IS OR HAS THE LEARNER SUFFERED FROM OR RECEIVED TREATMENT FOR ANY
PSYCHOLOGICAL
OR EMOTIONAL UPSET? IF YES, PLEASE SUPPLY DETAILS.

YES	NO
-----	----

DETAILS _____

HAS THE LEARNER HAD ANY OPERATIONS? IF YES, PLEASE SUPPLY DETAILS.

YES	NO
-----	----

DETAILS _____

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS. _____

SECTION 3: LEARNER'S MEDICAL DETAILS – CONSENT

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE LEARNER'S RECORDS. THE CENTRE THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE.

I _____ BEING THE PARENT/LEGAL GUARDIAN OF _____
HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY TREATMENT AS MAY BE NECESSARY.

SIGNATURE OF PARENT/LEGAL
GUARDIAN _____

SECTION 4: DETAILS OF FATHER / STEPFATHER / LEGAL GUARDIAN

COMPLETE ONLY IF NOT THE ACCOUNT HOLDER. REFER TO SECTION 8.

SURNAME _____		FULL NAMES AS IN ID DOCUMENT _____																					
DESIGNATION _____	<table border="1"><tr><td>MR</td><td>MRS</td><td>MS</td><td>MISS</td><td>DR</td><td>REV</td><td>PROF</td><td>OTHER</td><td></td></tr></table>								MR	MRS	MS	MISS	DR	REV	PROF	OTHER							
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TEL H _____	TEL W _____	CELL _____																					
E-MAIL ADDRESS (PLEASE WRITE LEGIBLY) _____																							
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SECTION 5: DETAILS OF MOTHER / STEPMOTHER / LEGAL GUARDIAN

COMPLETE THIS ONLY IF NOT THE ACCOUNT HOLDER. REFER TO SECTION 8.

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SECTION 6: DETAILS OF ANOTHER CONTACT IN CASE OF AN EMERGENCY

SURNAME	FULL NAMES		
RELATIONSHIP			
TEL H	TEL W	CELL	
E-MAIL ADDRESS (PLEASE WRITE LEGIBLY)			

SECTION 7: DECLARATION OF PARENTS / LEGAL GUARDIANS

We, the undersigned, _____, hereby certify that the information given by us in this Application of Admission is complete and accurate. We also agree to the conditions as set out herein.

We accept that the CENTRE is based on cultural principles and undertake that this will not be undermined.

This Application for Admission will be reconsidered in the case where important relevant information, which should be brought to the CENTRE's attention, is withheld.

We have read the THE POLICY AD PROCEDURE DOCUMENT and will accept an offer of placement for our learner at the CENTRE in accordance with the terms and conditions as set out therein. These documents, as amended from time to time, are available from the CENTRE on request.

NB: The signatures of both parents and/or legal guardians are required where applicable.

SIGNATURE OF FATHER/STEPFATHER/LEGAL GUARDIAN

DATE

SIGNATURE OF MOTHER/STEPMOTHER/LEGAL GUARDIAN

DATE

SECTION 8: DETAILS OF ACCOUNT HOLDER

SURNAME _____		FULL NAMES AS IN ID DOCUMENT _____																
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DETAILS OF LERANERREN IN YOUR CARE WHO ARE CURRENTLY AT THIS CENTRE

1 NAME _____	GR _____	2 NAME _____	GR _____
3 NAME _____	GR _____	4 NAME _____	GR _____

PAYMENT OPTION	<table border="1"> <tr> <td>MONTHLY DEBIT ORDER</td> <td>ANNUALLY IN ADVANCE BY ELECTRONIC FUNDS TRANSFER OR CASH DEPOSIT AT BANK</td> </tr> </table>	MONTHLY DEBIT ORDER	ANNUALLY IN ADVANCE BY ELECTRONIC FUNDS TRANSFER OR CASH DEPOSIT AT BANK
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SECTION 9: DECLARATION OF ACCOUNT HOLDER

We the undersigned, _____, hereby certify that the information given by the Account Holder in this Application for Admission is complete and accurate. We accept joint and several liability to Delicium Academic Centre @ Van Der Stel Holdings Ltd for the due and punctual payment of the once-off, non-refundable enrolment fee, CENTRE fees and any other amounts which may become due and payable to the CENTRE or in respect of participation in or attendance of any extracurricular activity.

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

NB: The signatures of the account holder and the 2nd parent / a parent / legal guardian are required if applicable.

