

<b>Name:</b>
<b>Grade:</b>
<b>Year:</b>
<b>Reference:</b>
<b>House:</b>
<b>Comments:</b>

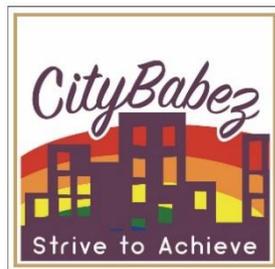


photo
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**REQUIREMENTS**

**TICK**

Copy of Immunisation records/Copy of learner's Vaccination Records, if available	
Copy of learner's Birth Certificate / ID document	
TWO ID photographs (child)	
Copy of Identity Document of parent(s)/guardian(s)	
Copy of three months' payslip of parent(s)/guardian(s) - Affidavit required if self-employed	
Proof of residence of parent(s)/guardian(s)	
Proof of three months bank statement of parent(s)/guardian(s)	

**1. Please ensure that all the above documents are submitted with the application for approval. Failure to do so will result in the application being declined.**

**2. Affordability interview between Administration / Financial Department/Principal and parent(s)/guardian(s)**

Please cross Yes /No

YES	NO
-----	----

**3. How did you hear about CityBabes?**

a	Our website		d	A referral	
b	Flyers		e	Facebook	
c	Street signage		f	Other	

**4. The prospective parent/guardian has applied for/qualifies for the following option/s:**

<b>OPTION 1</b>	<b>OPTION 2</b>
The Early Bird Offer-Fees paid for entire year by 01 <sup>st</sup> February	The Two Bird Offer-per sibling
<b>10% Discount</b>	<b>5% Discount</b>

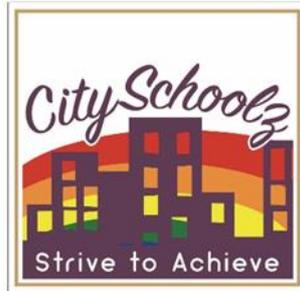
CityBabes ECD Centre

Registration Form

18 Mooi Street  
(Entrance 11 Goud Street)  
City & Suburban  
2001

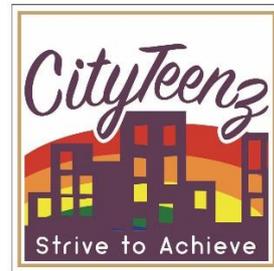
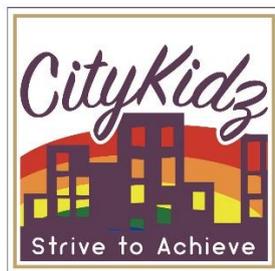
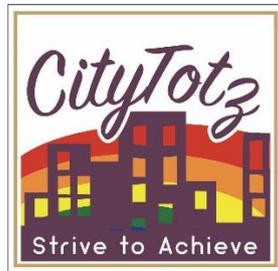
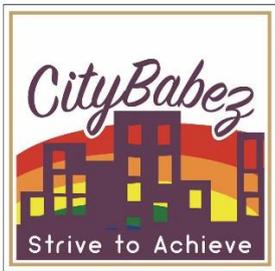
108 Albert Street  
City & Suburban  
2001

Tel: (011) 334-6631  
e-mail: [info@citykidz.co.za](mailto:info@citykidz.co.za)



PO Box 260003  
Excom  
2024

**REGISTRATION 2026**



**We welcome you to our school!**

CityBabes ECD Centre  
(4 months – 3 years)  
(Association Incorporated Under Section 21)  
Registration number 2007/014450/08

**Principal** S Reynolds  
**Directors** RD Plit, T Chittenden, MA Kaplan, ME Lewis, K Sehlabi

**CityBabez ECD Centre: REGISTRATION FOR ADMISSION 2026**

YEAR APPLIED FOR \_\_\_\_\_

GRADE APPLIED FOR                      GRADE    

ECD	RR	R	1	2	3	4	5	6	7	8	9	10	11	12
-----	----	---	---	---	---	---	---	---	---	---	---	----	----	----

CURRENT GRADE \_\_\_\_\_ LAST GRADE PASSED \_\_\_\_\_ YEAR \_\_\_\_\_ GRADE/S REPEATED \_\_\_\_\_

→ **MOST IMPORTANT**

**This Application for Admission will only be processed if ALL fields are completed legibly, is signed and ALL necessary supporting documents are attached.**

