

**Application form**

Date of application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of your desired enrollment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone nr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell nr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mom’s business nr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad’s business nr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I AGREE TO PAY THE FEE OF R 380.00 PER MONTH, AS WELL AS THE BUS-FEE OF r 220.00 PER MONTH AND THE AFTERCARE FEE OF R 220.00 PER MONTH, ON THE 1ST DAY OF EACH MONTH. I ALSO AGREE TO THE CONDITION THAT A MONTH’S NOTICE MUST BE GIVEN BEFORE MY CHILD LEAVESTHE SCHOOL, OR A FULL MONTH’S FEE WILL BE CHARGED IN LIEU OF NOTICE AND I AGREE TO ABIDE BY ALL OTHER CONDITIONS SET OUT IN YOUR RULES.**

**(Mr/Mrs/Miss)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of parent

**PLEASE ATTACH A COPY OF THE FOLLOWING:
1. CHILD’S BIRTH CERTIFICATE OR ID DOCUMENT**

**2. COPY OF PARENTS ID-DOCUMENT**

SWARTLAND APD

JO - DOLPHIN

**Physical Address:**

5 Albany Street

Malmesbury

7300

**Postal Address:**

P. O. Box 321

Malmesbury

7299

**Contact Details:**

Tel: +27 (22) 487-1156

Fax: +27 (22) 487-1274

E. Mail: jodolphinmbury@

telkomsa.net

**NPO Registration Nr:**

058-696 NPO

**PBO Registration Nr:**

930034212

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4370258271

***Services / projects:***

 **- Special Day Care Centre**

**for persons with multiple**

**disabilities.**

 **- Protective Workshop for**

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**Affiliated to:**



**Affiliated to:**

 **DICAG**

**[Disabled Children’s**

 **Action Group]**

**Membership Number:**

**ASG-WC-4403**

**BANKING DETAILS:**

**NEDBANK CHEQUE ACCOUNT**

**ACC NO: *1546060227***

**BRANCH CODE: *154605***

**JO DOLPHIN SWARTLAND APD**

**058-696 NPO**

**APPLICATION FOR ADMISSION**

**A.** **CRITERIA FOR RECORDING**

1. **Age**
* Assessment can occur from 2 years of age (the sooner the better).
* The centre also caters for adults with disabilities.
* Assessment takes place according to specific criteria, as determined by the Association.

1. **Nature of Disability**
* Children with severe and profound intellectual disabilities, with or without physical

   disability (it is assumed that all other children are accommodated in the education system).

* Young children with disabilities who have not yet reached school-going age, but need

   Stimulation to prepare them for inclusion in special education.

1. **Other factors**
* No complicated or uncontrolled medical conditions, for which caregivers did not

receive training - can be accommodated.

* A maximum of 20 children can be accommodated.
* Parents must in agreement to comply with Centre Rules and Regulations and sign indemnity form.

**B.** **ADMISSION PROCESS**

1. **References**
* Written referrals to Centre manager
* References can be made by Parents, Social Workers, Community Workers, Clinics, Hospitals, Schools, and Therapists etc.

**2. Process of recording**

2.1 A survey interview is conducted by the CSPID Education Team / Mrs H Myburgh / Social Worker done with parents. The following relevant documentation should be provided during the interview:

-           Medical and clinic information (diagnosis and medication prescribes reef)

-           Road to Health / Clinic Card

-           Identity certificate (child as well as parent / guardian)

-           Birth certificate (child)

-           Any other reports of interest (psychological, social, school report)

2.2 Application form is completed by the parent / guardian. After assessment (see below) the child either accepted to the centre OR placed on the waiting list if the centre is already full.

2.3 In conjunction with the CSPID Teaching Team, screening and ongoing assessments are done to determine which individual development plan will best suit the child. This plan is discussed with staff of the Centre, as well as the child’s parents/guardians. A centre file is kept of each child and notes on activities with your child and incidents are recorded there.

Progress reports will be provided to parents every 6 months, but you can discuss your child's progress with the centre manager also as you feel is necessary.

2.4 Parents / guardians receive the Centre Rules and Regulations, as well as other centre forms that must be signed to confirm that they understand and accept - before assessment can be done.

