



BEERTJIELAND CRÈCHE

18 MONTHS TO GRADE R – BORN 2019 -2023

40 Kock Street
East End
Rustenburg
0299



Cell: 060 668 3514

email: beertjieland@hotmail.com

www.beertjieland.wix.com/beertjielandrtb

INFORMATION 2025

HEADMASTER/OWNER:

HESTER WHITEHORN

- Registration fee
- Monthly School Fees
- Monthly School Fees

BORN 2022/2023

BORN 2019/2020/2021

R500-00

R1600-00

R1300-00

- School fees are payable in **ADVANCE**, by/on the **3rd** OF EVERY MONTH. If the appropriate school fees are not paid by/on the 3rd of the month AN ADDITIONAL CHARGE of R50-00 shall be added to the total amount for each day that payment is in rare AND AFTER THE 15TH OF THE MONTH WE WILL NO LONGER ACCEPT YOU CHILD AND WILL HAND THE ACCOUNT OVER FOR COLLECTION

- **a) EVERY THREE MONTHS, JANUARIE, APRIL, JULY, SEPTEMBER 1 X BIG BOX TISSUES**
- We give breakfast and Lunch and 3X cool drink a day AND 3 O'CLOCK A FRUIT
- You had to put some snacks in for your child for after 14h00.
- **ONE CALENDAR MONTH WRITTEN NOTICE IS REQUIRED IF YOU PLAN TO REMOVE YOUR CHILD FROM THE SCHOOL FOR ANY REASON.**
- **November and December ARE NOT USED AS NOTICE MONTH.** Should you give notice for November at the end of October you will still be liable to pay the full fees for November and December
- We are open Monday to Friday from 6H00 till 18H00
- We are NOT open on public holidays and we are closing on the 20TH OF DECEMBER 2024
- AND RE-OPEN ON THE 6TH OF JANUARY 2025
- RAPPORT EVERY TERM FOR ALL CHILDREN
- STATIONARY FOR 2-3 Y EAR, 3-4 YEAR, 4-5 YEAR, 5-6 YEAR ONLY BUY AT BOSELE STATIONARY ON THE OPPOSITE OF RUSTENBURG MUNICIPALY

• SCHOOL FEES FOR 2025 **ONLY EFT OR DEBIT ORDER OR YOU CAN PAY AT SCHOOL WITH CARD MACHINE. NO CASH. PLEASE DO NOT PAY CASH IN AT ATM OR BANK. IF YOU DO SO YOU HAD TO PAY R30-00 EXTRA FOR BANKING COSTS/ WE HAVE A CARD MACHINE AT SCHOOL WHERE YOU CAN SWIPE ALSO.**

BEERTJIELAND KLEUTERSKOOL STANDARD BANK ACCOUNT NUMBER 330 125 311 REFERENCE CHILD NAME AND SURNAME



BEERTJIELAND CRECHE

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East End

APPLICATION FORM

"God give children wings, We teach them how to fly"

060 668 3514

ALL APPLICATION FORMS MUST BE SUBMITTED WITH THE FOLLOWING DOCUMENTS

	COPY OF LEARNERS BIRTH CERTIFICATE
	COPIES OF BOTH PARENTS/GUARDIAN ID-DOCUMENTS
	COPY OF CLINIC CHART

1. LEARNER INFORMATION											
SURNAME				FIRST NAME							
OTHER NAMES:				MALE				FEMALE:			
DATE OF BIRTH:				ID NO:							
RELIGION:											
HOME LANGUAGE:				OTHER LANGUAGE:							
LEARNER CHOICE OF EDUCATIONAL LANGUAGE:											
PREVIOUS SCHOOL:											
ATTEND FROM TO:				/ / 2 0 T O T /							
In which province was the school that the learner attended?											
ALLERGIES OR IMPORTANT MEDICAL INFORMATION:											
DISABILITIES		EPILEPSY		PHYSICAL DISABILITY		CEREBRAL PALSY		HEARING DISABILITY		WEAK-SIGHTED/ NONE	
OTHER PROBLEMS:		ATTENTION DEFICIT		BEHAVIOUR PROBLEMS				NONE			
HANDINESS:		RIGHT HANDED		LEFT HANDED				DOUBLE HANDED			
CITIZENSHIP:		WHITE:		COLOURED				BLACK			
IMMIGRANT:		YES NO		INDIAN:				ASIAN:		OTHER:	
POSITION OF LEARNER IN FAMILY : (E.G. 1 ST OF 3) OF:											
IS THE LEARNER REGISTERED FOR A SOCIAL AWARD: E.G. FOSTER CARE								YES NO			
WHICH METHOD OF TRANSPORT DOES YOUR CHILD USE TO GET TO SCHOOL											

2.

