

BLAAUWBERG RISE THERAPY & LEARNING CENTRE

REGISTRATION FORM

Date of enrolment _____

Starting Date: _____

School Fees:

Gr RR – Gr 3 R5400
Aftercare R 500

Banking Details

Standard Bank, Current Account
Blaauwberg Rise Academy
Acct Nr: 301 221 294
Branch: Bayside 022209

Registration fee R2500

Note fees are paid over 12 months. December payment must be made by no later than the 4th December.

The above fees include the following:

- A secure school environment
- A balanced curriculum that addresses autism specific challenges
- Individualised Educational Program (IEDP) for each learner
- Constructive Social Activities are offered i.e. kinder kinetics and sensory play
- Fun filled holiday program
- Qualified and experienced Educators
- Regular communication with Educators
- Ratio of 8:2 an Educator and Assistant
- Opportunity to receive private therapy on site inclusive of our fees
- ELS Registration (once off) R200
- ELS monthly fee of R180
- 1 x 30 min speech lesson per week (one-on-one)
- 1 x group speech session per week (8 per lesson)
- Daily 35 minutes one-on-one tutoring with the Educator
- Breakfast will be served to all arriving by 07h30
- Due to special diets Parents to pack lunch and snack, we will provide sandwiches late afternoon with rooibos tea

Child's name and surname _____

Date of birth _____

Postal address _____

Home address _____

Home Tel No: _____ Home language _____

Father's name and surname _____

Father I.D. No _____

Occupation _____

Company where employed _____

Tel No: (Work) _____ Cell No: _____

Fax No: _____

E-mail: _____

Mother's name and surname _____

Mother I.D. No _____

Occupation _____

Company where employed _____

Tel No: (Work) _____ Cell No: _____

Fax No: _____

E-mail: _____

Marital status of parent's _____

Position in the family _____

Brother and Sister Details

Name _____ Age _____

Medical Information

Children like to play outside. Every reasonable effort will be made to ensure the safety of the children at Blaauwberg Rise Therapy & Learning Centre.

Medical aid number _____ Scheme _____

Name of medical aid _____

Name of DR _____ Tel No: _____

Does your child suffer from any allergies? _____

Any important medical information _____

Copy of child's clinic card attached? _____

CONDITIONS

I will be responsible for all medical and/or hospital accounts that may be incurred.

I, the undersigned, being the parent/guardian of the above mentioned child, give permission for my child to participate in the play activities and outings arranged by the school. I understand that the teachers and child care staff of Blaauwberg Rise Academy shall not be held liable for any loss, damage, cost and expenses from any cause arising to property or persons which my child may sustain or incur upon the premises, nor shall they be liable for any other unforeseen circumstances that may arise. Furthermore, the teachers of the Blaauwberg Rise Academy, in all respects, act in loco parentis regarding supervision, care and discipline of the child.

Signature of Parent/Guardian _____

Date _____

Copy of School rules received _____

I agree that, as stipulated, I will pay the school fees in advance within the first week of the month and ensure that one month's written notice, or fees in lieu thereof, will be paid, should my child leave Blaauwberg Rise Therapy & Learning Centre.

Signature of Parent/Guardian _____ Date _____

Signature of Principal/Owner _____ Date _____