2.5 Child integrated into the centre for a trial period of 1 to 3 months, and extension granted if needed. Permanent acceptance is determined by the following:

-           Individual development plan

-           Social and emotional development

-           Discipline and behaviour

-           Payment of attendance fees

-           Communication from parents (reading message book and drawing)

-           Parent Involvement

-           More than 80% attendance (parent responsibility)

2.6 Parents / guardians re-apply each year by completing the application form to ensure that the centre is not abused, but in the best possible way is used for children with disabilities.

**C.** **APPLICATION FORM**

**1. Learner Information:**

a. Surname and full name of learner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Date of birth: Day: \_\_\_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_

c. ID number: ­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d. Birthplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Number of children in family: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_    f. Is Child 1st, 2nd, etc. Child? \_\_\_\_

**2**. **Details of parent (s) or guardian (s):**

|  |  |  |
| --- | --- | --- |
| ***Father / Guardian - man (mark one)*** | ***details*** | ***Mother / Guardian - lady (mark one)*** |
|   | **FULL NAMES** |   |
|   | **OF** |   |
|   | **ID NUMBER** |   |
|   | **HOME ADDRESS** |   |
|   | **OCCUPATION AND****WORK ADDRESS** |   |
|   | **TEL: HOME** |   |
|   | **TEL: WORK** |   |

**3**. **School record:**

a. Name and address of previous school (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Date on which he / she left the above school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Reason why child left school above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Degree passed (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** **Physical and** **Medical** **Information**

a. Diagnosis / Child Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Disability approach: (egg with birth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Limbs affected:               Left arm                           Right arm

 Left Leg                           Left arm

     Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Does your child use a wheelchair / buggy / other tool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Does the child receive any therapeutic help and with whom? (Physics; OT; speech) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Does your child have any problems with regard to vision, hearing or speech? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Medication (which, what type and how often): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

h. Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. other illnesses:                 asthma                             epilepsy                             other: \_\_\_\_\_\_\_\_\_\_\_\_\_

J. Please note illness (s) that learner has already had:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| chickenpox | mumps | measles | German measles | whooping Cough |

K. Please note that the child is immunized:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| whooping Cough | measles | German measles | chickenpox | mumps |
| tetanus | diphtheria | poliomyelitis | TB |   |

     ***NB:*** All children are immunized before school attendance against all the above mentioned diseases

To be. Immunization against polio and tuberculosis **(**BCG) is mandatory by law!

1. **Psychic condition**

a. Any behavioural problems (aggression; separation anxiety; hyperactivity; tearful)?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6.** **Birth History**

1. Problems during pregnancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Duration of pregnancy (full term or premature)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Problems during birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Recorded in hospital or greenhouse after birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7**. **Development milestones**

At what age did your child reach / point to the following milestones:

a. Only sit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                             b. Crawl:               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Standing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_              d. self-walking:               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Saying words \_\_\_\_\_\_\_\_\_\_\_\_                        f. Saying Sentences\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8.** **Personal independence**

1. Is your child "potty train" or does he / she wear another cloth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Eat independently or be fed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Getting on and off? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9**. **In case of emergency**

|  |  |
| --- | --- |
| **state Hospital** | **private Doctor** |

1. Who should be contacted in case of emergency (TM)?

Name of Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Tel no. from Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Do you and your child belong to a medical aid? \_\_\_\_\_\_\_\_\_\_\_If yes, lease provide. The following information:

Name of medical aid and specific option: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Member Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal Member's ID no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Hospital File Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10**. **Financially**

1. Does your child receive a grant? Please specify.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | child allowance | Care Dependency sallowance | Foster Care Allowance | Care dependence and foster care |

1. Are you prepared to pay the annual fee of R3800.00? (See Financial Addendum)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(NOTE: School fees must also be paid for December and January)

1. Are you prepared to pay the annual Bus-fee of R2200.00 ? (See Financial addendum)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you prepared to pay the annual Aftercare-fee of R2200.00 ? (See Financial addendum)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you willing to help the organization with projects without payment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
If so, how can you help?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11**. **Social problems**

a. Please report any social problems that are experienced (if any).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. Other**

a. My child loves \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. My child doesn't like \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Any other information about your child you would like to share with us \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please sign back and return the*** ***form as soon as possible***.