_____ SIGNATURE OF FATHER/STEPFATHER/LEGAL GUARDIAN	_____ DATE
--	---------------

_____ SIGNATURE OF MOTHER/STEMOTHER/LEGAL GUARDIAN	_____ DATE
---	---------------

_____ SIGNATURE OF AN AUTHORISED CENTRE REPRESENTATIVE	_____ DATE
---	---------------

SECTION 10: FINANCIAL TERMS AND CONDITIONS

1. ACCEPTANCE OF LIABILITY

- 1.1. The person responsible for the Account (hereafter the Account Holder) as set out in the standard Application for Admission (hereafter the Application) herewith assumes liability for the Account, alternatively binds him-/herself as co-debtor and surety for payment of all fees to the CENTRE.
- 1.2. The legal guardian, as described in the Application, 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 this Agreement.

2. TERMS OF PAYMENT

- 2.1. It is recorded that fees are determined at the beginning of the year and that the Account Holder is informed of the result in writing.
- 2.2. The Account Holder shall immediately inform the CENTRE if he/she has not received an invoice at the start of the academic year.
- 2.3. Fees for 12 (twelve) months are payable monthly in advance by means of debit order on or before the 2nd (second) day of each calendar month or annually in advance by 31 December, depending on the fee payment option exercised by the Account Holder in the Application.
- 2.4. The CENTRE reserves the right to charge interest of 15% (fifteen percent) on all accounts that are in arrears by 30 (thirty) days or longer.
- 2.5. Payment of monthly fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fee structure of the CENTRE.
- 2.6. In the event where an existing account is/has not been managed in the proper manner, no further Applications will be considered.

3. 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 this Agreement, the CENTRE may in its sole discretion:

- 3.1. Refuse the learner entry to the CENTRE's premises until the breach has been remedied; or
- 3.2. Claim damages from the Account Holder and/or the surety and legal guardian; or
- 3.3. Take whatever legal steps may be necessary.

4. GENERAL

This agreement constitutes the whole 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 or exchange or other document issued or executed 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.

5. JURISDICTION

This Agreement is subject to South African law.

6. 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.

7. DOMICILIUM

The parties choose as their domicilia citandi ET executandi the addresses set out in the Application.

8. LEGAL FEES

In the event where the CENTRE 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.

9. CANCELLATION

- 9.1. The Account Holder undertakes to give 2 (two) calendar months written notice of termination of the enrolment of a learner, failing which the liability be incurred for the full amount of the following term's fees.
- 9.2. The CENTRE shall be entitled to terminate the enrolment of any learner under the following circumstances:

Summarily, and with immediate effect, if the learner is guilty of an offence which, in the sole opinion of the CENTRE, renders his/her continued enrolment at the CENTRE impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the CENTRE, will be refunded a pro-rate proportion of any fees already paid in advance in respect of such learner.

- 9.3. In the event of emigration, which is a long process, the CENTRE requires 1 (one) full term's written notice in advance.

SIGNATURE OF ACCOUNT HOLDER

DATE

SECTION 11: SURVEY – SERVICES/FACILITIES REQUIRED

SPORT MASSAGE	YES	NO
NUTRITION PROGRAM	YES	NO
SPORT SCIENCES AS A SUBJECT	YES	NO
EXAMINATION PREPERATION	YES	NO
OTHER THERAPIST ON GROUNDS	YES	NO
OTHER: SPECIFY		

SECTION 12: SURVEY – MARKETING

WHERE DID YOU HEAR ABOUT US? PLEASE INDICATE WITH AN X.

<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> BROCHURE	<input type="checkbox"/> FLYER	<input type="checkbox"/> EXHIBITION
<input type="checkbox"/> PRESENTATION	<input type="checkbox"/> WEB	<input type="checkbox"/> OTHER/SPECIFY	_____
<input type="checkbox"/> FRIEND			

PLEASE INDICATE HOW SATISFIED YOU WERE WITH THE SERVICE RECEIVED PRE-ENROLMENT.

VERY SATISFIED
 SATISFIED
 UNSATISFIED
 VERY UNSATISFIED

WAS THE INFORMATION RECEIVED PRE-ENROLMENT:

RELEVANT
 INFORMATIVE
 SUFFICIENT

IF NOT, PLEASE PROVIDE FURTHER DETAILS: _____

POLICY AND PROCEDURE

1. PURPOSE OF AFTERCARE

To provide a safe environment for learner who cannot be collected after regular school hours. This service is applicable to learner from Grade 1-12.

