



# Ebenezer Crèche

Tel : 043 642 5006  
Email: [admin@efc.org.za](mailto:admin@efc.org.za)  
NPO 027-762

## RATES 2025

### HALF DAY

(07:00-13:00)



R20,350.00 per year (R1,850.00 pm x 11)

### FULL DAY

(07:00-17:00)



R21,450.00 per year (R1,950 pm x 11)

### AFTER CARE

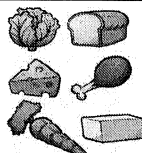
Grade R—Grade 3  
(12:00 –17:00)



R7,480.00 per year (R680.00 pm x 11)  
(School Terms Only)

### MEALS

(Midday)



R4,950.00 per year (R450.00 pm x 11)  
(School Terms Only)

**WE ARE ONLY CLOSED ON PUBLIC HOLIDAYS AND OVER THE  
DECEMBER SCHOOL HOLIDAYS**

#### We strive towards:

- child care excellence
- providing a place to grow in a warm and loving environment
- learning through fun, creativity and loving discipline
- teaching values of honesty, respect, responsibility and good manners

**Train a child in the way they should go, and when  
they are old they will not turn from it. Proverbs 22:6**

# APPLICATION FOR ADMISSION TO SCHOOL

## EBENEZER CHRISTIAN SCHOOL

28 Douglas Street, Qonce, 5600

Telephone: 043 642 5006 Fax: 086 633 6102

Email: admin@efc.org.za



**Note:** This form must be completed in full. All changes to be signed by parent/guardian.  
Completing the form DOES NOT mean that the learner has been accepted into the school.

### LEARNER INFORMATION:

Applying for:  Crèche  After Care

Surname:

Initials:

Nick Name:

First Name:

Other Names:

Date of Birth: YYYY MM DD

Gender:  Male  Female

Race:

Identification / Passport No: | | | | | | | | | | | | | | | |

Country of Residence:

Citizenship:

If SA, indicate province of residence:

Physical Address:

Home Telephone: (\_\_\_\_)

Emergency Telephone: (\_\_\_\_)

City:

Cell Phone:

Code:

Email address:

Home Language:

Language of Instruction: English

Deceased Parent:  Mother  Father  Both

Mode of Transport to School:  Walk  Car  Bus  Taxi  Train

Religion:

### PREVIOUS SCHOOL INFORMATION:

Name of Previous School:

Address:

Postal Code:

Province:

Country:

### MEDICAL INFORMATION:

Medical Aid Number:

Medical Aid Name:

Main Member Name:

Doctor Name:

Doctor Address:

Doctor Phone Number:

Medical Condition(s):

Any other problems:

Dexterity of Learner:  Right Handed  Left Handed  Ambidextrous

Social Grant: YES / NO

**If the learner is accepted, the following documents must be submitted to the school:**

1. Copy of Immunization Records
2. Copy of Birth Certificate
3. Report from Previous School
4. Transfer Letter from Previous School
5. Proof of Residential Address
6. Copies of BOTH parent I.D.

**SIBLINGS**

Number of other children at this school:

Position in the family (e.g. first):

Full Names of Siblings in this school:

Name:

Class:

Name:

Class:

Name:

Class:

**PARENT / GUARDIAN INFORMATION** (Complete a SEPARATE parent form for each parent living at a different physical address)

Title:

Initials:

Surname:

First Name:

Gender: Male Female

Home Language:

Race:

I.D. Number

Account Payer: YES NO

Residential Street Address:

City:

Code:

Occupation:

Employer:

Surname of Spouse:

First Name of Spouse:

Occupation of Spouse:

Learner resides with his parents: YES NO

Spouse I.D. Number:

Relationship to Learner:

Marital Status of parent:

**CORRESPONDENCE DETAILS**

Title:

Surname:

Postal Address:

City:

Code:

Home Phone:

Work Phone:

Fax Number:

Cell Number:

Spouse Work Phone:

Spouse Cell Number:

Email Address:

Spouse Email Address:

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print) : \_\_\_\_\_

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

**OFFICE USE ONLY:**

- |                          |                         |                                      |
|--------------------------|-------------------------|--------------------------------------|
| 1. Date:                 | 2. Accepted             | 3. Accession Number:                 |
| 4. Rejected              | 5. Reason for Rejection | 6. <u>Documentation Received:</u>    |
| (6a) Immunization Record | (6b) Birth Certificate  | (6c) Progress Report Previous School |
|                          |                         | (6d) Transfer Letter                 |



# **GUIDELINES**

**(PLEASE READ OVER THESE GUIDELINES THOROUGHLY)**

## **1. FINANCES**

- a. The application forms must be returned to us together with a non-refundable **Administration Fee of R50-00**.
- b. The first month's fees are payable ***IN ADVANCE*** when your child is admitted. This payment is non-refundable. Thereafter, a further TEN payments will be made ***STRICTLY*** in the first week of each month. **PLEASE NOTE** that the fees are worked out over eleven months for your convenience. Fees are thus still payable during holidays.
- c. A discount of 5% will be applied to annual fees paid by the end of January.
- d. Bank details are available from the office for those wishing to make electronic deposits. Most debit and credit cards are accepted. Cash is also accepted.
- e. If fees are not paid by the date stipulated, parents may be asked to withdraw their child from the school.
- f. One full month's paid notice of withdrawal of your child from the school is required.
- g. There are no allowances for your child being absent due to sickness, family holidays, etc. Fees must still be paid in full.
- h. Please do not hesitate to engage us if problems arise in payment of fees. However, we will hand over to our lawyers any unpaid amounts after 3 months for which arrangements have not been made.