*I hereby undertake* *(name of parent or guardian)* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *that the information is completed to the best of my ability and correct.* *I also undertake to comply with the centre’s rules and regulations, and* *all my responsibilities* *(including Money of fees)* *at Paarl Stimulation* *Centre.*

|  |  |  |  |
| --- | --- | --- | --- |
| Surname and Initials (print) | signature | Relationship with child | date |
|    |   |   |   |

**CONSENT TO KEEP AND GIVE MEDICATION BY CAREGIVERS OF JO-DOLPHIN SWARTLAND APD**

With this, Jo-Dolphin asks in writing for permission for the keep and giving of medication by the caregivers to learners who are currently on medication.

Currently, we do not have a trained person to apply medication, but we use a system that works for us to check the application of medication and ensure that the right amount of medication is given.

As you already know the learners enjoy breakfast at the center and no one uses medication before breakfast.

NAME OF CHILD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PARENT/GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT DETAILS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF MEDICATION THAT LEARNER RECEIVES:\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby Give permission that a caregiver of

Jo-Dolphin may give medication to my child/brother/sister.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signed by Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



SWARTLAND APD

JO - DOLPHIN

**Physical Address:**

5 Albany Street

Malmesbury

7300

**Postal Address:**

P. O. Box 321

Malmesbury

7299

**Contact Details:**

Tel: +27 (22) 487-1156

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E. Mail: jodolphinmbury@

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**BANKING DETAILS:**

**NEDBANK CHEQUE ACCOUNT**

**ACC NO: *1546060227***

**BRANCH CODE: *154605***



**JO-DOLPHIN SWARTLAND APD INDEMNITY FORM 2020**

I, the undersigned, parent or guardian

…………………………………………………………………………………………………

[ full name and family name of parent or guardian]

Resident at…………………………………………………………………………………...

[residential address]

Whose undersigned child is enrolled at Jo-Dolphin Swartland APD hereby agrees to the following conditions of this indemnity, concerning the safe transport of my child during:

1. Daily centre transport from home to centre and back.
2. Field trips that the child may share in.

…………………………………………………………………………………………………

[Full name and Surename of learner]

1. I hereby indemnify, subject to the exception in paragraph 4 below, and subject to the futher conditions specified herein, Jo-Dolphin Centre, the supervising caregiver as well as the driver of the vehicle, against any claim for demages in respect of any accident or injury that this child my obtain or any loss or demage, of whatever nature that either myself of the child may endure.
2. This indemnity shall apply to any excursion that my child may attend/partake in, for which I must grant permission on a separate consent form. These indemnities will remain in effect as long as my aforesaid child is enrolled at this centre.
3. This indemnity only applies in cases: where the centre is not covered in terms of the centre’s existing insurance policy, where the claim that I may have exceeds the amount of the centre’s insurance policy’s claim limit and in such an instant only to the extent whereby my claim exceeds the policy limit amount.
4. The aforementioned indemnity shall not apply to the supervising caregiver or driver of the vehicle, if the injury that the child may sustain, or loss which I or the aforesaid child shall lead arising from any willful or reckless conduct of the custodial caregiver or driver of the vehicle, or if such injury or loss or demage would result from the management of the motor vehicle and the actions of the supervisory caregiver or driver of the motor vehicle under the influence of alcohol or any drugs.

SIGNUTURE OF PARENT/GUARDIAN…………………………………………………….

DATE………………………………………………………

WITNESS 1………………………………………………

 2………………………………………………

**Physical Address:**

5 Albanie Street

Malmesbury

7300

**Postal Address:**

P. O. Box 321

Malmesbury

7299

**Contact Details:**

Tel: +27 (22) 487 1156

Fax: +27 (22) 487 1274

E. Mail: jodolphinmbury@

telkomsa.net

**NPO Registration Nr:**

058-696 NPO

**PBO Registration Nr:**

**930034212**

**VAT Registration Nr:**

4370258271

***Services / projects:***

 **- Special Day Care Centre**

**for persons with multiple**

**Disabilities.**

 **- Protective Workshop for**

**Persons with multiple**

**Disabilities.**

**Affiliated to:**

**Membership Number:**

**ASG-WC-4403**

**BANKING DETAILS:**

**NEDBANK CHEQUE ACCOUNT**

**ACC NO: *1546060227***

**BRANCH CODE: *154605***



**CONSENT FORM FOR PICTURES**

I …………………….parent/guardian of learner ……..………….

