

Broedie Kleuters

CELL: 082 882 4899

PO BOX 614

IFAFI

0260

AGREEMENT BETWEEN

Petro Steinmann Principal of BROEDIES KLEUTERS
and

(Full name of parent)

With ID: _____

The parties mutually agree:

1. BROEDIES KLEUTERS UNDERTAKES:

- 1.1 To take care of _____ (Full name of toddler) between the fixed times **07:00 to 13:30 on valid school days**.
- 1.2 To present an educational program in Afrikaans and continuously promote Christian believes and values to the child.
- 1.3 To when necessary telephonically contact the **PARENT** of the toddler about sickness or injuries or any other urgent matters.
- 1.4 To semi-annually (every six months) give a progress report of the child to the parents and to have personal meetings with the child's parent as and when necessary.
- 1.5 To take the child on outings **ONLY** with the written permission of the parent.

2. THE PARENT UNDERTAKES:

- 2.1 To accept and support the Christian character of the school.
- 2.2 To complete Addendum 1 in full and to also supply BROEDIES KLEUTERS with a copy of the child's birth certificate.
- 2.3 To strictly adhere to the school hours unless specifically arranged differently with the principal of BROEDIES KLEUTERS.
- 2.4 To pay the amount in paragraph 3 here below on/before **3rd (third)** day of each month, each month in advance, either in cash to the principal of BROEDIES KLEUTERS, **OR** by electronic funds transfer into the following account; P Steinmann, cheque account, STANDARD BANK account number 410064947, branch code 013445, reference is your child's name.
- 2.5 To pay an admin fee of R50-00 per week on all late payments.
- 2.6 To make alternative arrangements for the child whenever he/she has an infectious disease or any childhood disease. This arrangement is for the cost of the **parent** and no refund will be considered by BROEDIES KLEUTERS School.
- 2.7 To send the child to school with his/her own food and drinks, e.g. sandwich and cold drink. PLEASE NO sweets Mondays to Thursdays!!
- 2.8 To clearly mark all the child's clothes and belongings. Use a permanent marker.
- 2.9 To ensure that the toddler is received by BROEDIES KLEUTERS staff in the mornings.
- 2.10 To make definite arrangements for the collection of the toddler and to inform the prinipal of BROEDIES KLEUTERS who have permission to fetch the toddler.
- 2.11 To make clear arrangements with the staff of BROEDIES KLEUTERS when there is **ANY** deviation of the normal drop-off and/or collection times of the toddler.
- 2.12 To inform the staff of BROEDIES KLEUTERS whenever there is **ANY** change in travel arrangements of the toddler, e.g. bus transport or private travel or different person that

transport the child, etc.

- 2.13 To assure that the toddler do not bring any toys to school.
- 2.14 To once a quarter make a donation of certain requested items to BROEDIES KLEUTERS. This will be typical items like toilet paper, tissues, liquid hand wash soap, plasters, etc.
- 2.15 I hereby expressly consent thereto that should I be fail and/or neglect to pay the school fees as mentioned herein, timeously, that Judgment in terms of Section 58 of the Magistrates Court Act 32 of 1944, may be granted against me without any further notice to me, for the arrear amount and the principal or any institution nominated by her, may list me as a bad payer at the relevant credit bureaus.

Initial:

Parent _____ Parent _____
Witness _____ Witness _____

- 2.16 I further agree that if it would be necessary for the principal to make use of legal action to enforce the contract against me, alternatively to recover school fees from me through legal action, I will be responsible for the Principal's and / or School's legal costs on attorney and own-client scale.

Initial:

Parent _____ Parent _____
Witness _____ Witness _____

3. **TIMES AND TARIFS:**

- 3.1 BROEDIES KLEUTERS is functional from Monday to Fridays.
- 3.2 **Our contact hours are 07:00 to 13:30 – Monday to Friday. NOTE that this differs from the Primary Schools times!!**
- 3.3 Monies are payable for 11months and is **R1200-00** per month per child. (January to November). This payment arrangement also applies to school holiday months.
- 3.4 A non-refundable registration fee of **R500-00** is payable by the parent to BROEDIES KLEUTERS.
- 3.5 BROEDIES KLEUTERS operate according to the Gauteng School Terms Calendar. We are NOT OPEN in school holidays and on public holidays.
- 3.6 When the parent stay in arrears with payments a written notice shall be given to the parent to take the child out of the school.
- 3.7 Unfortunately we do not accept any cheques.
- 3.8 EFTs is the preferred safe method of making any payments.