**NECESSARY SUPPORTING DOCUMENTS, COMPLETED SECTIONS & FORMS**

- Registration Fee R750-00: NEW ENROLMENTS ONLY. Once off – NON-REFUNDABLE- payable for new enrolments only to secure a place at the school. Payable together with the Annual Admin Levy.**
- ANNUAL SCHOOL ADMINISTRATION LEVY – R1 250.00**
- Copy of learner’s Birth Certificate / ID document
- Copy of learner’s Vaccination Records, if available
- Copy of learner’s Residence and Study Permit, if foreign
- Copy of parents’ / legal guardians’ ID document

Two recent colour photos of learner **(ID SIZE)** if **not already submitted**

**FOR OFFICE USE**

Interview Date  
\_\_\_\_\_

Notes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved  
\_\_\_\_\_

Date  
\_\_\_\_\_

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

Grade: \_\_\_\_\_

Family Code  
\_\_\_\_\_

Credit Reference  
\_\_\_\_\_

Siblings at 1.  
\_\_\_\_\_

the school 2.  
\_\_\_\_\_

**SECTION 1A: LEARNER'S PARTICULARS**

SURNAME \_\_\_\_\_

FULL NAMES AS ON BIRTH CERTIFICATE / ID DOCUMENT \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_

IDENTITY NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

AGE \_\_\_\_\_

GENDER

MALE

FEMALE

HOME & OTHER SPOKEN LANGUAGE/S HOME \_\_\_\_\_ OTHER \_\_\_\_\_

LANGUAGE/S OF LEARNING & TEACHING \_\_\_\_\_

FIRST (HL): **ENGLISH**

NUMBER OF CHILDREN IN FAMILY \_\_\_\_\_

POSITION OF CHILD IN FAMILY \_\_\_\_\_

NATIONALITY \_\_\_\_\_ COUNTRY OF ORIGIN \_\_\_\_\_ DATE OF IMMIGRATION \_\_\_\_\_

RACE

Asian

African

Coloured

Indian

White

Other

RELIGION \_\_\_\_\_

RESIDENCE

PARENTS

GUARDIANS

TRANSPORT TO/FROM SCHOOL

Motor Vehicle

Bus

Taxi

Walk

**SECTION 2A: LEARNER'S MEDICAL DETAILS**

BLOOD TYPE

O+	O-	A+	A-	AB-	AB+	B+	B-	UNKNOWN
----	----	----	----	-----	-----	----	----	---------

FAMILY DOCTOR: NAME \_\_\_\_\_ TEL NO \_\_\_\_\_

ADDRESS \_\_\_\_\_ CODE \_\_\_\_\_

MEDICAL AID: NAME \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

MAIN MEMBER INITIALS & SURNAME \_\_\_\_\_ MAIN MEMBER ID NUMBER \_\_\_\_\_

OPTION \_\_\_\_\_

1. Has the learner received all the necessary immunisations? If no, please state reason 

YES	NO
-----	----

2. Has the learner suffered from any of the following illnesses? Please indicate with an x

<input type="checkbox"/> Asthma	<input type="checkbox"/> Enteric Fever	<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> German Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Tick bite Fever
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Polio	<input type="checkbox"/> Typhoid Fever
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Malaria	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Whooping Cough

3. Does the learner suffer from any allergies? 

Yes	No
-----	----

*If yes, please give details.* \_\_\_\_\_

4. Does the learner have any special medical needs? 

Yes	No
-----	----

*If yes, please give details.* \_\_\_\_\_

5. Does or has the learner suffered from any other illnesses or disabilities? 

Yes	No
-----	----

*If yes, please give details.* \_\_\_\_\_

6. Is the learner receiving medical treatment for any condition? 

Yes	No
-----	----

*If yes, please give details.* \_\_\_\_\_

7. Is or has the learner suffered from or received treatment for any psychological or emotional challenges? 

Yes	No
-----	----

*If yes, please give details.* \_\_\_\_\_

8. Has the learner had any operations? 

Yes	No
-----	----

*If yes, please give details.* \_\_\_\_\_

Please specify any other relevant medical details

\_\_\_\_\_

**SECTION 2B: LEARNER'S MEDICAL DETAILS – CONSENT**

In a critical medical situation, please bear in mind that there may not be time to refer to the learner's records. The school therefore reserves the right to utilise the quickest medical service available.

