HOPE AND LIGHT COMMUNITY WELFARE NPC
EARLY CHILDHOOD DEVELOPMENT CENTRE

ECD Application Form 2026 / 2027

Application for Class ..... in 2026 / Class ..... in 2027 (Version 2024.06.18)

NAME OF CHILD: _____ Date of Birth: ___/___/20___

Class Group	For 2026: Born (year)	For 2027: Born (year)	X
Grade RR	**2021**	**2022**	
3–4-year-old	**2022**	**2023**	
2-3 year old	**2023**	**2024**	

*** Please note: Child must be potty trained**

FOR OFFICE USE ONLY Date of application: .....

ACCEPTED: ☐ WAITING LIST: ☐ NOT ACCEPTED: ☐

Name and Signature of Class teacher: ..... Date: .....

School fees per year: R5800 (for 2026)

(This is an annual fee, payable over 10 month).

PLEASE BRING A COPY OF THE FOLLOWING DOCUMENTS:

- Recent 1 ID photos (Learner) submitted
- Copy of child's birth certificate / ID Passport
- Copy of child's Clinic Card
- Parents' Guardians' ID document / passport
- Please provide certified copies of visas and valid work permits where required
- Proof of income: salary / payslip / SASSA slip and 3 months' official bank statements
- Application fee of R150.00 to cover administrative costs for all new applications

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Reg. No. 2004/000828/08 · NPO No. 145/627
Directors: Niel Immelman - Judith hill

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Hope and Light
COMMUNITY WELFARE

PERSONAL

INFORMATION OF CHILD:

NAME AND SURNAME:	
HOME ADDRESS:	
POSTAL CODE:	
DATE OF BIRTH:	
HOME LANGUAGE:	
OTHER LANGUAGES:	
GENDER:	
MEDICAL CONDITION/S:	

ADDITIONAL INFORMATION:	
NUMBER OF CHILDREN IN THE HOUSEHOLD / FAMILY	
NAMES OF CHILDREN	**AGES OF CHILDREN**

WHO SUPERVISES CHILDREN IN THE AFTERNOON:
NAME 1:
ADDRESS:
TELEPHONE NUMBERS:
NAME 2:
ADDRESS:
TELEPHONE NUMBERS:

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PERSONAL

INFORMATION OF PARENTS / GUARDIANS

MOTHER / GUARDIAN 1			
NAME AND SURNAME:			
OCCUPATION:			
Identity (ID) number:			
HOME ADDRESS:			
WORK ADDRESS:			
TEL NUMBER (HOME):		**CELL PHONE NUMBER:**	
E-MAIL ADDRESS:			

FATHER / GUARDIAN 2			
NAME AND SURNAME:			
Identity (ID) number:			
OCCUPATION:			
HOME ADDRESS:			
WORK ADDRESS:			
TEL NUMBER (HOME):		**CELL PHONE NUMBER:**	
E-MAIL ADDRESS:			

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RULES AND REGULATIONS OF THE CENTRE

1. The ECD is open Monday to Thursday, 06h45-16h00 during **summer** season. Learners MUST be collected by 16:00.
2. On Fridays, the ECD will be open from 06h45-13h00. Learners MUST be collected by 13:00.
3. During **WINTER** the ECD will open from Monday to Thursday, 07h00-15h45. Learners MUST be collected by 15:45.
4. The ECD will be open during school holidays.
5. The ECD will be closed on Public Holidays.
6. Should your child/ren be absent from the ECD due to ill health/other reason you need to inform the ECD Management immediately.
7. Children cannot be dropped off at the gate, they must be handed over to the staff on the premises.
8. par
9. Only a parent or nominated person may collect a child from the ECD.
10. Parents or a nominated person must come to the office to inform staff that they are collecting a child.
11. No jewellery may be worn by any child and the ECD Staff will not be held responsible should the items disappear/be stolen or damaged.
12. Hair should always be neat, tidy, and clean. Hair should be cut/braided/tied.
13. Children that are sick should be kept at home and the ECD should be informed of this immediately.
14. NO fizzy drinks or chips will be allowed. ONLY a sandwich, fruit, juice, water will be allowed.
15. NO sweets or junk food will be allowed.
16. NO electronic devices (cell phones, tablets, electronic games, laptops, etc.)
17. NO firearms are allowed on the ECD premises. Including water guns, toy guns, artificial weapons etc.
18. NO unbecoming behaviour will be allowed on the ECD premises (drunkenness, rudeness, etc.)
19. School fees, outing fees, fundraising fees, and all other fees must be paid on time as discussed.
20. Arear school fees will not be allowed to accumulate and must be settled immediately, or legal procedures will be implemented at the cost of the parent/guardian.
21. No cash will be received for the payment of school fees please make a bank deposit.
22. Please retain your bank deposit as proof of payment.
23. Parents are liable for damage to school property caused by their child/ward and will have to pay the amount as determined by the school for replacement / fixing.
24. Parents and or responsible guardians must please submit in writing their objection to Hope and Light from publishing photographs and videos of their children on social media and other platforms. These photos and videos will solely be used for fundraising purposes advertising and to promote the work that is being done at Hope and Light. Should no objection be obtained from the parent and or responsible guardian, then Hope and Light will assume that the parent and or responsible guardian endorses this approval.

