



Application Form 2026

Date application form handed in: _____ Date of 1st day of attendance: _____

HALF DAY: _____ FULL DAY: _____

1. PUPIL'S INFORMATION

Surname of child: _____

First name of child: _____

Sex: _____ Date of Birth: _____

Previous school attended: _____

Home language: _____

1. PARENTS INFORMATION

Name of Father: _____

Address: _____

I.D Number: _____

State whether the property is owned or rented: _____

Telephone: (Work) _____

(Home) _____

(Cell) _____

E-mail address: _____

Place of work & address: _____

Name of Mother: _____

Address: _____

I.D Number: _____

Stated whether the property is owned or rented: _____

Telephone (Work): _____

(Home): _____

(Cell): _____

E-mail address: _____

Place of work & address: _____

Siblings (how many): _____

School siblings attend/ed: _____

Marital Status of Parents: _____

(If divorced, please furnish us with the following information.)

Stepfather: _____

Stepmother: _____

Custody and Visiting rights: _____

2. HEALTH AND MEDICAL

Family Doctor: _____

Telephone: (Work) _____

(Home) _____

(Cell) _____

Clinic Attended: _____

(Kindly furnish us with a copy of your child's health record and immunisation certificate)

Diseases and Medical Conditions _____

HAS YOUR CHILD HAD ANY OF THE FOLLOWING DISEASES OR CONDITIONS? PLEASE TICK THE APPROPRIATE COLUMN.

DISEASE	YES	NO
MEASLES		
GERMAN MEASLES		
MUMPS		
CHICKEN POX		
TONSILLITIS		
EPILEPSY		
DIABETES		
CONVULSIONS		
EARACHES		
STOMACH ACHES		

Does your child have frequent colds? _____

Does your child bring up vomit easily? _____

Does your child often run high fever? _____

Has your child had any serious accidents/conditions? _____

Any allergies? _____

How does the allergy manifest itself? _____

PLEASE INDICATE WITH A TICK IF YOUR CHILD SUFFERS FROM ANY OF THE FOLLOWING:

ASTHMA

HAYFEVER

HIVES

OTHER

Any other medical conditions needing consideration? _____

3. Persons to contact if parents are unavailable:

Name: _____

Address: _____

Telephone (Work): _____ (Home) _____

Relationship to child: _____

4. Persons who will transport your child to and from Busy Bodies

Name: _____

Address: _____

Telephone (Work) _____ (home) _____

Vehicle type: _____

Registration Number: _____

Should it be necessary for a person not listed above to fetch your child, Busy Bodies Preschool must be notified in respect of such persons.

Banking Details

Busy Bodies

Standard Bank

Account number: 00 339 7920

Branch: 053721

Ref: Child's Name

EFT OR CASH PAYMENTS ONLY. NO ATM CASH DEPOSITS PLEASE.

The following documents need to be returned with the application form:

- Unabridged Birth Certificate
- Immunization Card
- Proof of Residence
- Payslips -both parents

INDEMNITY 2026

Name of pupil.....

FEES AND CHARGES:

We apply for our child to attend Busy Bodies Preschool on the following basis -

PAYMENTS TO BE MADE IN ADVANCE ON THE LAST DAY OF EACH MONTH (ie. January fees to be paid no later than 31st December) - R200.00 PENALTY AFTER THE 3rd.

12 MONTH OPTION:

BABY UNIT: Bunnies Class(0 - 1 YEARS)

Full Day	- 06h50 - 17H30	Before 3 rd R2700.00 (pm)
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TODDLERS: Baby Hedgehogs & Hedgehogs (1 - 2 YEARS)

Mornings only (incl breakfast)	- 06h50 - 12h00	Before 3 rd R2300.00 (pm)
Mornings only (incl breakfast and lunch)	- 06h50 - 14h30	R2500.00 (pm)
Full Day (incl. breakfast and lunch)	- 06h50 - 17h30	R2700.00 (pm)

PRESCHOOL: Duckling Class (2 - 3 YEARS)

Mornings only (incl breakfast)	- 06h50 - 12h00	Before 3 rd R2400.00 (pm)
Mornings only (incl breakfast and lunch)	- 06h50 - 14h30	R2750.00 (pm)
Full Day (incl. breakfast and lunch)	- 06h50 - 17h30	R3050.00 (pm)

PRESCHOOL: Zebra Class (3 - 4 YEARS) & Lion Class (4 - 5 YEARS) Before 3rd

Mornings only (incl breakfast)	- 06h50 - 12h00	R2600.00 (pm)
Mornings only (incl breakfast and lunch)	- 06h50 - 14h30	R2950.00 (pm)
Full Day (incl. breakfast and lunch)	- 06h50 - 17h30	R3250.00 (pm)

The preschool fees include 2 cooked meals, juice twice a day, afternoon sandwiches, **Playball** (Preschool only) and Friday treats.

I/WE AGREE THAT BUSY BODIES MAY INCREASE THE FEES FROM TIME TO TIME AT THEIR SOLE DISCRETION.

