

# NASORG

VIR LEERERS TOT EN MET GRAAD 7



## INSKRYWINGSVORM

DATUM WAT KIND BY DIE NASORG BEGIN \_\_\_\_\_

KIND SE NAAM EN VAN \_\_\_\_\_ GRAAD \_\_\_\_\_

GEBOORTEDATUM \_\_\_\_\_ SEUN  MEISIE

HUISADRES \_\_\_\_\_

HUISTAAL \_\_\_\_\_ KERKVERBAND \_\_\_\_\_

BYWONINGSDAE TOT 14h30  TOT 17h30

VAKANSIEDAE INGESLUIT JA  NEE

WIE KOM KIND HAAL? \_\_\_\_\_

### VADER/WETTIGE VOOG

NAAM EN VAN \_\_\_\_\_

BEROEP \_\_\_\_\_

TEL (h) \_\_\_\_\_ TEL (w) \_\_\_\_\_ SEL NR \_\_\_\_\_

E-POS ADRES \_\_\_\_\_

ID NOMMER \_\_\_\_\_ HUWELIKSTATUS \_\_\_\_\_  
(Sluit asb afskrif by inskrywingsvorm in)

### MOEDER/WETTIGE VOOG

NAAM EN VAN \_\_\_\_\_

BEROEP \_\_\_\_\_

TEL (h) \_\_\_\_\_ TEL (w) \_\_\_\_\_ SEL NR \_\_\_\_\_

E-POS ADRES \_\_\_\_\_

ID NOMMER \_\_\_\_\_ HUWELIKSTATUS \_\_\_\_\_  
(Sluit asb afskrif by inskrywingsvorm in)

MOET ONS U MAANDELIKSE STAAT VIR U E-POS? JA  NEE

E-POS ADRES WAARHEEN STAAT GESTUUR MOET WORD \_\_\_\_\_

VORIGE NASORG BYGEWOON \_\_\_\_\_

STAD/DORP VAN VORIGE NASORG EN TEL \_\_\_\_\_

**ANDER KINDERS IN GESIN**

NAAM \_\_\_\_\_ OUDERDOM \_\_\_\_\_

NAAM \_\_\_\_\_ OUDERDOM \_\_\_\_\_

NAAM \_\_\_\_\_ OUDERDOM \_\_\_\_\_

NAAM VAN DOKTER \_\_\_\_\_ TEL \_\_\_\_\_

**TWEE PERSONE OM TE KONTAK IN GEVAL VAN NOOD INDIEN OUERS NIE GEKONTAK KAN WORD NIE**

NAAM 1 \_\_\_\_\_ TEL \_\_\_\_\_

NAAM 2 \_\_\_\_\_ TEL \_\_\_\_\_

ENIGE PROBLEME VOOR EN/OF NA GEBOORTE? \_\_\_\_\_

ENIGE AANSTEEKLIKE SIEKTES GEHAD? \_\_\_\_\_

ENIGE OPERASIES? \_\_\_\_\_

ENIGE ALLERGIEË? \_\_\_\_\_

ENIGE ANDER SIEKTE OF PROBLEME WAT U HIER WIL NOEM? \_\_\_\_\_

SO AF EN TOE NEEM ONS FOTO'S/VIDEO'S VAN ONS KINDERS OF VERTEL NUUS IVM KAMMALAND LORRAINE WAT ONS OP FACEBOOK OF OP ONS WEBTUISTE PLAAS. TOON ASB. AAN OF U GEWILLIG IS OM U KIND SE FOTO TE LAAT PLAAS, AL DAN NIE?

