Kay Pee Zee
Daycare & party venue
looking after our future
www.k-p-z.co.za 082 675 37 65

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Lansdowne,7780
084 7433 902
penny@k-p-z.co.za
Facebook page:Kids Play Zone
BBm pin: 273FF847
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Operating hours:
Monday to Friday 07:00 to 17:30
ALL late collections of children are charged for. **Monthly fee is determined by age on enrollment and remains unchanged for 12 months**
Fees are calculated over 12 or 10 months and is as follows:

AGE	PAID OVER 12 MONTHS	PAID OVER10 MONTHS
0-12 months	R1350	R1620
13-18 montsh	R1250	R1500
19 months – 24 months(2 yr)	R1180	R1416
25 months – 3 yrs	R1020	R1224
3yrs+ to 4 yrs	R940	R1128
4yrs + – 5 yrs	R810	R972

Please indicate/circle payment preference period & age group above

- Fees are payable one week/month in advance. **One month's written notice must be given of the intention to withdraw your child. Failing to do so, will result in a full month"s fees payable. Full fees are due during the notice months.**
- **Please be aware that December and January are full paying months.**
- A non-refundable enrolment fee of **R250** is payable.
- Weekly fees are payable each **Monday**; Monthly fees are payable on the **first** day of each month.
- If fees are not paid by due date your child's admission will be denied if no signed/written payment arrangement has been made with Management.
- Sufficient amount of disposable nappies (if your child still wears them)
- Baby's formula, bottles, dummy, activity apron, etc.
- Extra change of clothing for child, 1xfacecloth.
- Morning and Afternoon snack
- You are required to contribute 4 items per month i.e. 2xtoilet rolls, 1x box of tissues and 1xsoap. (Babies below 12months: tissues only)
- Additional items will from time to time be requested from parents(Notices will be sent to parents)
- Preferable method of communication: Email ☐ SMS ☐

If Email is your preference, please provide:.....

- Parents should not send their children to day care if they are sick.
- **No reduction of fees will be allowed due to child's absence for whatever reason.** If a child is absent without a reason for more 7 days without notification, it will be assumed that the child no longer attends KPZ. Fees are however still due.
- All parents are liable for medical expenses in the event of the child requiring urgent medical treatment by a medical doctor/hospital/ambulance.
- All medication needs to be administered by the parents. **KPZ WILL NOT administer ANY medication.**

ADMISSION FORM:

Name of parent/guardian: .....

Address: .....

Daytime contact no: .....ID no:.....

Alternative number(s)1.....2.....

Employer's name & tel no:.....

Employer's address:.....

Child's name & surname: .....DOB: .....

Child's home language(s): .....Age.....

I, the above parent/guardian of ..... hereby apply for him/her

to be admitted to KPZ as of..... Furthermore I hereby request that the staff of KPZ act in my name while he/she is in their care. I hereby indemnify KPZ against any claim arising out of harm and/or damage which may be caused to him/her while in KPZ care, provided that I can prove negligence. I accept responsibility for the fees payable and understand that I am liable for the agreed upon amount as well as conditions as per this registration form.

Signature:..... Date:.....

Please complete and return the entire form to KPZ. A copy will be sent to you.