4. **PERMISSIONS:**

The parent hereby gives permission that in emergency circumstances a staff member of BROEDIES KLEUTERS may take the child to the nearest available medical practitioner for treatment and care. All costs will be for the account of the parent. This would be done in cases where the parent could not be contacted and/or reached within time or be successfully contacted by cell-phone at the time of the emergency. Normally the parent will be contacted to make his/her own arrangements.

5. **CANCELLATION:**

- 5.1 This agreement/contract can be terminated/cancelled by any party by giving one (1) calendar month written notice to the other.
- 5.2 When a parent is in breach of this agreement BROEDIES KLEUTERS will give written notice to the parent to rectify the breach within three (3) working days where after BROEDIES KLEUTERS will be entitled to cancel this agreement with immediate effect. Any costs incurred by BROEDIES KLEUTERS will be for the account of the parent.

6. **LEGAL LIABILITY:** Disclaimer

The staff of BROEDIES KLEUTERS shall not be liable for any claims of whatever nature including but not limited to theft, injury, loss or damage of whatever nature, against BROEDIES KLEUTERS or its staff, whether arising from the School's default, negligence or otherwise.

The staff of BROEDIES KLEUTERS undertakes to at all times within their power look after, respect and protect the children and their belongings.

SIGNED AT _____ **ON** _____ **DAY OF** _____ **201** _____.

PARENT

PARENT

AS WITNESSES:

1. FULL NAME: _____

2. FULL NAME: _____

ADDRESS: _____

ADDRESS: _____

CELL NO _____

CELL NO: _____

M.P.E. STEINMANN
Principal BROEDIES KLEUTERS

ADDENDUM 1

CHILD'S NICK NAME AND SURNAME: _____

CHILD'S CHRISTIAN NAME/S: _____

CHILD'S BIRTH DATE: _____

CHILD'S SEX: _____

CHILD'S RACE: _____

KNOWN ALLEGERGIES: _____

PREVIOUS PRE-PRIMARY SCHOOL: _____

BROTHERS/SISTERS: _____

CHILDHOOD SICKNESS ALREADY HAD:

VACCINATION UP TO DATE? _____

SURGICAL OPERATIONS: _____

FATHER'S NAME: _____

FATHER'S ID NUMBER: _____

FATHER'S OCCUPATION: _____

FATHER'S WORK TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

(I nominate this address as my domicilium citandi et executandi)

MOTHER'S NAME: _____

MOTHER'S ID NUMBER: _____

MOTHER'S OCCUPATION: _____

MOTHER'S WORK TELEPHONE NUMBER: _____

HOME TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

MARITAL STATUS OF THE PARENTS: _____

RESIDENTIAL ADDRESS: _____

(I nominate this address as my domicilium citandi et executandi)

POSTAL ADDRESS: _____

HOW FAR DOES THE TODLER STAY FROM SCHOOL? _____ km

HOW FAR DOES THE PARENTS STAY FROM THE SCHOOL? _____ km AND _____ km

WHICH LANGAUGE DOES THE TODLER SPEAK AT HOME?

CHURCH/RELIGION: _____

FAMILY DOCTOR: _____

MEDICAL FUND: _____ NR. _____

ALTERNATIVE CONTACT PERSON AND TELEPHONE NUMBER FOR
EMERGENCIES:

RELATIONSHIP: _____

NAME: _____

CELL: _____

COMMENTS: _____

Attached hereto –

- Copy of ID of both parents;
 - Copy of birth certificate of child;
-

Broedie Kleuters

TEL: 082 882 4899

POSBUS 614
IFAFI
0260

OORENKOMS AANGEGAAN TUSSEN

Petro Steinmann as Hoof van BROEDIES KLEUTERS
en

(Volle name en van OUER)

Met ID: _____

Bogenoemde partye kom soos volg ooreen:

1. BROEDIES KLEUTERS ONDERNEEM:

- 1.1 Om na die **kleuter**, _____ (Volle name van Kleuter) om te sien tydens die vasgestelde ure, nl. **07:00 tot 13:30**.
- 1.2 Om 'n opvoedkundige program in Afrikaans aan te bied en te alle tye te poog om die Christelike geloof, norme en waardes aan die kleuters oor te dra.
- 1.3 Om die **OUER** telefonies te kontak in die geval van 'n siektetoestand en/of besering van die betrokke kleuter.
- 1.4 Om halfjaarliks 'n vorderingsverslag van die kleuter aan die OUER te voorsien en mondelings gesprekke met die OUER te voer.
- 1.5 Om die kleuter op uitstappies te neem met skriftelike toestemming van die ouer.