I, \_\_\_\_\_ being the parent / legal guardian of \_\_\_\_\_ hereby agree that a medical practitioner may provide emergency treatment as may be necessary.

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

**SECTION 2C: DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY**

SURNAME \_\_\_\_\_ FULL NAMES as indicated in the ID DOCUMENT \_\_\_\_\_  
 TEL H: \_\_\_\_\_ TEL W: \_\_\_\_\_ CELL: \_\_\_\_\_  
 EMAIL ADDRESS (please write legibly) \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_

**SECTION 3: DETAILS OF FATHER / STEPFATHER / LEGAL GUARDIAN**

Complete only if **NOT** the account holder. REFER TO SECTION 8.

SURNAME \_\_\_\_\_ FULL NAMES as indicated in the ID DOCUMENT \_\_\_\_\_  
 DESIGNATION 

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	
----	-----	----	------	----	-----	------	-------	--

  
 IDENTITY NUMBER 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

  
 RELATIONSHIP \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

RESIDENTIAL ADDRESS	WORK ADDRESS	POSTAL ADDRESS

TEL H \_\_\_\_\_ TEL W \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS (please write legibly) \_\_\_\_\_

PARENTAL STATUS	<b>Learner living with Parent/S</b>	<b>Learner's Legal Guardian</b>	<b>Access Rights to Learner</b>	<b>Access Rights in an Emergency Only</b>
-----------------	-------------------------------------	---------------------------------	---------------------------------	---

**SECTION 4: DETAILS OF MOTHER / STEPMOTHER / LEGAL GUARDIAN**

Complete only if **NOT** the account holder. REFER TO SECTION 8.

SURNAME \_\_\_\_\_

FULL NAMES as indicated in the ID DOCUMENT \_\_\_\_\_

DESIGNATION

Mr	Mrs	Ms	Miss	Dr	Rev	Prof	Other	
----	-----	----	------	----	-----	------	-------	--

IDENTITY NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RELATIONSHIP \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

RESIDENTIAL ADDRESS

WORK ADDRESS

POSTAL ADDRESS

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

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

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

TEL H \_\_\_\_\_

TEL W \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL ADDRESS (please write legibly) \_\_\_\_\_

PARENTAL STATUS

<b>Learner Living with Parent/s</b>	<b>Learner's Legal Guardian</b>	<b>Access Rights to Learner</b>	<b>Access Rights in an Emergency Only</b>
-------------------------------------	---------------------------------	---------------------------------	---

**SECTION 5: DECLARATION OF PARENTS / LEGAL GUARDIANS**

We, the undersigned, \_\_\_\_\_, hereby certify that the information given by us in this Application for Admission is complete and accurate. We also agree to the conditions as set out herein.

We understand that the prescribed number of learners per class may be exceeded through the placing of a current learner that has to repeat a grade.

This application for admission will be reconsidered in the case where important relevant information, which should be brought to the school's attention, is withheld.

We have read the Code of Conduct and Dress Code and will accept an offer of placement for our child at the school in accordance with the terms and conditions set out herein. We hereby acknowledge that the onus is on us to keep the school informed of any changes to any details or information provided in this document, in writing.

