SOR NO: 50071 | TEL: 064 093 0102 | WHATSAPP: 064 093 0102 | | EMAIL:info@ecddaycare.co.za

ENTRANCE APPLICATION FORM

PARENT/LEGAL GUARDIAN DETAILS

TITLE: …… FIRST NAME ……..SURNAME:……..……

I.D NUMBER: ☐☐☐☐☐☐☐☐☐☐☐☐☐ EMAIL:……

CELL 1: ……

HOME TEL: ..... WORK TEL: …… CELL 2: ……..

PHYSICAL ADDRESS: ……

……

CHILD'S DETAILS

NAME: …… SURNAME: ……

D.O.B: ……..…….. AGE AT NEXT BIRTHDAY:…….. MALE ☐ FEMALE ☐

PLEASE SPECIFY:

ALLERGIES: ……

MEDICATION: ……

DIETARY PREFERENCES: ……

GP INFO | NAME:……CONTACT: …….. MED AID NO:……

PERMISSION FOR CHILD RELEASE & EMERGENCY NUMBERS:

NAME:…… CELL NO: ……..

NAME:……CELL NO: ……

BANKING DETAILS OF PARENT/GUARDIAN:

BANK NAME: …… ACCOUNT TYPE: ……

ACCOUNT NUMBER: …… BRANCH: ……..……

ACCOUNT HOLDER: ……

SALARY DATE: 15 ☐ 20 ☐ 25 ☐ 30 ☐ DECEMBER SALARY DATE: 15 ☐ 20 ☐

I authorize ECD Christian Daycare to draw against my bank account for the payment required in terms of this agreement

INTERESTS & HOBBIES OF CHILD

1:E.g.READING…… 2:……

3: …… 4: ……

SIGNATURE:…… PARENT/GUARDIAN NAME: …….. DATE: ……

THANK YOU FOR CHOOSING ECD CHRISTIAN SCHOOL.

OUR CORE VALUES ARE: MANNERISMS, HYGIENE & CHRISTIAN TRAITS.

Tel: 064 093 0102/ Email:Info@ecddaycare.co.za

A. Authority

Given by (name of account holder) _____
Address _____
_____
Contact Number _____
Bank _____
Branch and Code _____
Account Number _____
Type of Account (delete that which is not applicable) Current (cheque)/Savings/Transmission
Amount _____
Date – **Deduction date field** _____

To *ECD School*
Abbreviated Name as Registered with the Bank *ECD.SCH*
Beneficiary's Address *77 Koorsboom , Heuweloord, Centurion, 0157*

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement)
I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on_____and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.
The individual payment instructions so authorised to be issued and delivered as follows: monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (delete that which is not applicable)
In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.
Payment instructions due in December may be debited against my account on _____.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identity the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate
I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation
I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. Assignment
I/WE acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ _____day of_____.

_____ _____
(Signature as used for operating on the account) (Assisted by)

E. Agreement Reference Number
This Agreement Reference number is: _____