

Principal: Monique van Rensburg (BA: Health Sciences)

## Registration Form 2025

### Confidential

Miki Autism School will act in accordance with the POPI Act (Protection of Personal Information Act 2013, Health Professions Act 56 of 1973 and HPCSA Guidelines) and will ensure safekeeping of all documents and personal information.

### Necessary Supporting Documents

- ☐ Copy of Father's ID or Passport.
- ☐ Copy of Father's ID or Passport.
- ☐ Copy of Mother's ID or Passport.
- ☐ Copy of your child's ID or Birth Certificate.
- ☐ Confidential report from the child's previous school.
- ☐ Copy of your child's latest school report.
- ☐ Doctor, Phycologist or Therapist reports.
- ☐ Copy of a recent city council account for parent responsible for School Fees.

### Section 1: Child's Personal Details

Full Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Nickname: \_\_\_\_\_

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

Identity or Passport Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Language: \_\_\_\_\_

Father:\_\_\_\_\_ Mother:\_\_\_\_\_ Miki:\_\_\_\_\_

Religion: \_\_\_\_\_

Gender: \_\_\_\_\_

Race: \_\_\_\_\_

## Section 2: Medical Details

Does the Child have any Allergies: \_\_\_\_\_

Please specify any other relevant medical details:

\_\_\_\_\_

Does the child receive medication:

\_\_\_\_\_

\_\_\_\_\_

Immunisation up to date:

☐ Yes

☐ No

Family Doctor Name and Surname: \_\_\_\_\_

Family Doctor Contact Number: \_\_\_\_\_

Paediatrician Name and Surname: \_\_\_\_\_

Neurologist Name and Surname: \_\_\_\_\_

Psychologist Name and Surname: \_\_\_\_\_

Medical Aid Name: \_\_\_\_\_

Medical Aid Number: \_\_\_\_\_

In a critical situation, please bear in mind that there may not be time to refer to the child's records. Miki Autism School 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Section 3: Emergency Contact Details

Full Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Tell (Work): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Section 4: Father's Particulars

Full Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Email Adres: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

### Section 5: Mother's Particulars

Full Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Email Adres: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

## Section 6: Parental Particulars

Marital Status: \_\_\_\_\_

If divorced, who has legal custody of the child: \_\_\_\_\_

Who is responsible for School Fees of the child: \_\_\_\_\_

## Section 7: Declaration of Accountholder

The account holder undertakes to give the school thirty (30) calendar days written notice of termination of the enrolment of the child in Miki Autism school, failing which, the account holders and the surety and co-principal debtor shall be liable for the full amount of the tuition fees for the year.

The Account Holder undertakes to give full term's written notice of termination of the enrolment of a child at Miki Autism School no later than the first day of the term. The notice period serves the full term from the first day to the last day of the term. Payment is required in full for each month.

Please Note: All school fees are payable in 12 months. November and December are our no notice periods in Miki Autism School. Notice can be given in December for the month of January.

We accept joint and several liability to Miki Autism School for the due and punctual payments of the registration fee, school fees and any other amounts which may become due and payable to the school or in respect of participation in or attendance of any extracurricular activity or late arrivals.

We accept the Financial Terms and Conditions of which a copy has been kept and the school tuition fee schedules which are all annexed hereto.

**Signature of Accountholder:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Section 8: 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) here with assumes liability for the account, alternatively binds him/herself as co-debtor and surety for payment of all fees to the Miki Autism School.

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 month and that the Account Holder is informed of the results in writing.
- 2.2 The Account Holder shall immediately inform the school if he/she has not received an invoice at the start of the academic month.
- 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 school reserves the right to charge interest of 15% (fifteen per cent) 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 application fee structure of the school.
- 2.6 In the event where an existing account is/has not been managed in the proper manner, no further Applications will be considered.
- 2.7 In the event of any one monthly payment not paid on due date, full amount of the annual fees shall immediately become due and payable. In the event of anyone terms fees not being paid on the due date for the payment of the term fees, the full amount of the school tuition fees for the entire year shall immediately become due and payable.

## **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 Miki Autism School may in its sole discretion without notice:
- 3.1 Refuse the child entry to the school'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 that may be necessary.

## **4. GENERAL**

- 4.1 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 of 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.
- 4.2 No representation, promise, warranty or guarantee other than as recorded in this Application for Admission shall be binding on the parties.