**NB: The signature of both parents and / or legal guardians are required where applicable.**

\_\_\_\_\_  
SIGNATURE OF FATHER / STEPFATHER / LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MOTHER / STEPMOTHER / LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**SECTION 6A: DETAILS OF ACCOUNT HOLDER**

SURNAME \_\_\_\_\_

FULL NAMES as indicated in the ID DOCUMENT \_\_\_\_\_

DESIGNATION

Mr	Mrs	Ms	Miss	Dr	Rev	Prof	Other	
----	-----	----	------	----	-----	------	-------	--

IDENTITY NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RELATIONSHIP \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

RESIDENTIAL ADDRESS

WORK ADDRESS

POSTAL ADDRESS

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

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

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

TEL H \_\_\_\_\_

TEL W \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL ADDRESS (please write legibly) \_\_\_\_\_

**SECTION 6B: DECLARATION OF ACCOUNT HOLDER**

We, the undersigned, \_\_\_\_\_, hereby certify that the information given by the account holder in this application for admission is complete and accurate.

We accept joint and several liability to CityBabes ECD Centre for the due and punctual payment of the once-off, non-refundable enrolment fee, school fees, and any other amounts which may become due and payable to the school in respect of participation in or attendance of any extracurricular activity.

We accept the Financial Terms and Conditions of which a copy has been kept.

**NB: The signature of the Account Holder and that of a 2<sup>nd</sup> parent / a parent / or legal guardians are required where applicable.**

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF 2<sup>ND</sup> PARENT / A PARENT / LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AN AUTHORISED SCHOOL REPRESENTATIVE

\_\_\_\_\_  
DATE

## SECTION 7A: FEES, FINANCIAL TERMS AND CONDITIONS

### FEES for 2026

#### Terms and conditions

1. Registration Fee **R750-00**: NEW ENROLMENTS ONLY. This is a ONCE OFF – NON-REFUNDABLE FEE- payable for new enrolments only to secure a place at the school. This is payable together with the Annual School Administration Levy. ( Inclusive of photographs and graduation)
2. Annual School Administration Levy: R1250. Once off payment at the beginning of the year
3. Pre-School Ages 4 months -3 years - Monthly Fees (12 months) - R1 525.00 p/m: Inclusive of meals.
4. Fees are paid for 12 months and are due by the 1st of the month.
5. One month's fees upon registration are due to secure your child's position at the school.
6. A term's written notice (four month's) or a full term's fees in lieu of notice is required if you wish to withdraw your child from the school.
7. A 5% discount will apply for second sibling or third sibling who attends school at the same time.
8. A 10% discount will apply if fees are paid up for the entire year.
9. We reserve the right to deny admittance to any child whose tuition is not paid by the due date.
10. Any late payment (later than the 15th of the month) will incur a late payment penalty administration fee of R200.00 per month.
11. Should Fees not be paid by the 15th of the month, attendance will be suspended, until the account is up to date and the late payment penalty administration fee has been paid.
12. The suspension period is still payable as per normal school fees and is in no way expulsion of the child.
13. Notice will still be required, should the child be withdrawn.
14. Please note that a child registered during any date in a month, will be deemed to have enrolled from the 1st day of the month wherein enrolment takes place.

## SECTION 7B: MONTHLY PARENT SUPPLY LIST

- Nappies/Pull-ups [1 Full Pack per month as needed]
- Baby bottle and formula.
- Wet Wipes [1 pack per month or as required]
- Nappy rash cream.
- Tissues [2 boxes per Term]
- 2 Full sets of spare clothing [season-appropriate]
- Sun hat or beanie [depending on season]
- Sunscreen [one bottle per term or as required]
- Comfort items [dummy, teddy, special toy, etc, if needed.]
- Kitchen paper towels- 1x pack of 4 per term.
- 1 Bottle of disinfectant spray or hand sanitiser.

No child will be accepted back to CityBabes ECD Centre the following year if fees have not been paid up in FULL for the CURRENT year.

### **CityKidz Pre & Primary School Banking Details**

FNB- First National Bank

ACCOUNT NUMBER : 62549374974

BRANCH NUMBER : 204109  
(RMB Corporate Banking Cape Town)

1. ACCEPTANCE OF LIABILITY

- 1.1 The person responsible for the account (hereafter the Account Holder) as set out in the standard Application for Admission (hereafter the Application) herewith assumes liability for the account, alternatively binds him/herself as co-debtor and surety for payment of all fees to the school.
- 1.2 The legal guardian, as described in the Application, binds him/herself as surety and co-debtor for the payment of all legal fees by the Account Holder or any other payments that may arise from this Agreement.

