



AMATUS KIDS ACADEMY (PTY) LTD. Parent Financial Policies & Agreement 2026

1. This agreement contains the financial terms that are agreed between

And AMATUS KIDS ACADEMY

Address: _____

FOR THE CARE OF: _____ DOB: ____/____/____ Age: _____

_____ DOB: ____/____/____ Age: _____

_____ DOB: ____/____/____ Age: _____

The hours and days we have agreed that **AMATUS** will provide care for our child/children are:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off					
Pick-up					

- Please notify me in **writing** if there's any changes to be made to your hours
- Two weeks' notice and our approval is required before changes are made
- Starting date at our Academy will be: _____

2. **Basic Rates and Payment Policies** – please sign next to the appropriate age & rate
Over and above the monthly fees there is a once off non-refundable enrolment and admin deposit of R500.00, this deposit is also to secure your child's space at the Academy.

The deposit is to be paid into the following account to ensure your child's place is reserved:

Amatus Kids Academy
Capitec Business Account

REGISTRATION NUMBER: E92677993
CAMBRIEARN AFFILIATE NUMBER: 11367
S.A. CHILDCARE MEMBER NUMBER: ASCR1963

Account Number: 1053 4194 22

Reference : Your child's surname

- LITTLE LAMBS (Toddlers 6 – 36 months) – POTTY TRAINING CLASS
Full Day (6am - 6pm) : R2 200 per month
Half Day (6am - 12:30pm) : R1 800 per month
- BUSY BEARS (3 –4years) : R2 200 per month
Half Day (6am - 12:30pm) : R1 800 per month
- CAMBRIKIDS GRADE R PREPARATORY : R2 500 per month (incl. aftercare)
Half Day (6am - 12:30pm) : R1 800 per month (excl. lunch/aftercare/holidays)
(Learners 4 to 5 years)
- CAMBRIKIDS GRADE R RECEPTION : R2 500 per month (incl. aftercare)
Half Day (6am - 12:30pm) : R1 800 per month (excl. lunch/aftercare/holidays)
(Learners 5 turning 6)
- BUZZING BEES (Before/ After School Care & Holiday Care)
Aftercare to Grade 3
13.30pm - 6pm: R1 650
- CAMBRIKIDS – ARRIVAL 7H30 SCHOOL HOURS 8H00 – 13H00
- TAKIWATANGA (Autistic Needs) : R2 800 per month (7H00 – 17H30)
Half Day (6am - 12:30pm) : R2 000 per month

FEES AND PAYMENT POLICY

- All fees are paid 12 months in advance, January to December
- I/we understand that in the event **AMATUS** is not paid for services rendered up to the termination date:

First action:

AMATUS reserves the right to give written notice and take action by not providing care for your child/children until payment is made for services.

Second action:

AMATUS also reserves the right to give a written notice and take action at which time we will be handed over to our attorneys where court & attorney fees and loss of income will also be added to the bill.

By signing this form, you agree to:

- Pay as per Agreement and to pay for any charges incurred on our account as deemed necessary by **AMATUS**. I agree to discuss any problems with them as they arise.

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- Abide by all rules and guidelines and to respect all policies and terms. I agree to the financial terms set out in this contract.
- Give a month's written notice to **AMATUS** if any information in this contract changes or needs to be altered in any way. **Notice in the months October to December will not be accepted and you will still be held responsible for these months should you leave.**

AMATUS agrees to respect all opinions and comments made by parents and to provide the best of care for the child/children whom they are enrolling.

This agreement will come into effect on: ___/___/___

By signing below, you agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
AMATUS KIDS ACADEMY	Date

AMATUS CHILD CARE POLICIES

The following rules pertain to **AMATUS** Childcare's business policies. These policies are non-negotiable and are legally binding.

A. Enrollment

1. All forms must be completely filled out and returned before beginning childcare. Registration deposit is paid **at time of application and enrolment**.
2. The client understands that medicine forms must be filled out before any medication will be administered. ___ ___ (Initial)
3. Parent agrees to submit (on or before the first day of care) a copy of each child's current immunization records. ___ ___ (Initial)
4. A four-week notice must be given if parent decides to terminate their contract. ___ ___ (Initial)
5. The parent understands **AMATUS** is responsible for informing parent of any accidents occurring during the day. Accident forms are filled out, signed, and filed into child's history folder.