JA NEE **DIT IS U VERANTWOORDELIKHEID OM KAMMALAND LORRAINE IN KENNIS TE STEL INDIEN ENIGE INFORMASIE HIERBO IN DIE TOEKOMS VERANDER.**

1. Ek/Ons onderneem om die nasorgfooie maandeliks vooruit te betaal oor 12 maande deur EFT of direkte deposito.
2. Ek/Ons onderneem om die fooie vol te betaal ongeag afwesigheid deur siekte, vakansie of enige ander rede en om een kalender maand kennis te gee op skrif indien my kind die nasorg gaan verlaat. Ek/Ons verstaan dat betaling in hierdie kalender maand nog moet geskied en dat geen kennis gegee mag word na die eerste van Oktober dieselfde jaar nie.
3. Ek/Ons onderneem om die volle fooi op die faktuur te betaal teen die eerste van elke maand en nie later as die sewende nie. 5% Rente sal daarna bygevoeg word by die totale faktuur bedrag. Ek/Ons verstaan ook dat Kammaland hom die reg voorbehou om my kind die nasorg te weier vanaf die 15de van die maand indien fooie nie betaal is nie.
4. Ek/Ons verstaan dat die nasorgfooie aangepas sal word elke Januarie en dat ons hiervan in kennis gestel sal word gedurende Desember die vorige jaar.
5. Ek/Ons verstaan dat fooie ten volle betaal sal word vir Desember en Januarie al is daar 'n vakansie tussenin van ongeveer 3 weke.
6. Ek/Ons verstaan dat Kammaland geregtig is om alle koste te verhaal van my/ons wat regs-koste aanbetref indien regsadvies ingewin word omtrent uitstaande fooie wat ek aan Kammaland skuld.
7. Ek/Ons verstaan dat die huisadres bo ingevul is my/ons domicilium citandi et executandi en dat dit my/ons verantwoordelikheid is om Kammaland skriftelik te verwittig van enige veranderings.

\_\_\_\_\_  
HANDTEKENING VAN OUER/VOOG\_\_\_\_\_  
DATUM

EEN VIR ELKE KIND



**VRYWARINGSVORM**

**CHILD'S NAME AND SURNAME** \_\_\_\_\_

**WE, THE FATHER/MOTHER/LEGAL GUARDIAN OF THE CHILD HEREBY AGREE**

1. To accept and abide by all rules and regulations of Kammaland. I/we declare that I/we are fully acquainted with these rules and regulations.
2. That Kammaland will care for my child to the best of their ability and Kammaland, any staff member or any other entity connected to the School will not accept liability for any claim/s arising from any accident or injury happening to my child while he/she is in the care of Kammaland on or outside their premises or any other claim/s of whatsoever nature that I/we or my child may have, and do waive any claim/s which may, at any time arise as aforesaid, both in my/our/my child's personal capacity and in my/our capacity as parent or guardian of my child.
3. Not to hold Kammaland or any staff member liable for lost, stolen, damage and/or injuries to property of my child or any natural person who is directly or indirectly related to my child.
4. To ensure that my child has been properly immunised against whooping cough, diphtheria, tetanus, and polio and vaccinated against tuberculosis, and will furnish proof of this on request.
5. For the staff at Kammaland to give medical attention in the case of any accident or injury.
6. That Kammaland has the right to send home or refuse receipt of my child during the time that my child is sick to protect the safe being of other children until the condition has been diagnosed, stabilised and/or a medical certificate is issued by a medical professional.
7. To contact Kammaland immediately if my child contracts a contagious disease so that other parents can be informed.
8. And give Kammaland permission to take my child to a surrounding medical centre for emergency treatment should any emergency arise and I/we are unreachable during such an emergency. I/we do acknowledge that all medical expenses are liable to me/us if an event like this arises.
9. That Kammaland reserves the right to terminate the enrolment of my child on two weeks' notice if any behaviour of my child is deemed intolerable by Kammaland to any of our staff, other parents or to the safety and well-being of other children at Kammaland.
10. That Kammaland reserves the right to terminate the enrolment of my child with immediate effect if any behaviour is deemed intolerable by Kammaland of any natural person who is directly or indirectly related to the child.
11. That Kammaland reserves the right to terminate the enrolment of my child on two weeks' notice in the event of a breach of any terms and conditions set out in this or any other document.

\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN**

\_\_\_\_\_  
**DATE**