

**MOUNT CARMEL CHRISTIAN PRESCHOOL**

TELEPHONE NUMBER: 033 330 872 7  
21 / 25 MORLING STREET  
HOWICK  
3290  
NPO – 067.480  
P.B.O EXEMPTION NO.930021117



P. O. BOX 724  
HOWICK  
3290



**OFFICE USE:**

- Date of Admission: \_\_\_\_\_
- Gender M/F: \_\_\_\_\_
- Admit to Group: \_\_\_\_\_
- After Care Yes/No: \_\_\_\_\_

**PLEASE ATTACH:**

- \* 2x (I. D. size) of learner
- \* Child's Birth Certificate
- \* Clinic Card
- \* Parents Identity document
- \* Parents Pay slip
- \* Proof of address

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**ADMISSION**  
**FORM**  
**2026**  
**(TO BE COMPLETED BY PARENT OR  
LEGAL GUARDIAN)**

INT:

**PERSONAL DETAILS OF FATHER**

Surname: \_\_\_\_\_  
First Names: \_\_\_\_\_  
Identity Number: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Postal address \_\_\_\_\_ Code: \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ Cell: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Email address: \_\_\_\_\_

**EMPLOYMENT DETAILS:**

Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_  
Work No/Persal: \_\_\_\_\_  
Telephone (Work): \_\_\_\_\_ Email address: \_\_\_\_\_

**PERSONAL DETAILS OF MOTHER**

Surname: \_\_\_\_\_  
First Names: \_\_\_\_\_  
Identity Number: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ Cell: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Email address: \_\_\_\_\_

**EMPLOYMENT DETAILS:**

Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_  
Work No/Persal: \_\_\_\_\_  
Telephone (Work): \_\_\_\_\_ Email address: \_\_\_\_\_

**DETAILS OF LEGAL GUARDIAN:**

Mr / Mrs / Miss: \_\_\_\_\_  
Surname: \_\_\_\_\_  
First Names: \_\_\_\_\_  
Identity Number: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_

**PERSONAL DETAILS OF CHILD**

Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
I D No: \_\_\_\_\_ D.O.B \_\_\_\_\_  
Gender: \_\_\_\_\_ Religion: \_\_\_\_\_  
Last school attended: \_\_\_\_\_  
Current Grade/Class: \_\_\_\_\_

**MEDICAL AND MILESTONE INFORMATION**

Did the child have a normal birth:  
\_\_\_\_\_

At what age did the child crawl, and walk?  
\_\_\_\_\_

Has the child had any operations? If so, which ones?  
\_\_\_\_\_

Is the child on any medication?  
\_\_\_\_\_

Has the child had a hearing or eye test? If so, when?  
\_\_\_\_\_

Does the child have any siblings (sister or brother) at this School?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If **Yes** How many \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Doctors Phone No: \_\_\_\_\_

In case of an emergency, contact: Name, Surname and Contact Details (Relation to Learner)  
\_\_\_\_\_

**SCHEDULE OF PAYMENTS: YEAR 2026**

|                  |                             |
|------------------|-----------------------------|
| REGISTRATION FEE | R 500-00 (NOT REFUNDABLE)   |
| STATIONERY FEE   | R 450-00                    |
| FEES             | R 11 400 (ONCE OFF PAYMENT) |
| TERMLY           | R 2850.00                   |

**OR MONTHLY JANUARY TO DECEMBER**

| MONTH     | FEES     |
|-----------|----------|
| JANUARY   | R 950-00 |
| FEBRUARY  | R 950-00 |
| MARCH     | R 950-00 |
| APRIL     | R 950-00 |
| MAY       | R 950-00 |
| JUNE      | R 950-00 |
| JULY      | R 950-00 |
| AUGUST    | R 950-00 |
| SEPTEMBER | R 950-00 |
| OCTOBER   | R 950-00 |
| NOVEMBER  | R 950-00 |
| DECEMBER  | R 950-00 |