B. Payments

1. No spots will be reserved without the full fee having been paid.
2. **We will not** accept cheques nor cash for childcare.
3. If payments are to be made early due to holiday/closing it will be deposited the same/next day.

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4. **We will not** remind you to pay us and all payments must be available by the 1st or a R150 penalty will be charged per day that payment is late.

C. Illnesses

1. Parents should notify us if there has been an illness in the family over a weekend.
2. A child will not be allowed to stay in our centre if there is a fever, diarrhea, or other contagious symptoms (see illness policy in parent handbook).
3. Medication can be given if it is in the original container, labeled with the child's name, and we have a signed medical authorization with it.

D. Clothing and Supplies

1. Children's belongings must have their name written on it somewhere. We will not be responsible for lost items.
2. Please dress your children appropriately according to the weather, we are required to take the children outside daily.
3. You are to supply a change of clothing for your child, diapers, wipes (monthly) if not potty trained.

E. Discipline Procedures

1. In case of disciplinary measures, we use positive guidance/re-direction several times, and if necessary, the time-out method. Time out is removing the child from the situation and placing him/her by him/herself for a period of one minute for each year of the child. Time out is used as a last resort only.
2. If the child has a disciplinary problem, parents will be notified so we can take a course of action together to rectify the problem.

F. Miscellaneous

1. Parents will supply one change of clothes, even if their child is fully potty trained. _____ (Initial)
2. Parents are responsible for diapers, milk formula, wipes, and special-needs food.
3. Parents will call before scheduled time of arrival if they are late or not coming that day. (Late fees might still apply). _____ (Initial)
4. Parents will pick their child/children up at the door and will walk their child to the car. No child will be released to a honking horn and no parking on the verge, there is a designated drive through.
5. Only designated persons will be allowed to pick up the child/ren. _____ (Initial)
6. Parents are responsible for providing a four-week notice if they decide to terminate. Failure to provide such notice will result in the parent being liable for a full month's fee. Failure to pay these fees within 5 calendar days will result in being handed over and blacklisted.

By signing this form you agree that this is a legally binding form. Failure to abide by the policies mentioned will result in termination of contract, forfeiture of deposit, or both. This policy agreement is subject to change with two weeks written notice.

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Emergency Contact Information

Child's Name:	
Birth date:	
Street address:	
City, Area, Postal Code:	

Sibling(s) Name:	Birth date:	Living in Child's Home? (Y/N):

Mother's (guardian's) name:	
Home street address (if different):	
City, Area, Postal Code:	
Home Phone:	

Father's (Guardian's) name:	
Home street address (if different):	
City, Area, Postal Code:	
Home Phone:	

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

1 st Alternate Contact:	
Relationship to child:	
Home street address:	
City, Area, Postal Code:	
Home Phone:	

Is this person authorized to make medical decisions for your child if you cannot be reached?

Yes _____ No _____

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2 nd Alternate Contact:	
Relationship to child:	
Home street address:	
City, Area, Postal Code:	
Home Phone:	
Is this person authorized to make medical decisions for your child if you cannot be reached? Yes _____ No _____	

Child's Doctor (or name of clinic):	
Preferred Practitioner:	
Street Address:	
City, Area, Postal Code:	
Telephone Number:	

Child's Dentist (or name of clinic):	
Preferred Practitioner:	
Street Address:	
City, Area, Postal Code:	
Telephone Number:	

This is a legally binding form. By signing below, you agree that all of the information contained in this form is correct to the best of your knowledge. Giving false information would be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
AMATUS Childcare	Date

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Child Pick-Up Form

A. The following people HAVE permission to pick-up the child/children named below from AMATUS Childcare (recent photograph of the mentioned people is required). It is the parent's responsibility to notify me in writing of any changes. If short notice verbal notice is Ok with the **CODE WORD**.