2. OPERATING TIMES

Tutor Centre runs during school term, Monday to Friday 08:00-13:00.
Aftercare runs during the school term, Monday to Friday from 13:00-18:00.

3. FEES

1. Registration fee of R1000 payable on first day of registration nonrefundable.
2. Ad Hoc: R100.00 (one hundred rand) per afternoon in cash.
Packages available:
Tutor Centre fees: R2350-00 From 8-1
Tutor fees aftercare included R 2950-00 From 8 to 6

4. WITHDRAWAL

1. Withdrawal of a learner from Tutoring and Aftercare must be given in writing to the Head of Aftercare 2 months in advance. If this is not done the responsible person will still be invoiced for the fees. Payments are payable 12 months of the year.

5. CONDITIONS

1. Parents must contact the Head of Aftercare to make alternate arrangements if they are delayed in collecting their learner.
2. Parents must contact the Head of the Aftercare if the learner is absent from school or will be absent from the Centre for the day.
3. Aftercare will be closed during school holidays and public holiday.

6. BASIC OPERATIONS

1. The learners are divided into groups based on their grade. It makes it easier when helping to study or do homework.
2. During this time, every reasonable precaution is taken to provide a safe and secure environment.
3. Parents are to notify the Head of Aftercare in writing should a third party be given consent to collect their learners.

7. ACCIDENTS AND INCIDENTS

1. Minor injuries for example cuts and bruises will be dealt with in an appropriate manner
2. Serious injuries will be handled as follows:
• First – Aid will be administered by a trained Aftercare staff member.
• Parents immediately notified
• If hospitalization required, then the learner will be taken to the nearest hospital or clinic
• Parents will be liable for all costs incurred
3. An accident report is completed by the Head of Aftercare.

8. EXTRA MURAL ACTIVITIES

1. Parents are to inform the Head of Aftercare of their learner's extramural time-table.

9. MEALS

1. Aftercare will provide a nutritious lunch/snack from 13h00-15:00 depending on learner's extramural activities.
2. Drinking water is available at all times.

10. HOMEWORK

1. Grade 1-9 learners will be assisted with their homework daily. However, it is the parent's responsibility to ensure that homework is completed and that the homework diary is signed daily. Tests (will be helped to start learning on it) and projects require independent research and study time at home. These aspects remain the responsibility of the individual learner and his/her parents.
3. Grade 10-12 learners are expected to complete their homework independently at the desks provided. Assistance is available to these learners if it is needed. Tests and projects require independent research and study time at home. These aspects remain the responsibility of the individual learner and his/her parents.
4. Whilst learners of all grades are given appropriate assistance at Aftercare, it is imperative that parents reinforce homework and that they monitor and sign homework diaries daily.

11. RULES/DISCIPLINE

1. Aftercare is located in the Aftercare Centre. Learners will report to the facility once the school day has ended.
2. Outdoor play will be available under supervision.
3. Grade 1 – 6 learners are requested to complete their homework from 14h00 to 16h00. Learners who are involved in extramural activities must do their homework once the activity has been completed.
4. No dangerous games, throwing of stones, bullying or any other bad behaviour will be tolerated.
6. Play is confined to designated areas under supervision.
7. Bathrooms are gender specific and will be closely monitored.

12. PARENT GRIEVANCE PROCEDURE

1. All complaints should be discussed with the Head of Aftercare. If the grievance is unresolved between the parties then the matter should be escalated to the Aftercare Management team.

2. All discussions should aim to resolve issues amicably

All the under-mentioned rules are applicable to all CENTREs:

BANKING DETAILS:

Account name: M Breedt

Bank ABSA

Account number 4088223167

Reference nr Account number or learner full name and surname

VERY IMPORTANT: Hand your proof of payment in at the office or email it to:

All fees payable by 2nd of each month.

The above must be adhered to:

I, _____, parent / legal guardian of
_____ (learner's name) adhere to the regulations of the CENTRE
as stipulated above.

SIGNATURE OF PARENT / LEGAL GUARDIAN

Please take note:

(If your particulars change, it is your responsibility to inform us -
we will only communicate with SMS and Email)

I UNDERSTAND THE ABOVEMENTIONED AND AGREE TO THE ABOVE.

SIGNATURE: _____