



**AMATUS KIDS ACADEMY (PTY) LTD.**

**AND**

**CAMBRIKIDS LEARNING POD**

***ENROLMENT APPLICATION PACK – 2026***

**PERSONAL FILE INFORMATION**

CHILD'S SURNAME:

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FULL NAMES:

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DATE OF BIRTH:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ I.D. Nr. \_\_\_\_\_ (Please attach a copy of the ID document)

GENDER (M/F): \_\_\_\_\_

HOME LANGUAGE: \_\_\_\_\_

RESIDENTIAL ADDRESS OF CHILD:

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PREVIOUS SCHOOL/DAYCARE:

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

Address:

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Principal/Provider: \_\_\_\_\_

Tel. No. \_\_\_\_\_

REASON FOR LEAVING LAST SCHOOL/DAYCARE:

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REASON FOR CHOOSING AMATUS:

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FATHER / GUARDIAN FULL NAME:

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Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address

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Fathers ID Number

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Marital Status

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Tel. (W/H) \_\_\_\_\_ (Cell) \_\_\_\_\_

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Email: \_\_\_\_\_

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MOTHER'S FULL NAME:

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Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address

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Mothers ID Number \_\_\_\_\_

Tel. (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Marital Status

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Email: \_\_\_\_\_

PERSON RESPONSIBLE for payment of child's account (Full Name):

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Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address

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ID Number \_\_\_\_\_

Tel. (W/H) \_\_\_\_\_ (Cell) \_\_\_\_\_

CHURCH AFFILIATION (of Parent, Guardian):

Church Name \_\_\_\_\_

Pastor \_\_\_\_\_ Tel. \_\_\_\_\_

ANY FURTHER COMMENTS THAT WOULD BE OF IMPORTANCE TO THE ACADEMY

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Signature Father / Guardian

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Signature Mother

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Date

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## **CONSENT AND INDEMNITY FORM**

I, \_\_\_\_\_ (Parent / Legal  
Guardian Full Names)

Address: \_\_\_\_\_  
\_\_\_\_\_

Being the Parent / Guardian of \_\_\_\_\_ (Childs Full Names)

I fully understand and accept that any accidents or incidents of any sort that may occur at the Academy, on the Academy premises, on an Academy outing or any other Academy excursion, shall be undertaken at my son/daughters own risk. I hereby undertake on behalf of myself, my executors, my wife and my child aforementioned, to indemnify, hold harmless and absolve Amatus Kids Academy and the Academy staff against any or all claims whatsoever, that may arise in connection with any loss or damage to the property of or injury to the person of my child aforementioned in the course of any such activity. The Principal and the staff will nevertheless, take all reasonable precautions for the safety and welfare of my child.

I further authorise the staff or leaders of such group activities to take my child to a doctor or hospital for treatment in case of emergency. I acknowledge the above information accept the relevant conditions and information.

**FATHER'S SIGNATURE**

**MOTHER'S SIGNATURE**

**GUARDIAN'S SIGNATURE**

**MEDICAL AID SOCIETY**

**MEDICAL AID NUMBER**

**PERSON RESPONSIBLE FOR ACCOUNT (PRINCIPAL MEMBER):**

**DATE**

## **HEALTH HISTORY**

Please complete the following:

Child's Name : \_\_\_\_\_

1. Is your child taking permanent medication at this time? Yes/No

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2. If yes, what is the medication :

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3. Why is the child taking the medication?

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4. What is the dosage?

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5. Is it necessary to take the medication during Academy hours? Yes / No

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6. Did a medical doctor prescribe the medication? Yes / No

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7. If yes, please give the name and telephone number of the Doctor.

a. Doctor: \_\_\_\_\_ Tel No. :

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### **Please Note :**

Learners are not to have in their possession medicine of any sort without a written note of permission from the family doctor, countersigned by the pupil's parent/s. Such medicines are to be brought to the Academy office immediately upon arrival at Academy and will be dispensed to the pupil from there. The note should include clear instructions regarding the dispensing of such medicines.

8. Does your child have any allergies? Yes / No.\_\_\_\_\_

If Yes, please list them:

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9. Does your child have any communicable (contagious) health disorder or disease? If Yes, please list them:

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10. Date of your child's last complete medical examination by a medical doctor:

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11. Operations and injuries:

Year \_\_\_\_\_

Type/s

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12. Diseases: Has your child been infected or contracted any of the below, this is to help the staff to assist the child in caring for them in the Academy setting.  
(Mark X in box)

- Congenital Defects
- Chicken Pox
- Strep Infections
- Heart Disease
- Rheumatic Fever
- Asthma
- Sight Problems
- Neuromuscular
- Hearing Impairment
- Hepatitis
- Diabetes
- HIV
- Drug Sensitivity
- Convulsive Disorders
- Mononucleosis
- Lung Disease
- Other

State other: \_\_\_\_\_

I certify that the information given above is complete and accurate and accept the relevant conditions.