2. DIE OUER ONDERNEEM:

- 2.1 Om die Christelike Afrikaanse karakter van die Kleuterskool te aanvaar en ondersteun.
- 2.2 Om Bylaag 1 hiertoe volledig te voltooi en aan BROEDIES KLEUTERS te voorsien asook 'n afskrif van die kleuter se geboortesertifikaat.
- 2.3 Om stiptelik by die vasgestelde ure te hou tensy anders gereël met die hoof van die KLEUTERSKOOLOOL.
- 2.4 Om die ooreengekome tarief (sien par. 3) voor of op die **derde werksdag** van elke maand, maandeliks vooruit in kontant, aan BROEDIES KLEUTERS te betaal of direk te deponeer in P Steinmann se Tjekrekening by STANDARD BANK NR. 410064947 TAKKODE 013445.
- 2.5 Om 'n boete van R50-00 per week te betaal indien gelde laat inbetaal word.
- 2.6 Om in die geval van 'n aansteeklike siekte en kindersiekte alternatiewe reëlings vir die kleuter te tref op die **OUER** se eie onkoste.
- 2.7 Om die kleuter van verversings te voorsien. (Broodjie en koeldrank). Geen lekkergoed van Maandae tot Donderdae!
- 2.8 Om alle klere en/of persoonlike besittings van die kleuter op 'n duidelike en leesbare manier te merk.
- 2.9 Om seker te maak dat u kleuter deur 'n personeellid van BROEDIES KLEUTERS ontvang word.
- 2.10 Om seker te maak dat u kleuter afgehaal word en die personeel van die KLEUTERSKOOLOOL in te lig wie die kleuter mag oplaai.
- 2.11 Die nodige reëlings te tref met die personeel van die KLEUTERSKOOLOOL indien die kleuter nie op die vasgestelde tyd af- of opgelaai kan word nie.

- 2.12 Om die personeel in kennis te stel van alternatiewe reëlings bv. Bus ry of deur 'n ander persoon afgehaal word.
- 2.13 Toe te sien dat die kleuter geen speelgoed saambring na die Kleuterskool nie.
- 2.14 Een keer per kwartaal 'n skenking te maak van items soos gevra bv. Toilet papier, tissues, vloeibare handewassee of pleisters.
- 2.15 Ek gee hiermee uitdruklik toestemming, dat sou ek versuim om die skoolfonds soos hierin vermeld, betyds te betaal, dat Vonnis kragtens Artikel 58 van die Landdroshof Wet, 32 van 1944, sonder enige verdere kennis aan my, teen my toegestaan kan word vir die agterstallige bedrag en dat die Hoof of enige instansie deur haar genomineer, my as 'n slegte betaler by die relevante krediet buro's kan lys.

Parafeer:

Ouer _____ Ouer _____
Getuie _____ Getuie _____

- 2.16 Ek stem verder toe dat sou dit nodig wees om deur middel van regsaksie hierdie kontrak teen my af te dwing, alternatiewelik om skoolfonds deur middel van regsaksie van my te verhaal, ek aanspreeklik sal wees vir die Hoof en/of Skool se regskoste op Prokureur en Eie Kliënt skaal.