hereby give consent/permission to Jo-Dolphin Swartland APD to take pictures of the learner mentioned, in positive printed/sosial media, educational and/or for informational purposes concerning the following:

* Written performances/concerts and presentations,
* Sponsors who sponsors gifts,
* Social media events,
* Excursions/trips attended by children,
* Advertisements for Jo-Dolphin and,
* Life skills

……………………………………
 Signature
 Parent/guardian

……………………………………
 Signature
 Jo-Dolphin Swartland APD
 Representative

**Physical Address:**

5 Albanie Street

Malmesbury

7300

**Postal Address:**

P. O. Box 321

Malmesbury

7299

**Contact Details:**

Tel: +27 (22) 487-1156

Fax: +27 (22) 487-1274

E. Mail:

jodolphinmbury@telkomsa.net

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 **DICAG**

**[Disabled Children’s**

 **Action Group]**

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**BRANCH CODE: 154605**

 5 Albany street

 Malmesbury

 7300

 Tel : 022 487 1156

 email : jodolphinmbury@telkomsa.net

**Jo-Dolphin Swartland APD**

**CENTRE RULES AND REGULATIONS**

1. **TRANSPORT**
* Shuttle: ‘A transport indemnity form must be completed. Children must be received and given at the bus. Children must be in time for the bus because the bus will not wait for children.
* Parents must inform the center in writing or telephonically if a child will be absent before 9 o'clock in the morning.
* Own transport: children will not be dropped off sooner or later than the stipulated times. Normal times stretches from 08:00 to 14: 00 – Otherwise special arrangements must be made with the center.

**2**. **BEHAVIOR**

* No verbal or physical aggression will be tolerated. The Centre has the right to take the necessary, fair steps to try and improve such behavior and parents/guardians will be informed.
* Should your child not adequately adjust to the center or improve problem behavior, we will notify you and your cooperation and advice will be asked. Children who have not behaved even after the necessary steps are taken or advice given or adapt to the center or who pose a physical hazard to other children may be asked to leave the center to protect other children.

**3. PERSONAL HYGIENE**

* Children must always arrive clean and tidy at the center . The Centre does not accept responsibility to wash or comb the children's hair, to clean nails, etc.
* If problems around a child's hygiene are continuously occurring, the case will be reported to

the social worker for further investigation.

* If a young girl starts menstruating it is not compulsory for her to get the Depo injection, but we strongly recommend it, since the girls often do not know how to handle it. If a girl at the center menstruates, she must bring enough disposables and must have the basic knowledge to exchange and handle it in a hygienic manner

**4. DRESSCODE**

* No provocative clothes may be worn, and clothing must fit children's bodies adequately (clothes that are too large must be fastened with a belt). A set of extra clothing that is clearly marked must always be in the child's backpack. The center does not have extra clothes.
* Children's clothes must be clearly marked to prevent confusion if it should be washed at the center.

**5. ESSENTIALS**

* The following requirements must please accompany the learner and must be clearly marked:
* A backpack
* Two facecloths marked with the child's name
* A toothbrush
* If your child is still wearing a diaper, also a bar of soap, wet wipes and baby cream.
* Children must not bring their own toys, as they can get lost. If the centers toys accidentally taken to home, we ask you to return it as soon as possible.

**6. DIAPERS**

* If your child is still using a diaper, there **must always be 3**  **diapers in the child's bag** and children may only be used at the center-no lap cloths will be accepted.
* If you do not have disposable to put in child’s bag, the child must stay at home.
* The center has no spare disposables and other kids' diapers will not be used for your child.

**7. FOOD**

* If children are allergic to certain food types, the center should be informed.
* Breakfast and lunch will be provided by the school.
	+ No special meals can be made due to belief or medical conditions. Should your child need special meals at the center, it must already be sent done to the center.

**8. SICK CHILDREN & WOUNDS**

* Sick children should please stay at home until they are healthy. This includes diarrhea and vomiting. The center does not have medication to give to your child and educators are not trained to look after sick children.
* If a child gets sick at the center, the parents will be contacted to come fetch the child. The children at the center are very susceptible to viruses and germs and unnecessary disease want to be avoided.
* Open wounds must be closed with a patch before the child comes to the center.

