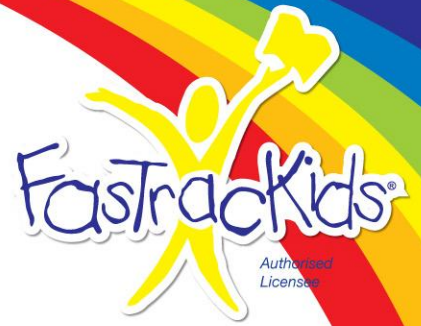


ENROLMENT FORM



GENERAL INFORMATION

Enrolment Date: _____

Program:

- | | | | | | |
|------------------------------------|--------------------------|---------------------------------|--------------------------|------------------------|--------------------------|
| FasTrackKids | <input type="checkbox"/> | FasTrack Tots | <input type="checkbox"/> | FasTrack Camps | <input type="checkbox"/> |
| FasTrack Parents & Tots Baby Class | <input type="checkbox"/> | Fastrack Music | <input type="checkbox"/> | Tots@Play (18m - 2yrs) | <input type="checkbox"/> |
| FasTrack Explorers (Grade 000) | <input type="checkbox"/> | FasTrack Discoverers (Grade 00) | <input type="checkbox"/> | | |
-

Required documents to be attached:

- | | |
|---|---|
| <input type="checkbox"/> Both Parent's ID | <input type="checkbox"/> Medical Aid Card |
| <input type="checkbox"/> Student's ID / Birth Certificate | |

STUDENT'S PERSONAL INFORMATION

Surname: _____ First Name/s: _____

ID #: _____ Date of Birth: _____ Age: _____

Postal Address: _____ Home Address: _____

Allergies: _____

- | | | |
|-----------------------------|---|---|
| Distance from FastrackKids: | <input type="checkbox"/> Less than 5km | <input type="checkbox"/> Between 15 & 20 km |
| | <input type="checkbox"/> Between 5 & 10 km | <input type="checkbox"/> Between 20 & 25 km |
| | <input type="checkbox"/> Between 10 & 15 km | <input type="checkbox"/> More than 25km |

FastrackKids Fourways



PARENTS / GUARDIAN INFORMATION (Person / Persons responsible for Fees)

Married Divorced Widowed Single

FATHERS DETAILS:

Surname: _____ Name/s: _____

ID no: _____

Postal Address: _____ Home Address: _____

Employer: _____ Work Tel: _____

Home Tel: _____ Cell no: _____

Occupation: _____ Email: _____

MOTHERS DETAILS:

Surname: _____ Name/s: _____

ID no: _____

Postal Address: _____ Home Address: _____

Employer: _____ Work Tel: _____

Home Tel: _____ Cell no: _____

Occupation: _____ Email: _____

SIBLINGS NAME AND DATE OF BIRTH

Surname: _____ First Name/s: _____

Date of Birth: _____ Age: _____

Surname: _____ First Name/s: _____



Date of Birth: _____ Age: _____

ALTERNATIVE CONTACT NUMBERS (in case of emergency)

Name: _____ Relationship: _____

Tel no: _____ Cell no: _____



ENROLMENT AGREEMENT

I/We, (Full Name) _____ of Address _____

_____ being the parent/guardian of _____

hereby agree that:

- I/We give my/our consent that my/our child may take part in all activities at FasTrackKids, and understand and accept that all activities are undertaken at our own risk;
- I/We understand that while every reasonable caution will be taken, I/we hold harmless and absolve D-Vis Investments (owner of the FasTrackKids Fourways franchise licence) against and from any claims whatsoever which may arise from loss, damage or injury to person or property during any activities, sports days or outings;
- I/We delegate the necessary authority to the Centre Manager and teachers of FasTrackKids Fourways, or his/her nominated representative, to act in *loco parentis* in the event of my/our child being injured in an accident or emergency, with the aim of ensuring my/our child's best care;
- I/We accept any decision taken by the Centre Manager and teachers as if it were my/our own; I/We agree that I/we will be responsible for any medical costs that may arise from the treatment of my/our child after an accident or emergency; and I/we indemnify the directors of D-Vis Investments (owner of the FasTrackKids Fourways franchise licence) as well as the FasTrackKids' Manager and staff from any claim arising out of these actions;
- I/We undertake to ensure that my/our emergency contact details are updated at any time that they may change, to ensure that FasTrackKids representatives can contact me/us when necessary;
- I/We undertake to abide by the terms and conditions of FasTrackKids, as published and updated from time to time
- I/We will ensure that my/our child is kept at home or another suitable environment when he/ she is unwell, as required by health regulations
- I/We undertake to inform FasTrackKids personnel if my/our child contracts a contagious disease/illness;
- I/We understand that tuition payments are due in advance and undertake to ensure that these payments are paid on time.
- I/We undertake to give a terms written notice of my/our intention to take my/our child out of FasTrackKids.
- I/We agree that this indemnity and consent shall be applicable from the date of the signature below and shall remain in force and effect for the entire duration of my/our child's enrolment at FasTrackKids.

Signed at _____ on this the _____ day of _____ 20____

Parent / Guardian

Parent / Guardian