Parafeer:

Ouer _____ Ouer _____
Getuie _____ Getuie _____

3. **TYE EN TARIWE:**

- 3.1 BROEDIES KLEUTERS funksioneer van Maandag tot Vrydag.
- 3.2 **Die ure is 07:00 tot 13:30 – Maandag tot Vrydag. Ons ure verskil van die Laerskool!!**
- 3.3 Gelde is betaalbaar oor 11 maande nl.**R1200-00** per maand per kind. (Januarie tot November).
- 3.4 'n Nie-terugbetaalbare registrasiefooi van **R500-00** is deur die OUER aan die KLEUTERSKOOOL betaalbaar .
- 3.5 BROEDIES KLEUTERS word slegs bedryf gedurende die Gauteng Kwartale en nie gedurende skoolvakansies of Openbare vakansiedae nie.
- 3.6 Indien u agterstallig bly sal u onmiddellik skriftelike kennis ontvang om u kind uit die Kleuterskool te neem - selfs vakansie maande.
- 3.7 Geen Tjeks sal aanvaar word nie.
- 3.8 Elektroniese betalings word hoog op prys gestel aangesien dit baie veiliger is.

4. **TOESTEMMING:**

Die OUER gee hiermee toestemming dat enige personeellid van BROEDIES KLEUTERS die kleuter na die naaste beskikbare mediese praktisyn kan neem en dat die kleuter mediese behandeling op die onkoste van die ouer mag ontvang indien die ouer nie telefonies gekontak kan word nie.

5. **KANSELLASIE:**

- 5.1 Beide die partye is geregtig om wedersyds hierdie ooreenkoms te kanselleer by wyse van een kalendermaand skriftelik kennis te gee.
- 5.2 Indien die OUER sou versuim om aan die bepalings van hierdie ooreenkoms te voldoen, sal BROEDIES KLEUTERS geregtig wees om die OUER skriftelik in kennis te stel om sodanige gebrek binne drie dae te herstel, by gebreke waarvan BROEDIES KLEUTERS geregtig sal wees om sonder verdere kennisgewing, hierdie ooreenkoms summier te kanselleer en die skade wat gely is van die OUER te verhaal.

6. **REGSAANSPREEKLIKHEID:**

Geen personeellid van BROEDIES KLEUTERS sal aanspreeklik gehou word vir enige skade, insluitende gevolgskaide wat deur die OUER, KLEUTER of enige ander persoon gely mag word en wat voortspruit uit enige gebeurlikheid wat verband hou met BROEDIES KLEUTERS aktiwiteite. Die personeel onderneem egter om te alle tye na die beste van hul vermoë na die kleuters om te sien.

ALDUS GEDOEN EN GETEKEN TE _____ OP HIERDIE

_____ DAG VAN _____ 201_____.

OUER

OUER

AS GETUIE:

1. VOLLE NAAM: _____

2. VOLLE NAAM: _____

ADRES: _____

ADRES: _____

SEL NO _____

SEL NO: _____

M.P.E. STEINMANN
HOOF: BROEDIES KLEUTERS

BYLAAG 1

KLEUTER SE NOEMNAAM EN VAN: _____

KLEUTER SE VOLLE NAME: _____

GEBOORTEDATUM: _____

GESLAG: _____

ALLERGIË: _____

VORIGE KLEUTERSKOOL: _____

BOETIES/SUSSIES: _____

KINDERSIEKTES REEDS GEHAD: _____

IS IMMUNISERING VAN DIE KLEUTER OP DATUM? _____

OPERASIES REEDS GEHAD: _____

PA:

MA:

NOEMNAAM EN VAN: _____

ID NOMMER: _____

BEROEP: _____

WERK TEL: _____

HUISTEL: _____

SEL NR: _____

E-POS ADRES _____

HUWELIKSTATUS VAN OUERS: _____

WOONADRES: _____

(ek nomineer hierdie adres as my domicilium citandi et executandi)

POSADRES: _____

KLEUTER SE RAS: _____

HOEVEEL KM VAN DIE SKOOL AF BLY DIE KLEUTER? _____ km

HOEVEEL KM VAN DIE SKOOL AF WERK U AS OUERS? _____ km EN _____ km

WATTER TAAL PRAAT KLEUTER IN DIE HUIS? _____

KERKVERBAND: _____

HUISDOKTER: _____

MED. FONDS: _____ NR. _____

KONTAKPERSOON IN GEVAL VAN NOOD (NIE DIE OUERS NIE):
VERWANTSKAP: _____

NAAM: _____

TEL: _____

ENIGE ANDER OPMERKINGS: _____

Aangeheg hiertoe –

- Afskrif van ID van beide ouers;
- Afskrif van kind se geboortesertifikaat;
