

Stimulation Centre for Children with Severe Disabilities

35/1 Bernard Street, Poortview, Roodepoort - Tel: 082 903 0087 - Reg No. 034-468 NPO

www.pathwaysroodepoort.org.za

MONTHLY CENTRE FEES DEBIT ORDER FORM

Parent Name & Surname:		
Child Name & Surname:		
Address:		
Signatory Name:	Date:	
Contact Tel no:	Fax No:	
Email Address:	ID No:	

Abbreviated name as registered with the bank: PATHWAYS

The details of my bank account are as follows

Bank:	Branch/Town:
Branch No:	Account Name:
Account No:	Account Type:
	Savings/Transmission/Chq

I/we hereby request and authorize you to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) all fees as indicates below and as may be adjusted yearly.

• Amount in Rands	Amount in Words
R4004.00 per month	School Fees (Three Thousand Six Hundred and Forty Rand only)
R4672.80 per month	School Fees with Aftercare (Four Thousand Three Hundred and Forty Five Rand only)
R 550.00 per month	Transport Fee – Single Trip (Five Hundred Rand only)
R1 100.00 per month	Transport Fee – Double Trip (One Thousand Rand only)
R	Total Fee Amount to be debited each month during 2018

My/our preferred payment date is

<input type="checkbox"/> 27 th of each month	<input type="checkbox"/> 1 st of each month
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I/We hereby authorize you to issue and deliver payment instructions to the bank for collection against my/our abovementioned account at my/our above mentioned bank (or any other bank or branch to which I/We may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the agreement, and commencing on the commencement date and continuing Until this authority and mandate is terminated by me/us by giving you notice in writing of no less than 30 calendar days.

Should such fees increase/decrease at any stage I/We authorize Pathways Roodepoort to adjust the amount to be debited. I/We authorize and instruct Pathways Roodepoort to debit the total of any amount owed by me/us to Pathways Roodepoort.

I/We agree to pay any banking charges relating to this debit order instruction. In the event that payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the agreement. A payment reference is added to this form before the issuing of any payment instruction. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.





CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

ASSIGNMENT

I/We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the agreement, this Authority and Mandate cannot be assigned to any third party.

Signed: _____ Name: _____ on this _____ day of _____ 20 _____

SIGNATURE AS USED TO IDENTIFY ME/US AT THE ABOVE BANK

On completion forward original to Pathways Roodepoort.

**All communication related to this debit order must be done in writing, dated and signed.
Note 30 Day notice period**



reaching for our highest Potential



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Indemnity Document

Pathways Roodepoort will do its utmost to ensure the safety of your child at the centre, extra activities and during transportation. Please complete the following indemnity form.

I, the undersigned, _____ parent/s - guardian/s of _____ herby give my/our full permission to attend Pathways Roodepoort premises (35/1 Bernard Rd - Poortview, Roodepoort). I/we understand that I/we do so at own risk and will not hold Pathways Roodepoort liable, should anything happen during centre hours.

And I/we therefore

1. Delegate to Pathways Roodepoort, its Head and his/her representatives, parental powers over my child during any centre activity, in the classroom, on the centre grounds or any other centre activities undertaken and during transport to and from these activities.
2. Understand that all centre or centre related activities are undertaken at our/my child's own risk.
3. The parent/s - guardian/s accept that personal possessions of the child are not covered in any risk insurance by Pathways Roodepoort and that the parent/s - guardian/s are responsible for supplying adequate cover for the child's possessions.
4. The parent/s guardian/s accepts liability for any loss or damage suffered by Pathways Roodepoort arising from any conduct of the child however caused.
5. The parent/s - guardian/s confirm any change in information supplied in this arrangement, including but not limited to the parent/s - guardian/s marital status, residential status or employment status does not alleviate the agreement made herein, and any such change will be reported immediately, in writing to Pathways Roodepoort.
6. The parent/s - guardian/s acknowledge that the inability of the child to attend the centre or the absence of the child from the centre does not relieve the obligation to pay centre and transport fees.
7. One calendar month notice must be given in writing of child's intention to leave Pathways Roodepoort or three months notice will be billed and any payable in lieu of notice.
8. The parent/s - guardian/s confirm that all information herein is accurate, correct and complete.
9. The parent/s - guardian/s confirm that they have read and understand the rules and regulations as put forth in this agreement.

Herewith I/we as parent/s guardian/s agree that this indemnity shall commence on the date of signature hereof remain in force and effect for the duration of the child enrolment at Pathways Roodepoort.

Thus done and signed at _____ on this ___ day of _____ 20__

	SIGNED	WRITTEN NAME	DATE
Father / Parent Guardian 1			
Mother / Parent Guardian 2			
Witness			
Witness			

To be signed by both parents and / or guardian/s and witnesses.