**PLEASE NOTE!!!!!**

**NO MONEY IS ACCEPTED AT SCHOOL!!!!!!!**

**LATE PAYMENTS AFTER THE 01<sup>st</sup> OF EACH MONTH WILL ATTRACT A PENALTY FEE OF R 50-00**

**Bank: First National Bank**

**Branch: Howick**

**Branch Code: 220725**

**Account Number: 55131180792**

**THE CHILD'S NAME & SURNAME MUST ALWAYS APPEAR AS THE REFERENCE**

**DEFAULT/ LEGAL**

1. Should you fail to make payment in accordance with this agreement, the balance of the year's school fees immediately becomes due and payable.
2. Should you fail to make payment in accordance with this agreement, the Governing Body may:
  - \* Institute legal action against you for collection of the arrear school fees without further notice to you, in which event you would be liable for costs on the scale as between attorney and client, including collection commission in the event of litigation.
  - \* Charge interest on any overdue amounts at the rate of 15% per annum.
  - \* Report non-payment to a Credit Bureau.
3. A certificate signed by the Principal or the Bursar shall be prima facial proof of any amount outstanding in terms of this agreement.
4. Should you fail to return this completed agreement to the school before the first day of the school year, your child/ children will not be allowed to attend class.
5. Should you then fail to make payment of the annual school fees, the Governing Body shall immediately without further notice to you institute legal proceedings for collection of the arrear school fees.
6. Parents/Guardians/ Biological parents shall be jointly and severally liable for payment of school fees.
7. The Governing Body reserves their right to increase annual school fees retrospectively after consultation with the parents of the school.
8. This agreement must be signed by both parents/ guardians.
9. No variation or amendment of this agreement will be of any force or effect, unless it is reduced in writing and signed by the parents/ guardians and the school.
10. I/We nominate any one of the above addresses overleaf as my/our documents.

\_\_\_\_\_  
**FATHER/GUARDIAN**

\_\_\_\_\_  
**MOTHER/GUARDIAN**

## **SCHOOL FEES**

### **PREAMBLE**

- School fees are determined in consultation with the parents of this school.
- School fees are payable annually in advance at the commencement of the new school year. The Governing Body is prepared to accept payment of school fees in accordance with this agreement. No indulgence or latitude will be construed as a waiver of any rights the Governing Body might have.

### **UNDERTAKING**

I/We, the undersigned hereby acknowledge liability for the annual school fees and I/we undertake to pay the annual school fees in the sum of **R11400.00** per learner per year, which does not include the following;

**Stationery R 450-00 per year.**

#### **I/We further undertake:**

- \* To pay fees punctually in accordance with the provision of this agreement.
- \* To give the school at least 30 days notice in the event of learner(s) leaving the school and in the event of my failure to give notice as provided for in this agreement.

I/we agree to pay pro rata school fees up to a period of 30 days after the learner(s) has/ have left the school.

I/We undertake to pay the school fees as follows (indicate your choice)

- 1. Single payment of R 11400-00 is required.**
- 2. Quarterly payment of R 2850-00 is required.**
- 3. 12 monthly payments of R 950-00 are required.**
- 4. Single payment of R 450-00 for Stationery (once off payment payable in January before school opens)**

**Refunds will only be given after 30 days of payments and 30% will be deducted for handling charges.**

### **EXCURSIONS**

- Payments for excursions are **not included with the school fees.**
- Parents who are in arrears with learners' school fees will unfortunately not be able to attend the excursions.
- Excursion fees are non refundable once paid and if you have ticked yes on the indemnity form.

- Please fill out the details of your child's driver(s) below.

| Name of driver | Relationship | Contact number |
|----------------|--------------|----------------|
| 1.             |              |                |
| 2.             |              |                |
| 3.             |              |                |
| 4.             |              |                |

- Your child will only be allowed to be transported by the contact details of the drivers given above.

### **TERMS AND HOURS:**

- The Pre-school will close for all school holidays.
- The Pre-school will close for all public holidays.
- The hours of the Pre-school and Care Centre is 08h00 to 16h30 **but is open and able to receive children by 07h00.**
- Parents are requested to ensure that their children are handed over to teachers in charge.
- Punctuality is requested regarding these times, particularly at the end of the day at 5.00pm.
- A penalty fee of **R 150-00** an hour or part of will be charged for children who are fetched after **16h30.**

### **REQUISITES:**

Each child must bring the following each day:

- A bag marked clearly on the outside with the child's Name.
- A spare set of clothes. All clothing must be clearly marked with the child's name as the Pre-School cannot accept any responsibility for the items lost and unmarked.
- Their own juice (in a plastic leak-proof bottle) and a sandwich or fruit for two tea breaks.
- At the beginning of each year: Each child is required to bring:
  - Hand wash 200ml x2
  - Toilet paper x 20 rolls
  - Wet wipes x 3 (pack of 80 in each pack)

## **UNIFORMS**

**NOTE:** Uniforms are available directly from the school.

### **Uniforms include:**

- Green V Neck Jersey
- Yellow Golf Shirt
- Black Sport Shorts
- Tracksuit
- Sports t-shirt
- Lunch bag

### **Uniform Price List** **2026** **Girls and Boys**

|    | <b>Uniform Description</b>  | <b>Prices</b>   |
|----|-----------------------------|-----------------|
| 1. | Black shorts                | R100.00         |
| 2. | Yellow Golf shirts          | R200.00         |
| 3. | Jersey                      | R180.00         |
| 4. | Tracksuit                   | R420.00         |
| 5. | Sports T-shirt              | R130.00         |
| 6. | Lunch bag                   | R150.00         |
| 7. | Floppy Hat                  | R180.00         |
|    | <b>Complete Uniform Set</b> | <b>R1360.00</b> |

**FULL UNIFORM SET R 1360-00**

**Note:**

**Uniform prices are subject to change without prior notice.**

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**GENERAL RULES**

- 1. Mount Carmel Christian Preschool reserves the rights for traditional animal arm bangles not to be worn at school.**
2. All clothes and shoes must be clearly marked with child's name.
3. Children must please remain at home if they have coughs, cold or infectious diseases.
4. In case of infectious disease we require a letter of clearance from the doctor or clinic. Please let us know the reason of their absence as soon as possible.
5. In case of emergency and should the principal be unable to contact the parent or doctor specified by the parents, consent is hereby given to the educators to use her own discretion.
6. Communication books must be checked and signed each day. Please ensure that children take care of their books. Pack books separately from juice or water.
7. Punctuality is requested regarding school times, particularly at the end of the day at **5:00 pm.**

**THANK YOU FOR CO-OPERATION.**

\_\_\_\_\_  
**PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ENROLLING OFFICER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINCIPAL / C. O. O**

\_\_\_\_\_  
**DATE**

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**PARENTAL CONSENT FORM FOR USE OF IMAGES OF CHILDREN**

**Mount Carmel Christian Preschool** has decided to roll out a social media platform for parents / prospective parents who wish to gain more information regarding the **Mount Carmel Christian Preschool**. On the platform there will be general information regarding the following:

- **Enrolment Forms**
- **General Information**
- **Newsletters**
- **Photographs of Educational Activities**
- **Outdoor Activities**
- **Extra Mural Activities**
- **Photos of the School Activities**

We would like all our parents to take part in this initiative and form part of the **Mount Carmel Christian Preschool** experience in this new way. **Mount Carmel Christian Preschool** recognises the need to ensure the welfare and safety of all children taking part in any activity associated with our organisation and as such will endeavour to take all reasonable precautionary measures within our power to keep such personal information safe, in accordance with the South African Protection of Personal Information Act (often called the POPI Act or POPIA), and not use it for any means other than communicated below. Permission needs to be gained from the parents for any photos / videos included on this media platform. In the event that you do not agree to photos / videos being put up, your child's face will be blotted out.

I/We, \_\_\_\_\_ the parent(s)/guardian(s)  
of: (child's full name) \_\_\_\_\_

hereby gives **Mount Carmel Christian Preschool** **PERMISSION** to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting my/our children named above, taken by any employee of **Mount Carmel Christian Preschool** on behalf of, **Mount Carmel Christian Preschool** for any of the following uses:

- Advertisements, marketing, leaflets, or any other use such as for training, educational or publicity purposes;
- On the **Mount Carmel Christian Preschool** Facebook page;
- On the **Mount Carmel Christian Preschool**; The above consents will apply throughout the world and be for an indefinite period.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

**Train up a child in the way he should go, and  
when he is old he will not depart from it.**

**Proverbs 22 vs. 6**

**School Stamp:**

**Original school stamp**