LITTLE HEARTS ACADEMY

Excellence is our priority

20 Chapman Street, Kuruman
Tel: +27 82 512 1225, +27 76 878 6418
Email: littleheartsacademykuru@gmail.com
Web: www.littleheartsacademy.co.za

REGISTRATION FORM

Full name: _____

Date of Birth: _____ Gender _____ Nationality: _____

Home Language: _____ ID Number: _____

Any Special Needs or Medical Conditions: _____ Allergies: _____

Parent/Guardian Information:

Name(s): _____

Contact Number: _____ Email Address: _____

Residential Address: _____ City _____

Postal Code_____

Emergency Contact:

Name _____ Relationship to child: _____

Contact Number _____

Additional Information:

Previous School (if applicable) _____ Is Child Potty trained _____

Preferred start date: _____

Terms and Conditions:

1. I/we understand that the completion of this form does not guarantee enrolment at Little Hearts Academy.
2. I/we agree to abide by the rules and regulations set forth Little Hearts Academy.
3. I/we authorize the school to seek emergency medical treatment for my child if necessary and will provide any relevant medical information.
4. I/we understand that tuition fee and other related charges are to be paid as per the school's fee structure.

Parent/Guardian signature: _____ Date: _____

Please submit the completed form along with the following documents:

- Copy of the child's birth certificate.
- Copy of the child's immunization records.
- Proof of residence (eg utility bill)
- Two 2 recent passport, photographs of the child.

Thank you for considering Little Hearts Academy. We will review your application and contact you soon regarding the enrollment process.

For office use only

Application Received Date: _____ Application Number _____

Enrolment Status _____

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PERSONAL AND MEDICAL HISTORY

CHILD'S NAME _____

MEDICAL INFORMATION:

DCOTOR'S NAME: _____

TELEPHONE NUMBER: _____

DOCTOR'S ADDRESS: _____

EMERGENCY INFORMATION

PERSON'S TO CONTACT IF PARENT/GUARDIAN IS NOT AVAILABLE

NAME: _____ 2. NAME: _____

TELEPHONE No. _____ TELEPHONE No. _____

CELL No. _____ CELL No. _____

RELATIONSHIP TO CHILD _____ RELATIONSHIP TO CHILD _____

HEALTH

Does your Child have:

Frequent Colds (Explain) _____

Tonsillitis (Explain) _____

Earaches (Explain) _____

Stomach Aches (Explain) _____

Nose Bleeds (Explain) _____

Vomiting often (Explain) _____

Has your child had any serious accidents or any health related problem which the school should be notified about: (Explain)

_____

_____

_____

_____

_____

_____

_____

_____

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FINANCIAL AGREEMENT FOR 2026

This Financial Agreement ("Agreement") is entered into between Little Hearts Academy and the undersigned Parent/Guardian for the learner listed below. The purpose of this Agreement is to outline the terms and conditions related to the payment of school fees and other financial obligations for the 2026 academic year.

1. SCHOOL FEES STRUCTURE & PAYMENT TERMS

1. School Fees are Payable Upfront

- School fees for the full academic year are payable in advance or in monthly instalments as per the school's financial policy.

2. 12-Month Fee Structure

- Fees are charged over 12 months (January – December).

- Parents/Guardians are expected to honour payments consistently throughout the year.

3. Monthly Payment Date

- Parents/Guardians must indicate their preferred fixed monthly payment date:

Chosen Payment Date (every month): _____

4. On-Time Payment Requirement

- All school fees must be paid on or before the chosen date each month.

5. Late Payment Penalty

- Failure to make payment by the agreed date will result in a 10% penalty applied to the outstanding balance.

6. CO-CURRICULAR & SCHOOL EVENT CONTRIBUTIONS

Parents/Guardians agree and understand that:

- All co-curricular activities, including Prize Giving Day, Spur Day, educational programs, class projects, fundraising initiatives, and special events, must be fully paid by every child participating or attending.

- These contributions are separate from normal school fees and must be paid before the activity/event date.

7. NON-PAYMENT & ENFORCEMENT

Consistent non-payment of school fees or event contributions may result in:

- Suspension of participation in certain activities

- Exclusion from events

- Withholding of learner reports

- Loss of placement for the following academic year

5. DECLARATION BY PARENT/GUARDIAN

Parent/Guardian Details

- Full Name: _____

- ID Number: _____

- Cellphone Number: _____

- Email Address: _____

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Parent/Guardian Signature: _____

Date: _____

Office Use Only

- Received By: _____

- Date: _____

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Dear Parent/Guardian

We are providing you this parental consent form to both inform you and to request permission for your child's video/photo/image and personally identifiable information to be published on the school's newsletter, bulletin, Facebook page, website, or other social media outlets and publications.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a website since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as a congregation do want to celebrate your child and his/her work. The Protection of Personal Information Act (POPIA) requires that we ask for your permission to use information about your child.

Pursuant to the Protection of Personal Information Act (POPIA), we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, video, photo or images of the students

If ever you need to cancel the agreement with **Little Hearts Academy** you may do so by writing a letter to their Administrator or Staff member. Address the letter to the person in question and include the name of the child. Once they receive the letter, the rescission will take effect. Check one of the following choices:

I/We **GRANT** permission for a video/photo/image that includes this child without any other personal identifiers to be published on the school's website, newsletter, bulletin, Facebook page, or other social media outlets and publications.

I/We **DO NOT GRANT** permission for video/photos/images that include this student to be published on the congregation's website, newsletter, bulletin, Facebook page, or other social media outlets and publications.

Name of Child: _____

Name of Parent/guardian: _____

Signature of parent/guardian: _____