1. Once this application form has been signed and handed in at Busy Bodies Preschool, I/we undertake to pay the MONTHLY FEE BY THE LAST DAY OF THE MONTH AND EVERY SUCCESSIVE MONTH THEREAFTER. Failing to pay by the 3RD of the month, I/we are aware that the penalty/full fee of R200.00 is to be paid and should the penalty/full fee not be paid by last day of the SAME month, a further PENALTY/FULL FEE (R200.00) will be charged to our fees, per month of non-payment thereafter. I/we understand that should our account be handed over for collection or a refund requested, further 10% collection/handling fee will be made free of exchange, lien, retention, and remission on any grounds whatsoever.

(Please initial both parents)

2. In the event that the school is required to shut down to circumstances outside of its control I/we agree that for the duration of such closure the monthly fees will be paid under the same conditions of those set out in 1 above.

(Please initial both parents)

3. I/we are fully aware that should we not adhere to the stipulated hours at Busy Bodies, and extra R50.00 will be charged for every 15 minutes, or part thereof after 17h30 and R100.00 will be charged for every 15 minutes of part thereof after 18h00.

(Please initial both parents)

4. All cash payments to be made personally to the office on the Busy Bodies premises by the 3rd of each month. NO ATM CASH DEPOSITS PLEASE.

(Please initial both parents)

SIGNATURES: Father _____ Mother _____

GUARDIAN: _____ Date _____

1. CONSENTS AND PERMISSION

I/we hereby irrevocably grant consent and permission for our child, at the sole and absolute discretion of Busy Bodies Preschool or it's nominee:-

- To use all play equipment and participate in all the activities at Busy Bodies
- To leave Busy Bodies premises under the supervision of staff members or their nominee for the purposes of excursions, fieldtrips and outings of whatsoever nature;
- To be tested and/or examined by a doctor or duly qualified person for sight, hearing, speech, infectious/contagious diseases/sickness and in respect of any bodily/psychological injury at our expense; I/we agree that the agreement of waiver, release and indemnity applies to this and all paragraphs of this document and that our child will undertake the above at our own risk.

(Please initial both parents)

2. SHOULD I/WE WISH TO REMOVE OUR CHILD FROM BUSY BODIES FOR ANY REASON WHATSOEVER, I/WE SHALL BE OBLIGED TO GIVE ONE FULL CALENDAR MONTH'S NOTICE IN WRITING, HAND DELIVERED TO A STAFF MEMBER AT BUSY BODIES. I/WE WILL BE LIABLE FOR THE SAME FEES IN RESPECT OF SUCH NOTICE MONTH AS FOR THE PREVIOUS MONTH. IN THE EVENT OF OUR WISHING TO GIVE NOTICE TO ENABLE OUR CHILD TO LEAVE AT THE END OF OCTOBER OR NOVEMBER, WE WILL BE LIABLE FOR FULL FEES FOR THE MONTH OF OCTOBER, NOVEMBER AND DECEMBER, AS THESE THREE MONTHS ARE NOT ACCEPTED AS NOTICE MONTHS - except in the case of proven transfer AWAY from East London.

- Should our child contact an infectious or contagious disease, I/we undertake not to send our child to Busy Bodies while the disease is capable of spreading to the other children. Busy Bodies may, at it's sole discretion, refuse to allow a child entry on to the premises if they reasonably suspect the child is infectious or contagious.
- Should our child by virtue of sickness OR ANY OTHER REASON, fail to attend Busy Bodies for any period whatsoever, I/we will not be entitled to a reduction or a refund in fees.
- I/we note that as Busy Bodies is not open during the Christmas period, full fees are still required to be paid for the month of December.
- I/we note that should we default in the payment of fees, our/my child may be refused entry on to the Busy Bodies premises.

(Please initial both parents)

3. **AGREEMENT OF WAIVER, RELEASE AND INDEMNITY**

I the undersigned, on behalf of myself, my heirs, my executors, my administrators and my assigns, do hereby voluntarily release, waive, discharge and relinquish any actions or cause of action which may arise in respect of personal injury to my child/children and/or members of my family, myself and/or in respect of the death of any of the aforesaid persons and/or in respect of damage to or loss of property and of which hereafter may be caused or arise whilst such person(s) or property are under the care, control and/or supervision of Busy Bodies Educare and Preschool and/or any of it's affiliates, officers, members, agents, servants and/or employees, wherever or however such injury or damage may occur.

(Please initial both parents)

4. **MISCELLANEOUS**

Busy Bodies is one of the official feeder schools to Gonubie Primary School, however, we cannot guarantee entry into Gonubie Primary due to Gonubie Primary School's criteria.

I acknowledge that I have read and understood the above and that I am fully aware of the legal implications of signing this document.

(Please initial both parents)

SIGNATURES:

FATHER: _____ MOTHER: _____

GAURDIAN: _____ DATE: _____

PHOTO RELEASE FORM:

Please be advised that your child may be photographed or video taped at various school events. If you consent to your child's photo appearing on Facebook, please circle yes or no and sign.

YES, I give permission for my child's photograph or video to be posted on Facebook.

NO, I do not give permission for my child's photograph or video to be posted on Facebook.

Child's Full Name _____

Parent/Guardian's Signature _____

Date _____