2. TERMS OF PAYMENT

- 2.1 It is recorded that fees are determined at the beginning of the year and that the Account Holder is informed of the result in writing.
- 2.2 The Account Holder shall immediately inform the school if he/she has not received an invoice at the start of the academic year.
- 2.3 Fees for 11 (ELEVEN) months are payable monthly in advance by means of debit order on or before the 2<sup>nd</sup> (second) day of each calendar month or annually in advance by 31 December, depending on the fee payment option exercised by the Account Holder in the Application.
- 2.4 The School reserves the right to charge interest of 15% (fifteen per cent) on all accounts that are in arrears by 30 (thirty) days or longer.
- 2.5 Payment of monthly fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fee structure of the school.
- 2.6 In the event where an existing account is / has not been managed in the proper manner, no further Applications will be considered.

3. BREACH OF CONTRACT

In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of this Agreement, the School may in its sole discretion:

- 3.1 Refuse the learner entry to the school's premises until the breach has been remedied; or
- 3.2 Claim damages from the Account Holder and / or the surety and legal guardian; or
- 3.3 Take whatever legal steps that may be necessary.

4. GENERAL

This Agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment of consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange or other document issued or executed pursuant to or in terms of the Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or of any Agreement, bill of exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given.

5. JURISDICTION

This Agreement is subject to South African law.

6. CREDIT INFORMATION

The Account Holder, surety or legal guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the National Credit Act.

7. DOMICILIUM

The parties choose as their domicilium citandi et executandi the addresses set out in the Application.

8. LEGAL FEES

In the event where the school takes legal action against the Account Holder, he/she will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

9. CANCELLATION

18.1 The Account Holder undertakes to give 30 (thirty) calendar days written notice of termination of the enrolment of a learner, failing which the liability for the full amount of the following term's fees shall be owing.

18.2 The School shall be entitled to terminate the enrolment of any learner under the following circumstances:

18.2.1 Summarily, and with immediate effect, if the learner is guilty of any offence which, in the sole opinion of the School, renders his/her continued enrolment at the School impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the School, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such learner.

18.3 In the event of emigration, which is a long process, the school requires 1 (one) full term's written notice in advance.

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
DATE

**SECTION 8: GENERAL INDEMNITY**

1. The school and its staff as well as the Directors undertake to implement reasonable and generally acceptable measures with regard to the safety and well-being of all learners, educators and visitors to the school.
2. The school and its staff as well as the Directors do not accept any responsibility for accidents, harm or loss that may take place in the class, on the school terrain.
3. Each parent is therefore requested to complete this form as proof that you accept the position of the school and its staff as well as the Directors as set out above as well as the risks involved therewith.
4. I, \_\_\_\_\_, being the parent / legal guardian of \_\_\_\_\_ who is enrolled as such and accepted by the School, subject to the terms set out herein, indemnify the School and its staff as well as the Directors for the time being of the CityBabes ECD Centre, Reg no. 2007/01450/03) for any injury, losses or damages in general, however they may occur, that I as parent / legal guardian of the above learner may suffer as a result of any occurrence whereby the learner may be involved, whether as the causing or suffering party, whilst participating in any school activity, except if such injury, loss or damage arises as a consequence of the gross negligence or wilful misconduct of the School and its staff as well as the Directors or any person acting for or controlled by the School and its staff as well as the Directors.
5. In particular, I authorise that the aforesaid learner may be involved in all excursions undertaken by his/her group or class during school days as part of his/her learning experience and where applicable, I agree that he/she may utilise the transport arranged by the school for such excursions. I also indemnify the school and its staff as well as the Directors for any damages or losses that I as parent / legal guardian of the above learner may suffer under such circumstances and voluntarily accepts the risks associated therewith, except if such injury, loss or damage arises as a consequence of the gross negligence or wilful misconduct of the School and its staff as well as the Directors or any person acting for or controlled by the School and its staff as well as the Directors.
6. In the event of the aforesaid learner making use of the bus service to and from the School, I acknowledge that I am aware that such service is operated by an independent contractor and that neither the School and its staff as well as the Directors accepts any responsibility therefore.

