



PARENT/GUARDIAN DECLARATION AND CONTRACT OF ENROLMENT FOR 2027:

The person/s whose details appear in this contract, declare that he/she/ they are the parent/s or legal guardian/s of the Child/Children, and any supplementary issue thereof. The rights and obligations contained in this Contract are binding on every person who signs this Contract and must be carried out in order for the Child to be successfully enrolled and retained at Blossom Brains.

1. GENERAL OBLIGATIONS OF THE SCHOOL

- 1.1. For the sake of clarity, this Agreement regulates the enrolment and admission of your Child to the Centre and also regulates the relationship between the School, your Child, yourself and/or a Third Party once your Child is admitted and enrolled with Blossom Brains.
- 1.2. While your Child remains a student of Blossom Brains, we undertake to exercise **reasonable skill and care** in respect of his her education and welfare. This obligation will apply **during educational hours**.
- 1.3. We shall advise you if we have any concern about your Child's progress, but **we do not undertake to diagnose any learning disability or other condition**.
- 1.4. **Indemnity:** You, the parent/guardian acknowledge that the Centre does not take any responsibility for any theft or loss of, or damage or destruction to any property of whatever nature brought on the Centre's premises. This includes any injuries sustained on the premises of Blossom Brains.

2. PARENT'S GENERAL OBLIGATIONS

- 2.1. You will **inform the Centre in writing**, prior to entering into this Contract, of **any special educational needs** of your Child known to you.
- 2.2. In order to fulfil our obligations, we need **your co-operation**. Without detracting from any specific obligations contained in this contract, you are required to: fulfil your own obligations under these terms and conditions; **encourage** your Child in his or her studies, and give **appropriate support** at home; keep the Centre informed of matters which affect your Child; maintain a courteous and constructive relationship with Blossom Brains.



3. POLICIES OF THE SCHOOL

- 3.1. You declare that you have **read and understood** the Policies of Blossom Brains.
- 3.2. You undertake to **comply with all the rules** and regulations of the Centre and acknowledge that it is your responsibility to make yourself familiar with the policies.
- 3.3. You acknowledge that **you are responsible for your Child**, whether on the property of the Centre or not, **after the notified finishing times of education**.

4. PAYMENT OF FEES

- 4.1. You have absolute responsibility for the payment of any fees applicable to your Child attending the Centre. You also acknowledge that School fees are payable in **advance and that Electronic Funds Transfers (EFTs) are the only acceptable forms of payment**. If you are unclear about any of your financial obligations, the school will on request provide a written explanation.
- 4.2. Blossom Brains fees are **billed over 12 months**. Monthly fees for Blossom Brains are **R5300 p.m for the first child. R5100 p.m for the second child**. If you wish to **pay annually an 8% discount** will be given.
- 4.3. The full year's fees are **payable over 12 months** if the student starts at any time in the first Term. If the student starts from the second Term onwards, the fees are charged pro-rata. School fees are **payable before or on the 3rd of each month**.
- 4.4. You and/or the Third Party accept the **Additional Goods/Services**. The School will, as far as reasonably possible, **give you notice prior** to providing such Additional Goods/Services. You and/or the Third Party expressly agree to the delivery or performance of the Additional Good/ Services and accept the liability for payment thereof. You and/or the Third Party acknowledge that the Additional Goods/Services are not unsolicited, within the meaning of the Consumer Protection Act or otherwise and that you have expressly accepted such Additional Goods/ Services.
- 4.5. You are entitled to **elect** (at enrolment and prior to the beginning of each school) whether to **pay school fees annually or monthly**.
- 4.6. **Bank:** FNB Branch: 250655, **Account name:** Blossom Brains, **Account number:** 62836036625, **Account type:** Cheque, **Reference:** Child's Name & Surname, Blossom Brains **Affiliation code:** 10183



5. TERMINATION AND NOTICE REQUIREMENTS

5.1. You have the right to cancel this contract at any time, for any reason, provided that you give the Centre **one month's notice, in writing**, of this intention before the withdrawal of the student from the Centre.

6. DECLARATION:

I/we, the undersigned, do hereby declare that I/we have read and understood this Contract.

SIGNED by the Child's / Children's' father/mother:

_____	_____
Name Surname	Signature
Relation to child: _____	Date: _____

ACCEPTED by the Centre at on _____ 20____
by _____ (Nadia/Clarice).



STUDENT/S INFORMATION:

	Name and Surname	Current Grade	Age	ID Number
Child 1				
Child 2				

PARTIES SIGNATURES

Father: _____ Date: _____

Mother: _____ Date: _____

Guardian(if applicable): _____ Date: _____



CONTACT DETAILS

	Child's/Children's Father	Child's/Children's Mother	Child's/ Children's Guardian
Title & Surname			
First Name			
Identity Number			
Home Address			
Email			
Cell Phone			