## **2. HEALTH**

- a. It is a municipal law that children with infectious diseases are not permitted to attend school during their illness. Please **DO NOT** send your child to school if he/she is unwell.
- b. A copy of proof of immunization against tuberculosis, polio, whooping cough and diphtheria must be submitted before admittance (The "Clinic" Card").
- c. No refunds will be given in the event of a child being absent due to illness or any other reason.
- d. In the event of the child needing urgent medical attention, parents will be notified immediately. If we are, however, unable to get in contact with the parents, we reserve the right to call the family doctor (as named in the application form) and the parents will be liable for the costs.

## **3. DISCIPLINE**

- a. Bad behaviour and foul language will not be tolerated.
- b. Our policy is to reason with the child by talking and if this does not stop the

problem, we reserve the right to phone the parents to discuss the matter and how it may be resolved.

- c. Any physical attack by the child on the teacher (eg. hitting, biting, kicking) or teacher on child will result in immediate suspension of the perpetrator from the school. An enquiry will follow as soon as possible after the event with recommendations which may include permanent removal or psychological or other medical intervention before the perpetrator may be permitted to return to school.

#### **4. CLOTHING**

- a. All items of clothing and other possessions to be clearly marked.
- b. Please send a box of tissues, four toilet rolls, a cake of soap and wet wipes with your child on the first day of every school term.
- c. Children will be playing, pasting and painting so please dress them in clothes that will not restrict their movement.
- d. A complete change of clothing is to be sent to school every day in case of an emergency.

#### **5. SNACK LUNCH**

- a. Each child is to bring a "snack lunch" e.g. savoury biscuits, dried fruit, etc. If a fruit is included please peel this beforehand.
- b. Please ensure that your child also has cool drink or fruit juice to drink as they tend to drink more than what they eat.
- c. No sweets or chocolates allowed at school.

#### **6. GENERAL**

- a. If your child will not be attending school on a certain day please notify us as we wait for every child.
- b. Any change of transport arrangements must be accompanied by a signed letter or verbal arrangement with the teacher.

We are looking forward to your child attending the Ebenezer Family Creche and know that he/she will be very happy with us. Our goal is to provide your child the opportunity to develop physically, mentally and spiritually and to provide a Christian atmosphere in which he/she may be fulfilled.

Please do not hesitate to call us at any time during office hours (**Mon - Fri 07:15 - 17:00**) should you want to discuss any matter concerning your child's growth and happiness.

We would appreciate it if these guidelines are strictly adhered to.

Regards,

**AUNTY MARGARET AND STAFF**



# ***EBENEZER FAMILY CRECHE***

## **INDEMNITY FORM**

I .....(full names) hereby indemnify

**Ebenezer Family Creche** for any loss or damage to any items and also against

any injury sustained during the time my child .....  
is in their care.

I understand that the Ebenezer Family Creche will also not be responsible for any medical bills which might arise out of injury costs sustained under their care.

**Signature:**.....

**Date:**.....

# Ebenezer Family Church Creche

PO Box 2986 / 28 Douglas Street, Qonce, 5600

Tel 043 642 5006 Fax 086 633 6102

[admin@efc.org.za](mailto:admin@efc.org.za)

NPO 027-762



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## **POPI CONSENT** **(PROTECTION OF PERSONAL INFORMATION)**

I/We, the undersigned

Hereby agree to provide my/our personal information to Ebenezer Family Church Creche on the express understanding that:

1. This constitutes my/our consent, as required under Section 11 (1)(a) of the Protection of Personal Information Act of 2013 ("POPI")
2. The administrative and teaching staff will have access to my/our personal details which have been furnished to them for the purposes of educating and caring for my/our child/children.
3. Ebenezer Family Church Creche is authorized to release my/our personal information for medical purposes and any personal information that can assist with the education and protection of the children.
4. Ebenezer Family Church Creche will in addition to its POPI compliance, store my/our details, as provided for and specified by the Health Department and all other relevant and required registration authorities.
5. Ebenezer Family Church Creche has the privilege of confidentiality under the law pertaining to our families.
6. Ebenezer Family Church Creche is authorized to release my/our personal information in the event of non or arrears payment to our debt collectors and/or attorneys.

SIGNED AT \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
MOTHER SIGNATURE

\_\_\_\_\_  
FATHER SIGNATURE

\_\_\_\_\_  
GUARDIAN SIGNATURE (if no parent)

## **APPLICATION PROCEDURE**

Forms must be filled in and returned with a non-refundable admin fee of R50. You also need:

- \* Copy of Immunization Card
- \* Birth Certificate
- \* Proof of Residence
- \* Both parents I.D.'s

### **NOTE:**

Once accepted, you need to pay the first month's fees to register your child.