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

AS WITNESSES:

1. \_\_\_\_\_

2. \_\_\_\_\_

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

**SECTION 09: PERMISSION TO USE PHOTOGRAPHS**

I understand and acknowledge that, from time to time, informal photographs are taken of the School’s learners, but that, insofar as these photographs are placed in the possession or control of the School and its staff as well as the Directors, these photographs might be used by the School and its staff as well as the Directors in the electronic and/or printed media, newspaper advertisements, magazine advertisements, brochures, flyers, posters, billboards, banners, flippers and signage on buildings and vehicles, which use will be solely for purposes of marketing the School.

As all marketing material of the School portrays excellence, the School will at all times, insofar as the use and publication of photographs are placed in the control of the School ensure that these photographs are used in good taste.

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

**SECTION 10: PERMISSION TO USE POPIA**

I/we, being the parent/s or legal guardian/s of the learner, consent to:

- a) my/our personal information being collected, processed and stored by the school in terms of the relevant provisions of the Protection of Personal Information Act 4 of 2013 (POPI) for purposes of the proper functioning, management and governance of the school, as prescribed in the South African Schools Act, 84 of 1996 and other relevant national and provincial educational legislation and policies; and
- b) the learner’s personal information (including academic, attendance, behavioural and other school-related records) being collected, processed, shared and stored by the school in terms of the relevant provisions of the Protection of Personal Information Act 4 of 2013 (POPI) for purposes of enrolment of the learner in the school, the proper functioning, management and governance of the school, as prescribed in the South African Schools Act, 84 of 1996 and other relevant national and provincial educational legislation and policies.
- c) I/we confirm that I/we have been informed that the abovementioned personal information will be dealt with in line with the school’s POPI policy, which is available on the school’s website, alternatively upon request to the school. I also confirm that I am aware that my/our rights with regards to the protection of my personal information is also detailed in this policy.
- d) I/we confirm that I/we understand that it is my/our responsibility to inform the School as soon as any of the personal information I have provided herein changes and undertake to furnish the School with such amended information as soon as possible.

Signed at .....on this ..... day of ..... 20.....

(place)

.....

**Mother/ Guardian’s Signature**

**Father/ Guardian’s Signature**

**SECTION 11: AFFORDABILITY INTERVIEW**

**OFFICE USE ONLY**

This form must only be filled in by the Administration / Financial Department or Principal

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

**Details of Parents/Guardians**

Parent 1	
Parent 2	

**Income**

Total Income Parent 1	
Total Income Parent 2	

Total Income	
--------------	--

**Less Expenses**

Rent	
Car	
Insurance	
Telephone	
Clothing	
Groceries	
Other	
Other	
Other	
Total Expenses	

**Income Less Expenses**

Total School fees per month	
Balance	
Copy of Payslip	
Copy of Bank Statement	

**Application Outcome:**

--

Credit Vetting Clerk:  School Bursar:  Principal:  Date: _____ / _____ / _____	School Stamp
--	--------------

**SECTION 12: REQUIREMENTS UPON APPROVED REGISTRATION**

CHECKLIST	TICK
1. Completed application form. (Including supporting documents)	
2. An affordability interview will be conducted by Finance or appointed secretarial staff	
3. Registration fee deposit, admin levy and first month's school fees into bank account	
4. Proof of payments must be forwarded to the school using one of the alternatives: copy by hand, fax or e-mail	