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Medical Information

Date: _____

Full Names (child)	
D.O.B	
Gender	
Diagnoses	
Allergies	
Medical Aid Scheme	
Membership No	
Name of Doctor	
Doctor Tel No	

Is your child taking medication

Yes		No	
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Please state medication*

Morning	
Midday	
Evening	

Parent / Guardian Details

Full Names	
ID Number	
Contact Number	
Email Address	

Parent / Guardian Details

Full Names	
ID Number	
Contact Number	
Email Address	

Caregiver appointed by Parent / Guardian

Full Names	
ID Number	
Contact Number	
Email Address	

In the event of an emergency we authorise the Centre or the responsible staff member to employ the services of an emergency service, medical doctor, hospital or other competent person. Any cost for such service will be carried by the signatory/s.

Because medicine dosages are adapted/changed for your child it is your responsibility to ensure that we have the latest information on record.

Signature _____ Print name in full _____ (Father)

Signature _____ Print name in full _____ (Mother)



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Dear Parents

Pathways Roodepoort is requesting your permission for photographs of your child. If you give your permission, the centre may publish photographs of your child in a variety of ways. The publications could include, but are not limited to, centre newsletters (online and in hard copy), on the Pathways Roodepoort official website, facebook page, centre annual magazines and local newspapers. If published, third parties would be able to view the photographs.

If you sign the attached form it means that you agree to the following:

1. The centre is allowed to publish photographs of your child as many times as it requires in the ways mentioned above.
2. Your child's photograph may be reproduced either in colour or in black and white.

Whilst every effort will be made to protect the identity of your child, Pathways Roodepoort cannot guarantee that your child will not be able to be identified from the photograph.

If you agree to permit the centre to take photographs of your child, and publish photographs of your child in the manner detailed above, please complete the consent form and return to the centre.

This consent, if signed will remain effective until such time as you advise the centre otherwise.

I agree, subject to the conditions set out above to the taking of photographs of my child and to be used by Pathways Roodepoort. I also agree to the publication of photographs. I will notify the centre if I decide to withdraw this consent in writing.

Child's Name: _____

Signature of Parent: _____

Print Name: _____

Date: _____





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January 2019 Shopping List

- 1 x Sun Block factor 50+
- 1 x Toothbrush
- 1 x Toothpaste
- 2 x Swimming towels
- 1 x Swimming costume
- 1 x Hat/Cap
- 2 x Face clothes
- 6 x Wet wipes to keep in box (extra)
- 2 x Pritt glue
- 1 x Lever Arch file
- 2 x Rolls of Black Bags
- 1 x Shaving cream
- 1 x 9 Toilet Rolls
- 1 x Ream of printing paper
- 1 x Aqueous Cream / Vaseline
- 1 x Deodorant for older kids
- 1 x Muffin Mix
- 1 x Box Jelly
- 1 x Blank Communication Book
- 1 x Jumbo Crayons





Stimulation Centre for Children with Severe Disabilities
PO Box 6010, Westgate, 1734 - Tel: 082 903 0087- Reg No. 034-468 NPO
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Pathways Roodepoort
35/1 Bernard Street
Poortview
Roodepoort

Banking Details

Please see below the banking details for Pathways Roodepoort;

Bank:	ABSA
Account name:	Pathways Roodepoort
Account type:	Cheque
Account number:	4059745332
Branch:	Florida
Branch Code:	630341

Warm Regards
Sunette Pretorius
078 571 9096





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Enrolment Contract

Date: _____

Parent / Guardian Details

Full Names	
ID Number	
Contact Number (Home)	
Contact Number (Work)	
Contact Number (Cell)	
Email Address	
Physical Address	
Postal Address	

Parent / Guardian Details

Full Names	
ID Number	
Contact Number (Home)	
Contact Number (Work)	
Contact Number (Cell)	
Email Address	
Physical Address	
Postal Address	

Child information

Full Names	
ID Number	
Gender	
Age	
Medical Diagnosis	

Terms and Conditions

Enrolment

Signed enrolment forms create a binding agreement from commencement date to December of each year. Attendance at workshops and parents days is compulsory. Notice will be given in good time. Assistance with fundraisers in any way possible is required from each family. Debit orders will run on the 27th and 1st of each consecutive calendar month. Parents will be liable for all banking and related costs in the event of debit orders are dishonored for any reason whatsoever.