**9. INDIVIDUAL PROGRAMMES AND REPORTS**

* An individual stimulation program is compiled at the center for each child according to the child's capabilities. Every child is therefore assessed, and we would like parents to be present during this assessment, so that parents can also provide input in connection with their child's needs and your expectations for the child. An appointment will be made with the parents to come to the center for the assessment.
* Parents are also expected to continue with the child's stimulation program at home and during holidays.
* Every quarter you will be asked to attend an appointment to discuss your child's progress along with your child's class caregiver.
* We will inform parents/guardians 2 times a year and as discussed with other professionals, written reports to inform you about the progress of your child.

**10. EXCURSIONS AND HOLIDAYS**

* + Children will, as far as possible, be taken on a few excursions per year.
	+ The center is closed on public holiday days and December during school holidays.
	+ A letter with the date on which the center opens the following year will be provided when the

 center closes for December.

**11 . PARENTAL INVOLVEMENT**

* Parents should be willing to engage in the center activities.
* A message book (A4 size) will be provided to each child. This will be the communication between the center and the parents. This communication will be recorded daily or as needed, and every parent should sign the book as soon as the message was read. The caregivers will also review the message book as soon as the children are at school .
* Parents should please support the centers fundraising projects – the center needs these funds to continue to exist.
* The attendance of parent meetings (4 per year) is compulsory. If parents/guardians cannot attend a specific meeting, there must be a valid reason. Parents will be notified in time and transport will be provided.
* Parents may be asked to attend parents training sessions. It is an opportunity to learn more about your child's disability and how to help your child achieve their full potential.
* Parents may be asked to assist in the center if the caregivers are ill. We ask your cooperation in this regard.
* Parents must always carry out a positive image of the center.

**12. COMPLAINTS**

* + If parents have any complaints or unhappiness about the care of their children, it must be recorded in writing in the child's message booklet or to be sent in an envelope to the center manager. The complaints will be investigated, and the parents/guardians will be communicated with, either by letter or personal conversation (s). If necessary, an appointment with management will be arranged. Parents are asked to deal with complaints only and **DO** **NOT** engage in conversations or reasoning with staff or other parents.

**13 . PAYMENTS**

**SEE PAYMENT AGREEMENT PAGE**

* Please make arrangements if you have problems with payments before the **4th** to keep your child's place.
* If school fees have not been paid by the **7th** and **no arrangements have been made with the center**, your child **will not** be picked up from the **8th**. If school fees are not paid by the **14th yet** , your child will be removed from the school register and parents are still held accountable for the outstanding school funds.
* The center and the organization have the right to take steps against school fees that are not paid, and your child will have his/her place at the center revoked.

**14. Probation**

* Once your child is admitted to Jo Dolphin , he/she is on a 1-3 months’ probation period. If problems are experienced during these first few months, Jo-Dolphin has the right to refuse your child’s permanent enrollment at the center (see admission process for details).

**15. REAPPLICATION**

* Parents are expected to reapply at the end of the year for admission to the next year. The necessary application form will be provided to parents in advance and parents will be notified in writing if your child (REN) has been accepted for the next year. If the parents do not reapply or return the forms in time, the child will be automatically removed from the register.

**16. DISIPLINARY ACTIONS/SUSPENSION**

* + If parents do not comply with the rules, they misbehave, or the name of the Centre and the association are being tarnished, it may result in disciplinary actions taken by the center.
	+ Any dispute that cannot be resolved by the management committee of Jo-Dolphin Swartland APD, the incident/case must be referred to WCAPD (Western Cape APD) for private arbitration.

**Jo Dolphin Swartland APD reserves the right to make amendments to the rules. Parents will be notified in writing of such amendments.**

***Hereby I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Child's name) that I have read the rules and regulations and that I understand and will emulate it.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE DATE**



**AFTERCARE**

Hereby I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

give consent that my child/foster child/brother/sister may be in the aftercare of Jo-Dolphin

Swartland APD Centre.

I hereby undertake and also take note that there is an additional amount

associated and is payable together with the monthly school fees.

NAME OF CHILD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PARENT/GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SWARTLAND APD

JO - DOLPHIN

**Physical Address:**

5 Albany Street

Malmesbury

7300

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7299

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