I, _____parent/guardian of _____
understand and accept the above-mentioned rules. I commit to support Hope and Light and the ECD centre in their endeavours to educate my child.

Signature: _____ Date: _____

Witness: _____ Date: _____

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PAYMENT OF SCHOOL FEES

Please note that non-payment of school fees will result in legal recourse against the parent and or guardian.

Name of Child: _____ Male/Female: _____

Date of Birth: _____ Age: _____

PERSONAL DETAILS OF PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES

Parents and or guardians responsible for the payment of school fees will be held liable for unpaid fees.

Full Name: _____

ID Number:

What is your relationship to the child:

Mother	Father	Other

If other, state the relationship: _____

Tel: (home): _____ **(work):** _____ **(cell):** _____

Address: (home): _____

_____

(work): _____

_____

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PLEASE INDICATE TERMS OF

PAYMENT WITH A "X" BELOW

OPTIONS

FULL PAYMENT FOR THE YEAR 2025	**R 5800.00**	
FULL PAYMENT – 5% discount (By 1 February 2026).	**R5510.00**	
PAYMENT OVER 10 MONTHS	**R 580.00 (2026)**	
MONTHLY PAYMENTS MUST BE MADE BY THE 7TH OF EACH MONTH		

- This is an annual fee, payable over 10 months, but parents are liable for the full amount if their child is admitted.
- A discount of 5% will be granted for school fees paid in full by 1 February 2025.

I, _____ parent/guardian of _____

declare that the above information is correct and true, undertake to pay the school fees to Hope and Light School as required, and I am aware of the fact that should I not pay the school fees, the school may institute steps to recover it. Further that the non – payment of such school fees impact on the continued registration of the learner at the school and could also lead to suspension.

Signature: _____ Date: _____

BANK DETAILS

Bank: First National Bank (FNB)

Bank Account Number: 623 884 043 12

When making a payment, please use your child's name and surname as a reference when making a bank deposit.

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EMERGENCY AND MEDICAL INFORMATION

IN CASE OF EMERGENCY	
1. WHO TO CONTACT	
TEL NUMBER	
RELATIONSHIP TO CHILD	
2. ALTERNATIVE CONTACT PERSON	
TEL NUMBER	
RELATIONSHIP TO CHILD	
MEDICAL INFORMATION	
ANY ALLERGIES (FOOD/MEDICATION/ENVIRONMENT) **PLEASE NAME THEM:**	
DOES THE CHILD HAVE ANY CHALLENGES WITH ANY OF THE FOLLOWING:	
SPEECH:	
TEETH:	
EYES:	
URINATION:	
MOBILITY (WALKING/RUNNING):	
OTHER:	
FAMILY DOCTOR:	
TELEPHONE NUMBER:	
ADDRESS:	

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Hope and Light
COMMUNITY WELFARE

PERMISSION FORM FOR

THE COLLECTION OF CHILD / CHILDREN

I, _____, hereby give the following person/persons permission to collect my child/children from Hope and Light ECD and accept all responsibilities for the child once he/she has left the premises of Hope and Light ECD.

NAME OF CHILD/CHILDREN:

1. _____
2. _____
3. _____
4. _____

PERSON COLLECTING CHILD/CHILDREN

NAME OF PERSON	RELATION TO CHILD	CONTACT

_____ _____

PARENT SIGNATURE: **DATE**

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INDEMNITY FORM

Full Name: _____

Surname: _____

Address: _____

I, _____, (parent/guardian) hereby agree that my child/children,

_____, (name/s of child/ren) may participate in all ECD outings/events/activities while at the ECD Centre.

I, _____, (parent/guardian) hereby agree that I will not hold Hope and Light ECD Centre or Hope and Light Community Welfare responsible for any injury, loss or damage suffered or incurred if all necessary steps have been taken to protect and keep my child/ren safe while on the outings/events or at the ECD Centre.

I, _____, (parent/guardian) hereby understand that should my child/ren be in need of emergency medical care that it will be my responsibility as the parent/guardian to facilitate the medical care and it will be at my expense/cost.

I, _____, (parent/guardian) hereby declare of my own free will that I have read and understand the condition set out in the Indemnity form presented to me by the Hope and Light ECD Centre.

_____ _____

SIGNATURE: **DATE:**

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Hope and Light
COMMUNITY WELFARE

Media Release Consent Form

In an effort to share the work of Hope and Light Early Childhood Development in the community, we develop our own publications and promotions (including websites, social media sites, and print materials) and sometimes work with local media like newspapers or television stations. request from community partners and funders to share images and stories of program participants.

Your answer on this form will not affect your student's ability to participate in programming. Please speak with the Principal if you have any questions or concerns.

I give permission to Hope and Light Early Childhood Development and their funders to use images and videos of my child taken while participating in programming for organization and partner publications including social media, website, materials such as printed or electronic newsletters or brochures, fundraising efforts, television, newspaper, radio.

I give permission for my child's first name to be used in connection with images or videos used in these public materials.

Child's name: _____

Parent name: _____

Parent Signature: _____ Date: _____

I do not give permission for images or videos of my child to be used for any purpose

Child's name: _____

Parent name: _____

Parent Signature: _____ Date: _____

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