Child's Name	DOB	Age	Sex
Child's Name	DOB	Age	Sex

1. Name: _____ Reg #: _____ Relation: _____

Address: _____ Phone: _____

CODE WORD: _____

2. Name: _____ Reg #: _____ Relation: _____

Address: _____ Phone: _____

CODE WORD: _____

3. Name: _____ Reg #: _____ Relation: _____

Address: _____ Phone: _____

CODE WORD: _____

B. The following people MAY NOT pick-up our child(ren) from AMATUS

1. Name: _____ Reg #: _____ Relation: _____

Address: _____ Phone: _____

2. Name: _____ Reg #: _____ Relation: _____

Address: _____ Phone: _____

Note: Any person unfamiliar to us will be required to show proof of identification and know the code word. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information will result in termination of contract, and you will forfeit your childcare retainer.

Father/Guardian's Signature	Date
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Mother/Guardian's Signature	Date
AMATUS Childcare	Date

Emergency Transportation Authorization

A. Complete the Following:

Name of Child:	Name of Mother/Guardian:	Name of Father/Guardian:	
Street Address:			
City:	Area:	Code:	Phone:
Father/Guardian's Employer		Department	
City:	Area:	Code:	Phone:
Mother/Guardian's Employer		Department	
City:	Area:	Code:	Phone:

B. List 3 people to be contacted in an emergency in case I cannot reach either of you:

Name:	Relationship to Child:	
Address:	Phone:	
City:	Area:	Code:
Name:	Relationship to Child:	
Address:	Phone:	
City:	Area:	Code:
Name:	Relationship to Child:	
Address:	Phone:	
City:	Area:	Code:

C. Complete the Following:

Name of Physician or Clinic:	Phone:
Address:	City, Area, Code:

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Name of Dentist or Clinic:	Phone:
Address:	City, Area, Code:

D. Either Part 1 or Part Two need to be filled out. DO NOT FILL OUT BOTH!

This form only authorizes AMATUS to secure emergency transportation for your child. This form does not authorize or guarantee treatment upon arrival at the hospital/clinic of emergency medical or dental treatment. You are required to fill out a "Medical Release Form" to guarantee treatment.

Part I. Permission to Transport Child

I give _____ our permission to transport our child
(Name of provider)

_____ to _____
(Name of child) (Hospital, Clinic)

for emergency medical care or to _____ for emergency dental care,
(dentist, dental clinic)

or to the nearest available source of assistance.

Father/Guardian's Signature:	Date of Signature:
Mother/Guardian's Signature:	Date of Signature:
AMATUS Childcare	Date of Signature:

Part II. Refusal to Grant Permission

I do not give permission to AMATUS our permission to transport our child _____ for emergency medical or dental treatment.

In the event of an illness or injury, I wish for the following measures to be taken:

Father/Guardian's Signature:	Date of Signature:
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Mother/Guardian's Signature:	Date of Signature:
AMATUS Childcare	Date of Signature:

Child Abuse/Neglect Protocol

As a childcare provider, it is our responsibility to report any and all suspected child abuse and/or neglect. We cannot turn our back on a child that has been abused. Therefore, if we assume that there is any kind of child abuse committed on any child in our care, and if we perceive or think that anything questionable is present as far as abuse or neglect is concerned, we will IMMEDIATELY contact the Police Department as well as Children's Protective Services.

By signing this form, you agree that it is in the best interest of your child(ren).

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
AMATUS Childcare	Date

External Preparation Form

Child's Name	Date:	
Child's DOB	Weight	
Height	Hair Color	Eye Color

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I hereby give AMATUS permission to apply one or more of the following external preparations, in accordance with the directions for use on the container.

*Baby wipes
 band-aids
 Neosporin or similar ointment
 * Sunscreen
 * insect repellent
 *non-prescription ointment (such as Vaseline)
 * Other: (please specify) _____

* Must be provided by the parent.

I hereby request that AMATUS administer one or more of the above external preparations in accordance with the directions on the container as needed.

I release AMATUS from any liability for administering these preparations.

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