## **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 school 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**

The Account Holder undertakes to give 30 (thirty) calendar days' written notice of termination of the enrolment of a child in the nursery school, failing which the liability be incurred for the full amount of the following month's fees. The Account Holder undertakes to give full term's written notice of termination of the enrolment of a child in the Primary / High (Sandton combined) school no later than the first day of the term. The notice period serves the full term from the first day to the last day of the term. Payment is required in full for each month that falls within the term, i.e. 4 months payment in full. The account holder

undertakes to give the school thirty (30) calendar days written notice of termination of the enrolment Miki Audism School. The Applicant may not give notice to terminate in the nursery school for the months of November and December. The fees for BOTH months are fully payable. Notice to terminate this agreement for the end of December must be handed in at the office by the beginning of December. The school shall be entitled to terminate the enrolment of any child under the following circumstances: Summarily, and with immediate effect, if the child is guilty of an offence which, in the sole opinion of the school, renders his / her continued enrolment at the school impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the school, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such child.

## Section 9: General Indemnity

The school, its staff, teachers, and owners undertake to implement reasonable and generally acceptable measures about the safety and wellbeing of all children, educators, assistants, therapists, and visitors to the school.

Due to the nature of the matter, the school, its staff, teachers, therapists, and owner do not accept any responsibility for accidents that may take place in the class or on the school terrain.

Each parent is therefore requested to complete this form as proof that you accept the position of the school and the owners as set out above as well as the risks involved therewith.

I, we, being the parent / legal guardian of who is enrolled as such and accepted by the school, subject to the terms set out herein, indemnify the school and the owners for the time being of any losses or damages in general, however they may occur, that I as parent / legal guardian of the above child may suffer as a result of any occurrence whereby the child may be involved, whether as the causing or suffering party, whilst participating in any school's activity, except if such loss or damage arises as consequence of the gross negligence or wilful misconduct of the school or the owners or any person acting for or controlled by the school or the Board of Directors.

I, we authorise that the aforesaid child may be involved in all excursions undertaken by his / her group or class during school days as part of his / her learning experience and, where applicable, I agree that he / she may utilise the transport arranged by the school for such excursions. I also indemnify the school and the Board of Directors for any damages or losses that I as parent / legal guardian of the above child may suffer under such circumstances and voluntarily accepts the risks associated therewith, except if such loss or damage arises consequently or wilful misconduct of the school or the owners or any person acting for or controlled by the school or the owners.

## Section 10: Permission to Use Photographs

I/we understand and acknowledge that, from time to time, informal photographs are taken of the school's children, and that, insofar as these photographs are placed in the possession or control of the school, these photographs might be used by the school in the electronic and / or printed media, including the school's website, newspaper advertisements, magazine advertisements, brochures, flyers, posters, billboards, banners, flippers and signage on buildings and vehicles, which use will be solely for purposes of marketing the school. As all marketing material of the school portrays excellence, the school will always, insofar as the use and publication of photographs are placed in the control of the school, ensure that these photographs are used in good taste.

## Section 11: Fee Structure 2025

**REGISTRATION FEES:** Registration fees of R1000 are a once-off payment for new students and are non-refundable.

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Miki: \_\_\_\_\_

**TUITION STRUCTURE:** I/we hereby accept the following school fee option and will pay the monthly fee not later than the **28<sup>th</sup>** of each month. On time payment is very important for Miki School to be able to remunerate Staff and Therapist on the 30<sup>th</sup> of each month.

**Please select your preferred school fee option:**

- ☐ Miki Package over 12 months (January 2025 to December 2025) R7090.00 per month.
- ☐ Miki Package over 11 months (January 2025 to November 2025) R7 735.00 per month.
- ☐ Miki Package Once Off payment (January 2025) R 75 600.00 (10% discount).

**MIKI AUTISM SCHOOL BANKING DETAILS:**

Capitec Business Bank Account

Account no: 1051772095

Branch code: 450105

Email proof of payment to: [miki.partners@gmail.com](mailto:miki.partners@gmail.com)

**FEE FOR LATE ARRIVALS:** Failure to collect my child for any reason after 17:30 will result in overtime been paid to Miki Autism School Staff, and I/we agree to pay R100 per incident, which will be added to the monthly invoice payable by the Accountholder.

## Section 12: Therapy Consent Form

Is your child receiving external therapy?

- ☐ Yes
- ☐ No

If yes, please indicate what therapy:

- ☐ Speech Therapy
- ☐ Occupational Therapy
- ☐ Physiotherapy
- ☐ Play Therapy
- ☐ Remedial Therapy
- ☐ Counselling
- ☐ Other \_\_\_\_\_

I/we, \_\_\_\_\_ (full names and surname **father**); and

\_\_\_\_\_ (full names and surname **mother**) hereby give consent for Miki Autism School and Support staff to provide therapeutic services for my child. These services include but may not be limited to, Occupational Therapy, Speech Therapy and Counselling. These services are offered at the discretion of the professional, with each child's best interest in mind.