OFFICE USE:			
CLASS:		ACCEPTANCE NUMBER:	
ACCEPTANCE DATE:		ACCOUNT NO	

**2. PARENT - FAMILY INFORMATION
FATHER/GUARDIAN**

SURNAME:			
FULL NAMES:			
ID NUMBER:			
OCCUPATION:			
EMPLOYER:			
EMPLOYER ADDRESS			
PHYSICAL ADDRESS			
POSTAL ADDRESS			
			POSTAL CODE:
E-MAIL:			
HOME TELEPHONE:		WORK:	
CELLPHONE		FAX	
PRESENT KINSHIP	MARRIED IN/OUT OF COMMUNITY	SINGLE PARENT	DIVORCE
			RESTRUCTURE
			GAURDIAN
			OTHER

MOTHER/GUARDIAN

SURNAME:		TITEL:	
FULL NAMES:		INITIALS:	
ID-NUMBER:			
OCCUPATION			
EMPLOYER:			
EMPLOYER ADDRESS			
PHYSICAL ADDRESS			
POSTAL ADDRESS			
HOME TELEPHONE		WORK	
		CELLPHONE	
		FAX	
PRESENT KINSHIP	MARRIED IN/OUT OF COMMUNITY	SINGLE PARENT	DIVORCE
			RESTRUCTURE
			GAURDIAN
			OTHEP

3.

STATUS OF CHILD IN THE FAMILY		
COMPLETE FAMILY	CHILD STAY WITH GUARIAN	
CHILD STAY WITH MOTHER AND STEPFATHER:	PARENTS ARE DIVORCED, CHILD STAY WITH FATHER	
CHILD STAY WITH FATHER AND STEPMOTHER	PARENTS ARE DIVORCED, CHILD STAY WITH MOTHER	
CHILD STAY WITH FATHER (WIDOWER)	PARENTS ESTRANGE, CHILD STAY WITH FATHER	
CHILD STAY WITH MOTHER (WIDOW)	PARENTS ESTRANGE, CHILD STAY WITH MOTHER	
OTHER SITUATION		
HOW MANY CHILDREN IN THE FAMILY		HOW MANY CHILDREN IN BEERTJIELAND
BROTHERS AND SISTERS IN BEERTJIELAND:		
SURNAME:	FULL NAMES:	CLASS

INFORMATION OF SOME FAMILY NOT STAYING WITH YOU:			
NAME AND SURNAME:			
RELATIONSHIP			
TEL: NUMBER		CELL PHONE NUMBER	
PHYSICAL ADDRESS			

MEDICAL DOCTOR			
SURNAME:		TELEPHONE NUMBER	
PHYSICAL WORK ADDRESS			
MEDICAL AID:			
MEDICAL AID NUMBER			
INITIALS AND SURNAME (MAIN MEMBER)			

3. FINANCIAL INFORMATION			
4. PERSON RESPONSIBLE FOR PAYING THE ACCOUNT (MARK WITH AN "X")			
A. FATHER	B. MOTHER	C. OTHER (IF OTHER - PLEASE COMPLETE INFORMATION BELOW)	
SURNAME:		TITLE:	
FULL NAMES		INITIALS:	
ID - NUMBER:			
OCCUPATION:		EMPLOYER:	
WORK ADDRESS			
HOME ADDRESS:			
POSTAL ADDRESS			
E-MAIL			
TELEPHONE NUMBER		WORK	
CELLPHONE NUMBER		FAX	

5.