**FEES for 2026**

**Terms and conditions**

15. Registration Fee **R750-00**: NEW ENROLMENTS ONLY. This is a ONCE OFF – NON-REFUNDABLE FEE- payable for new enrolments only to secure a place at the school. This is payable together with the Annual School Administration Levy. ( Inclusive of photographs and graduation)
16. Annual School Administration Levy: R1250. Once off payment at the beginning of the year
17. Pre-School Ages 4 months -3 years - Monthly Fees (12 months) - R1 525.00 p/m: Inclusive of meals.
18. Fees are paid for 12 months and are due by the 1st of the month.
19. One month's fees upon registration are due to secure your child's position at the school.
20. A term's written notice (four month's) or a full term's fees in lieu of notice is required if you wish to withdraw your child from the school.
21. A 5% discount will apply for second sibling or third sibling who attends school at the same time.
22. A 10% discount will apply if fees are paid up for the entire year.
23. We reserve the right to deny admittance to any child whose tuition is not paid by the due date.
24. Any late payment (later than the 15th of the month) will incur a late payment penalty administration fee of R200.00 per month.
25. Should Fees not be paid by the 15th of the month, attendance will be suspended, until the account is up to date and the late payment penalty administration fee has been paid.
26. The suspension period is still payable as per normal school fees and is in no way expulsion of the child.
27. Notice will still be required, should the child be withdrawn.
28. Please note that a child registered during any date in a month, will be deemed to have enrolled from the 1st day of the month wherein enrolment takes place.

**SECTION 7B: MONTHLY PARENT SUPPLY LIST**

- Nappies/Pull-ups [1 Full Pack per month as needed]
- Baby bottle and formula.
- Wet Wipes [1 pack per month or as required]
- Nappy rash cream.
- Tissues [2 boxes per Term]
- 2 Full sets of spare clothing [season-appropriate]
- Sun hat or beanie [depending on season]
- Sunscreen [one bottle per term or as required]
- Comfort items [dummy, teddy, special toy, etc, if needed.]
- Kitchen paper towels- 1x pack of 4 per term.
- 1 Bottle of disinfectant spray or hand sanitiser.

No child will be accepted back to CityBabes ECD Centre the following year if fees have not been paid up in FULL for the CURRENT year.

## **CityKidz Pre & Primary School Banking Details**

FNB- First National Bank  
ACCOUNT NUMBER : 62549374974  
BRANCH NUMBER : 204109  
(RMB Corporate Banking Cape Town)

### **NOTICE:**

- I. Registration and 1<sup>st</sup> month school fee must be paid before the learner will be accepted into a class.
- II. Parents need to receive a Reference number from the school via SMS or telephonically before paying any school fees into the bank account.
- III. Parent/s / guardian or person/s legally entitled to custody of the child will receive an invoice/statement at the end of every month.
- IV. Parents/Guardians really need to regard school fees as a priority in order to enjoy the excellent services the school provides.
- V. All monies received are allocated at the school's discretion.
- VI. Children are allocated to classes solely at the school's discretion. The school reserves the right to change, replace, and/or rotate all staff and/or to assign or reassign children to classes, without notice.

**CityBabez is a private school and is not subject to the Government School Regulations.**

**SECTION 13: UNIFORM REQUIREMENTS- CityBabes****UNIFORM SUPPLIERS**

Settler's Store is located at 93 Broadway (Albertina Sisulu), Bez Valley. Tel. 011 615 1350.

Girls	
CityBabes 1-2 year olds Navy T-shirts Additional (Red, Yellow and Lime Green depending on age group allocation) Special occasions	CityBabes 1-2 year olds Navy T-shirts Additional (Red, Yellow and Lime Green depending on age group allocation) Special occasions
CityBabes 1-2 year olds Navy blue drawstring shorts.	Navy blue drawstring shorts
CityBabes sun hat and navy beanie	CityBabes sun hat and navy beanie
Art bibs- supplied by school	Art bibs- supplied by school
Comfortable clothes that are easy to get on and off would be most appreciated by your child and by the staff, and we recommend just basic leggings/joggers for nursery clothes, something comfortable and easy to change into.	Comfortable clothes that are easy to get on and off would be most appreciated by your child and by the staff, and we recommend just basic leggings/joggers for nursery clothes, something comfortable and easy to change into.
CityBabes 1–2-year-olds Navy CityBabes blanket with name embroidered	CityBabes 1–2-year-olds Navy CityBabes blanket with name embroidered

**MONTHLY PARENT SUPPLY LIST**

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- Comfort items [dummy, teddy, special toy, etc, if needed.]
- Kitchen paper towels- 1x pack of 4 per term.
- 1 Bottle of disinfectant spray or hand sanitiser.