I/we, do give consent for Miki Autism School to have access to therapeutical, scholastic, and medical documentation, reports and feedback or any information necessary about my child.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Miki: \_\_\_\_\_

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Section 13: Chronic and Acute Medication

For Miki Autism School to adhere to all Health Regulations according to administration of any Chronic or Acute Medication, we need all parents to adhere to the following instructions when sending any Chronic or Acute medication to Miki Autism School.

All medication must be sent in its original containers.

All medication must be clearly marked with:

- Childs Name: \_\_\_\_\_
- Medicine Name: \_\_\_\_\_
- Strength: \_\_\_\_\_
- Dosage: \_\_\_\_\_
- Frequency: \_\_\_\_\_
  
- Childs Name: \_\_\_\_\_
- Medicine Name: \_\_\_\_\_
- Strength: \_\_\_\_\_
- Dosage: \_\_\_\_\_
- Frequency: \_\_\_\_\_

These precautions are taken to ensure that your child receives the correct medication as well as correct dosages, at the correct times. It is also needed for the Miki Autism School staff on duty to monitor the expiry dates and batch number on the medication container for the safety and health of your child.

It is important to send a new copy of the prescription when any medication changes, dosages changes or administration time changes and a new copy of the prescription is to be provided every 6 months.

If the child returns to school with medication that does not adhere to the Health Regulation stipulated, Miki Autism School will not give the child medication.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Section 14: General

I/we, \_\_\_\_\_ (full names and surname father); and

\_\_\_\_\_ (full names and surname mother)

are the parents of \_\_\_\_\_ (Child names and surname)

I/we as parents declare that we are the legal guardian of the child and are entitled to sign this document and shall be bound here to both as parents our personal capacity.

I/we undertake to adhere to the school rules and to the various alterations in the rules that may be made from time to time.

I/we understand and confirm that the principal or any person duly authorised, will act in loco parentis in any matter and at any time during which we have entrusted our child to the care of the school.

On the understanding that every reasonable precaution will be taken to ensure the safety and welfare of the Child, I/we absolve the school from any liability for injury, loss or damage to the person or property of the Child.

**Singed at Pretoria**

Father:\_\_\_\_\_ Mother:\_\_\_\_\_ Miki:\_\_\_\_\_

**Father's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Miki Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Annexure A: School Terms and Hours

School Terms are based on Department of Education. The Department of Education has introduced three additional holidays this year, thanks to the Public Holidays Act of 1994, which mandates that if a public holiday falls on a Sunday, the following Monday will also be a holiday. This change aims to give both learners and teachers extra time to relax and rejuvenate.

|  |   |
|--|---|
| <b>TERM 1</b><br><br><b>Schools start:</b> 13 January 2025<br><b>Schools end:</b> 28 March 2025<br><b>School holidays:</b> 31 March – 7 April 2025 ( <i>OPEN</i> )<br><br><b>Public holidays:</b><br>New Year's Day (1 January 2025), Human Rights Day (21 March 2025) | <b>TERM 2</b><br><br><b>School starts:</b> 8 April 2025<br><b>School ends:</b> 27 June 2025<br><b>School holidays:</b> 30 June – 21 July 2025<br>( <i>OPEN</i> 30 Jun – 4 Jul) ( <i>CLOSED</i> 7 Jul – 21 Jul)<br><br><b>Public holidays:</b><br>Good Friday (18 April 2025), Family Day (21 April 2025), Freedom Day (27 April 2025), Workers' Day (1 May 2025), Youth Day (16 June 2025), Special School Holiday (29-30 April, 2 May 2025). |
| <b>TERM 3</b><br><br><b>School starts:</b> 22 July 2025<br><b>School ends:</b> 3 October 2025<br><b>School holidays:</b> 6 – 10 October 2025 ( <i>OPEN</i> )<br><br><b>Public holidays:</b><br>National Women's Day (9 August 2025), Heritage Day (24 September 2025)  | <b>TERM 4</b><br><br><b>School starts:</b> 13 October 2025<br><b>School ends:</b> 12 December 2025<br><b>School holidays:</b> 13 December 2025 – Jan 2026 (tbc)<br><br><b>Public holidays:</b> Day of Reconciliation (16 December 2025), Christmas Day (25 December 2025), Day of Goodwill (26 December 2025)   |

School Hours from 07:00 to 17:00 Mondays to Fridays excluding Public Holidays.



Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Miki: \_\_\_\_\_