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Signature Father/Guardian

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Signature Mother

---

Date

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**MEDICAL INFORMATION****EMERGENCY MEDICAL PROCEDURE:**

CHILD'S FULL NAME: \_\_\_\_\_

In case of an emergency, our procedure will be to contact the parent/guardian at home or at work. Should we not be able to make this contact, depending on the degree or seriousness, your child will be transported to the nearest provincial hospital either by a staff member or by a summoned ambulance. Any costs related to the aforesaid procedures will be for the parent / guardian account. (When you cannot be contacted, please make adequate arrangements for the proper care of your child should there be an emergency caused by sickness or accident.)

The Academy office will attempt to contact you or the person you designate. Please be sure the designated person has a copy of your Medical Aid Card/Number. This will assure your child receives prompt treatment in case of an emergency.

Particulars of the person you designate should we not be able to contact you:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. NO: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(Cell) \_\_\_\_\_

RELATIONSHIP TO PUPIL: \_\_\_\_\_

FAMILY DOCTOR'S NAME: \_\_\_\_\_

Tel No \_\_\_\_\_

HOSPITAL YOU PREFER :  
\_\_\_\_\_

DENTIST'S NAME : \_\_\_\_\_

Tel. No. \_\_\_\_\_

I certify that the information given above is complete and accurate and accept the relevant conditions

---

Signature Father/Guardian

---

Signature Mother

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---

Date

## **IMMUNIZATION DETAILS**

### **Please Note:**

Health Legislation requires that all children attending school be immunized against certain vaccine preventable diseases. These requirements apply to all learners. A learner CANNOT attend class unless the immunization card has been submitted as a record of vaccinations already received.

I, ..... Parent of

.....

Hereby attach a copy of his/her immunization card as record of all vaccinations already complied with.

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Signature Father/Guardian

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Signature Mother

---

Date

## **FEES PAYMENT AGREEMENT**

As parents of learner/s attending Amatus Kids Academy and Cambrikids Learning Pod, you are required to cover all costs pertaining to the education process of your child. You will need to budget accordingly and agree to pay all fees when they become due. The Academy is an independent (private) school, which relies on the prompt payment of fees when due by parents. This fee payment agreement is a legal document that details your responsibility to the Academy for your financial commitment. The Academy cannot afford to recruit any learners whose parents are not absolutely convinced that they will be able to afford the Academy fees.

The fee agreement is to be signed and agreed to, prior to your child being admitted to the Academy and your compliance with this agreement is a condition of enrolment at the Academy.

## AGREEMENT

In recognition of the acceptance of my child / children in Amatus Kids Academy,  
I (Full Names of Person responsible for payment)

hereby agree to pay the monthly fee as required by the Academy, on or before the due date. To ensure a place for your child at our Academy, please ensure the fees are paid by or before the end of December 2025, the Enrolment fee to be paid on application to secure a place for your child/ren.

ONCE OFF ENROLMENT AND ADMIN FEE R500 .00

FEES ARE PAYABLE PER DEBIT ORDER/EFT/BANK DEPOSIT (CASH IS NOT ACCEPTED) IN ADVANCE BY OR BEFORE THE END OF EACH MONTH, BEING 12 MONTHS IN ADVANCE. NOTICE IN THE MONTHS OF OCTOBER, NOVEMBER AND DECEMBER IS NOT ACCEPTED AND YOU WILL STILL BE RESPONSIBLE FOR THE PAYMENT THEREOF.

Future Cost: Learner fees and costs as stated in this document may be adjusted from time to time in line with increased inflation or increased costs from our Suppliers.

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I authorize the Academy to do credit bureau searches on me/us and in the event of any Academy fee due by me/us not being paid, I/We authorize the Academy to inform any relevant credit bureau and have my/our name listed with them.

I/We chose the address specified as our residential address/es under personal details as my/our chosen legal domicile for service of all legal notices and processes until I advise the Academy in writing of my/our new address.

That in the event that I/we are not the natural parent/s and/or guardian/s of the child or children enrolled at the Academy, then I / we accept responsibility of parent as defined in Section 1 of the Schools Act.

I/We hereby agree that we have read and agree to all the terms and conditions contained in the Fee Payment Agreement and that we have a legal obligation to pay all fees due on time and understand that non-payment of fees will be cause for suspension of all services (including the withdrawal/non-issue of curriculum) or access to the Academy.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_  
20\_\_\_\_\_

\_\_\_\_\_  
PARENT / GUARDIAN

**BANKING DETAILS FOR FEES:**

AMATUS KIDS ACADEMY (PTY) LTD.  
CAPITEC BUSINESS ACCOUNT  
ACCOUNT NUMBER: 1053 4194 22

REFERENCE – PLEASE USE YOUR SURNAME AND EMAIL THE DEPOSIT SLIP TO  
[admin@amatuskidsacademy.co.za](mailto:admin@amatuskidsacademy.co.za)