Centre Fees

This agreement is binding and cancellation is subject to the standard conditions set out hereunder. All centre fees and transport fees are payable in advance and are payable as usual during the child's absence, due to illness or if away on holiday over a 12 month period. Notification of any changes from half day to full day must be given in writing. The parent undertakes to confirm attendance and the details thereof not later than 1 November of each year. Should this not be done it will be deemed that attendance remain unchanged for the following year and the parent will be liable for all costs in this regard. Any default will result in the child being refused access to the premises. This will however not affect the claim from Pathways Roodepoort for the outstanding amount and the parent will be fully liable and responsible for all amounts. Centre fees are payable notwithstanding attendance in any way whatsoever as the expenditure for Pathways are calculated on an annual basis. Any default may result in the entire amount becoming owing immediately without any additional notice. The centre reserves the right to refuse access to the centre should the payments not be adhered to. The onus is on you, the parents/guardian to ensure that payments are made on time.

Late collections Fees

Centre hours ends at 14:00. Aftercare ends at 17:30 late collections will be charged R100 per 15 minutes late

Transport Fees

Transport Fees are payable over a 12 month period. It is compulsory to sign a debit order form for the collection of fees. The provision of the transport service depends on availability, location of residence and bus route.

Payment

The signatory/s hereby consents to the payment of the centre fees according to the terms and conditions stipulated in this contract. Furthermore the signatory/s binds himself/herself/themselves to Pathways Roodepoort as surety/s and principal debtor/s for the payment of all monies, which may be due as a result of this contract.

Period

The period of this contract shall be indefinite and may be cancelled by either party giving 1(one) months written notice or 1 (one) month's fee paid in lieu of notice.

Indemnity

The signatory/s expressly indemnify Pathways Roodepoort, it's landlords, agents or employees from being held responsible or liable for any loss or damage, death, illness, loss or injury, directly or indirectly, consequential or otherwise to the signatory/s, his or her spouse and/or child in terms of this agreement while engaging in any activity of the centre while on the centre premises or any other such place where such activities are engaged in.

Medical Emergency

In the event of an emergency we authorise the centre or the responsible staff member to employ the services of an emergency service, medical doctor, hospital or other competent person, any cost for such service will be borne by the signatory/s.

Speciality service and Therapy

Special therapy (accounts (physiotherapy / occupational / speech) are a private arrangement between parents and the practice. Therapy accounts must be settled in cash by parents and it is the responsibility of the parents to submit invoices to their medical aid schemes. The parents will remain solely responsible for all such or related costs whether it is honoured or accepted by the medical aid or not.

Any other person with reference to speciality service and therapy entering the premises on behalf of the parents will be done by prior written authorisation for such person by the centre manager. In such event all such person(s) will have to adhere to all the rules, regulations and determinations of Pathways Roodepoort at all times. Such person(s) will not be deemed an employee of Pathways Roodepoort in any way whatsoever. The parents must ensure that there is a written agreement between themselves and said person and the parents must ensure such person(s) against any eventuality and maintain such insurance for the duration of the person(s) presence on the premises of Pathways.

Outings

Outings will be charged as per outing and when they occur.

Daily Hygiene and Cleanliness

Pathways Roodepoort expects all the children to arrive at the centre bathed, cleaned and dressed in clean clothes. Should your child be unfit to come to school due to health reasons, please make sure to keep them at home. Because our children's immune systems are easily compromised. We require respect for our facilitators and fellow classmates to adhere to daily basic hygiene routine.

Centre Fees 2019

Fees	Monthly	✓	Quarterly x 4 terms	✓	Annum-5%discount	✓
Centre Fees 06:00 – 14:00	R4004-00 x 12		R12012-00 x 4		R45 645.60	
Full Day Fees 06:00 – 17:30	R4672-80 x 12		R14018.40 x 4		R53269.92	
Transport Fees Single Trip	R550-00 x 12		R1650-00 x 4		R 6 600-00 (Disc N/A)	
Transport Fees Double Trip	R1100-00 x 12		R3 300-00 x 4		R13 200-00 (Disc N/A)	

Payment selection made and entered into between Pathways Roodepoort of the first part (herein referred to as centre)

Name	
ID Number	
Designation / Relationship	
Signature	
Name	
ID Number	
Designation / Relationship	
Signature	

Parent/Guardian/Responsible party (hereinafter referred to as 'signatory/s') of the second part.

I/We have selected to pay using the above service option selected via debit order.

THIS CONSTITUTES THE ENIRE AGREEMENT BETWEEN THE PARTIES AND NO OTHER AGREEMENT WILL BE OF ANY FORCE OR EFFECT UNLESS REDUCED TO WRITING, SIGNED BY THE PARTIES AND ATTACHED TO THIS AGREEMENT.

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

Commencement date at centre.....

Name

Witness 1

Name

Witness 2

We/I the signatory/s, hereby acknowledge that we/I have read and fully understand and agree to abide by Pathways Roodepoort centre policies. We/I state that we/I am/are duly authorised to sign this document and that to the best of my/our knowledge all the information provided is true and correct and contains no omissions. This agreement will be fully enforceable in any court of law. We/I agree to inform Pathways Roodepoort in writing of any changes from time to time as may be necessary.