DECLARATION OF PARENTS:

- I/WE AGREE TO PAY THE SCHOOL FOR ANY DAMAGE DONE BY MY CHILD/CHILDREN.
- I/WE UNDERSTAND THAT THE SCHOOL WILL TAKE ALL POSSIBLE ACTIONS TO AVOID ANY DAMAGE OR THEFT OF CLOTHES OR PROPERTY. THE SCHOOL WILL NOT TAKE ANY RESPONSIBILITY FOR ANY DAMAGE OR THEFT.
- WE AGREE TO CONTACT THE SCHOOL IMMEDIATELY IF MY CHILD IS NOT ATTENDING SCHOOL FOR ANY REASON.
- I/WE ACCEPT RESPONSIBILITY TO KEEP THE IMMUNIZATION UP TO DATE AND SEND ALL THE NECESSARY DOCUMENTATION
- SCHOOL FEES AS PAYABLE IN ADVANCE, ON OR BEFORE THE THIRD OF EVERY MONTH.

IF THE APPROPRIATE SCHOOL FEES ARE NOT PAID BY/ON THE THIRD OF EVERY MONTH AN ADDITIONAL CHARGE OF R50-00 SHALL BE ADDED TO THE AMOUNT FOR EACH DAY THAT PAYMENTS ARE LATE. IF ALL APPROPRIATE SCHOOL FEES ARE NOT PAID BY THE THIRD OF EACH MONTH IT MIGHT HAVE CONSEQUENCE THAT THE CHILD WHOSE SCHOOL FEES ARE IN ARREAR MAY LOSE HIS/HER SEAT IN THE SCHOOL. WE/I SHALL STILL BE RESPONSIBLE FOR PAYMENT OF ALL UNPAID SCHOOL FEES SHOULD THIS OCCUR. IF WE GO AWAY ON HOLIDAY ALL APPROPRIATE SCHOOL FEES MUST BE PAID BEFORE LEAVING ON HOLIDAY. ONE CALENDAR MONTH WRITTEN NOTICE MUST BE GIVEN TO THE SCHOOL FOR THE CHILD LEAVING THE SCHOOL ON A PERMANENT BASES. WE/I AM STILL RESPONSIBLE FOR THE PAYMENT OF THE NOTICE MONTH'S SCHOOL FEES. NOVEMBER AND DECEMBER ARE NOT CONSIDERED AS NOTICE MONTHS.

- WE/I HERBY AGREE TO HAVE READ AND UNDERSTOOD ALL OF THE ABOVE AND TO PAY ALL APPROPRIATE SCHOOL FEES BY OR ON THE THIRD OF EVERY MONTH.
- WE/I HEREBY AGREE NOT TO TAKE ANY LEGAL ACTION AGAINST THE SCHOOL, OR ITS EMPLOYEES OR AFFILIATES DUE TO ACTIONS TAKEN TOWARDS THE CHILD, DUE TO MEDICAL OR ANY OTHER REASONS AS LONG AS THE ACTIONS TAKEN WERE WITHIN THE BEST INTEREST OF THE CHILD OR, IN THE CASE OF MEDICAL REASONS, THAT SUCH PERMISSION WERE GIVEN IN THIS FORM

I, DECLARE THAT ALL THE INFORMATION ON THIS FORM IS TRUE AND FAITHFUL AND I AS CONSENT CORRECT ON THE DATE OF COMPLETION.

FULL NAME AND SURNAME IN BLOCKLETTERS:

.....

SIGNED AT RUSTENBURG ON THIS DAY OF

PARENT/GUARDIAN

DATE



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East End

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Beertjieland Parents

17 January 2024

With the POPIA LAW we must have permission from our parents to put pictures of your child/children, separate or in a group, on our Beertjieland Facebook or our Class Whattsup groups for 2024.

Please you must sign this form and send it back to school as soon as possible

I parent (Name, Surname and ID Number) of
..... give my/our permission /do not give my/our
permission to Beertjieland Creche and the Teachers at Beertjieland to put my child/childrens
pictures (even separe or in a group) on Beertjielands whattsup groups or on Beertjielands
facebook page for 2024.

Sign: Dad

Sign: Mom

Sign: Guardian.....

Date: