



**Disney Academy 2026**

**APPLICATION FORM**

**Principal- Halima Cassim**

**Contact number- 0825050196**

**Email Address- disneyacademy81@gmail.com**

**Address- 81 Monument RD, Lyttleton, Centurion**

**COPIES OFF:**

**I'D Copies of parents/guardian.**

**Copy of unabridged birth certificate**

**Copy of the clinic/immunisation card (where all the immunisations were taken according to age)**

**Copy of medical aid card (NOT REQUIRED IF YOU NOT ON MEDICAL AID)**

**(Please note, it is the responsibility of the parents to hand in all relevant documents to the school, if we have an emergency and the school does not have the relevant documents, Disney Academy takes no responsibility)**

**If any of the information on this form changes it is the responsibility of the parents to update the information with Disney Academy.**

**Note: The learner will only be released to the person/persons completing the enrolment process, if an unknown person is sent for pick-up, please inform the principal. A release code will be issued.**

**INITIAL EACH PAGE- BOTTOM RIGHT CORNER**

**ENROLMENT FORM**

**CHILD'S INFORMATION**

**Name** \_\_\_\_\_

**Surname** \_\_\_\_\_

**Preferred name** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**Age of the child**

<b>Years-</b>	<b>Months-</b>
<b>Male-</b>	<b>Female-</b>

**Up until now where has your child been  
(tick 1)**

<input type="checkbox"/>	<b>Home-</b>	<input type="checkbox"/>	<b>Creche</b>	<input type="checkbox"/>
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**Name of the creche and reason for leaving** \_\_\_\_\_

\_\_\_\_\_

**Is the learner potty trained?**

<b>Yes</b>	<b>No</b>	<b>Almost</b>
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**Is the child's immunisation up to date according to  
age?**

<b>yes</b>	<b>No</b>
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**If you have ticked no, reason for the delay** \_\_\_\_\_

\_\_\_\_\_

**Any allergies that the school needs to know off (bees, food, asthma) E.T.C**

\_\_\_\_\_

**Note: If not disclosed Little Toddlers take no responsibility on any allergic reaction the child might come to. It is the parent's responsibility to update the school if any allergies arise during the duration the child is in Little Toddlers.**

**List of any operations/physical or mental disabilities**

\_\_\_\_\_

\_\_\_\_\_

**Indicate any special precautions to be taken in the care of your child**

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**FAMILY DOCTORS INFORMATION**

**Practice**

**name** \_\_\_\_\_

**Doctors name and**

**surname** \_\_\_\_\_

**Doctors work**

**number** \_\_\_\_\_

**Business physical**

**address** \_\_\_\_\_

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**PARENTAL/GUARDIAN INFORMATION**

**MOTHERS INFORMATION**

**Name and**

**surname** \_\_\_\_\_

**Relation to the**

**child** \_\_\_\_\_

**Type of I'D**

<b>S.A I'd</b>	<b>passport</b>	<b>other</b>
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**WhatsApp**

**number** \_\_\_\_\_

**Cell**

**number** \_\_\_\_\_

**Personal email**

**address** \_\_\_\_\_

**Residential address** \_\_\_\_\_

**Medical aid group**\_\_\_\_\_

**Medical aid number**\_\_\_\_\_

**WORK INFORMATION**

**Company name**\_\_\_\_\_

**Occupation/position**\_\_\_\_\_

**Company physical address**\_\_\_\_\_

**Period of service**\_\_\_\_\_

**Working hours**\_\_\_\_\_

**Work number and Ext**\_\_\_\_\_

**Work email address**\_\_\_\_\_

**Person responsible for the payment of fees**\_\_\_\_\_

**FATHER INFORMATION**

**Name and surname**\_\_\_\_\_

**Relation to the child**\_\_\_\_\_

**Type of I'D**

<b>S.A I'd</b>	<b>passport</b>	<b>other</b>
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**WhatsApp number**\_\_\_\_\_

**Cell number**\_\_\_\_\_

**Personal Email address**\_\_\_\_\_

**Residential address**\_\_\_\_\_

**Medical aid group**\_\_\_\_\_

**Medical aid number**\_\_\_\_\_

**WORK INFORMATION**

**Company name**\_\_\_\_\_

**Occupation/position**\_\_\_\_\_

**Company physical Address**\_\_\_\_\_

**Period of service**\_\_\_\_\_

**Working hours**\_\_\_\_\_

**Work number and Ext**\_\_\_\_\_

**Work Email address**\_\_\_\_\_

**Person responsible for fees**\_\_\_\_\_

**INCASE OF EMERGENCY (Other than the parents who can be contacted**

**Name and surname**\_\_\_\_\_

**Relation to the child**\_\_\_\_\_

**Work number**\_\_\_\_\_

**Cell Number**\_\_\_\_\_

**Email address**\_\_\_\_\_

**Residential Address**\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONCENT**

**Little Toddlers reserves the right to, in case of an emergency, summons its own doctor or any other doctor who may be available at a time of emergency, if the child's usual doctor as indicated in the application form is unavailable. The parents shall in such cases support the actions of the school and undertake to ascertain the circumstances surrounding the emergency from the school. Cost for which the parents are liable.**

**The school undertakes to take all reasonable steps to prevent accidents or injuries to the children. Little Toddlers will under no circumstances, is held responsible for any sickness or injuries the child may incur whilst under the supervision of the school irrespective of the circumstances prevailing or due to circumstances beyond the school's control.**

**Please sign below so that we can take appropriate action on behalf of your child.**

**I hereby give my/our consent for my/our child.**

**Signature**\_\_\_\_\_

**Date** \_\_\_\_\_

**MONTHLY FEES**

**Should your child for whatsoever reason only stay for part of the first enrolment month, the registration fees as well as the monthly payment will be forfeited.**

**Should your child for whatsoever reason leave during the middle of the month no pro-data will be refunded.**

**DECEMBER FEES SHOULD BE PAID IN FULL**

**THIS CONTRACT RUNS FOR A FULL 12 MONTHS AND THE MONTH IS PAID IN FULL IRRESPECTIVE OF HOLIDAYS AND DAYS ABSENT.**

**November and December will not be accepted as a notice giving month. No notice of withdrawal will be accepted. Regular school fees will be paid if you choose not to send your child.**

**Monthly fees include all sick days, holidays and vacation time, these are paid days. Fees are based on booked days not attendance. Refunds will not be given for the days where your child does not attend.**

**Parents must submit a written notice of 1 month by termination of this contract. You will still be responsible for the fee within the month the written notice is handed out. NO EXCEPTION (November and December termination will not be accepted)**

**Payments should be made on or before the last day of the month. A grace period will be given until the 3<sup>rd</sup> followed by a penalty.**

**If you get paid on the 15<sup>th</sup> of the month, school fees should be paid in advance. If you choose to begin school on the 1<sup>st</sup> of the month you will pay the 15<sup>-day</sup> prodata.**

**PAYMENT OPTIONS**

<b>Payment option 1</b>	<b>Payment option 2</b>
<b>12 months</b>	<b>Save R4500 by making an annual payment</b>
<b>R2350 per month</b>	<b>Once of R24000 You will be paying R2000per month.</b>
<b>Sign you option:</b>	<b>Sign you option</b>

<b>Payment option 3</b>	
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<b>You can pay December fees in advance along with your first month's fee and receive R350 off your December month's fees.</b>	
<b>January fees R2350 and December fees R2000 total upon registration R4350</b>	
<b>11 Months R2350</b>	
<b>Sign your option</b>	

## **REGISTRATION AND SCHOOL FEES**

**Registration fee R850 (non-refundable)**

**School fees R2350 (full day including breakfast and lunch)**

**School fees R2000 (when you enrol 2 or more. You don't pay registration for the 2<sup>nd</sup> child)**

**Half day school fees R2000 (including breakfast and lunch)**

**Maths kids R180 (cognitive development)**

**Computers R180**

**Kiddies sports R180**

**Day visitors R240**

**Stationery R890**

**School uniform R240**

**Grade R school uniform R240.**

**Activity books R95**

## **BANKING DETAILS**

**Bank-FNB**

**Acc Name- Disney Academy**

**Acc No-63070398186**

**Acc Type-Business**

**Branch Code-261550**

**Ref-Use your child's name as reference**

**TERMS AND ACCEPTANCE**

**In the event that I/we should neglect to make payment of fees, Disney Academy hold the right to deny entrance to my/our child. I am aware that my/our personal details will be given to the credit bureau and Disney Academy legal team to issue a letter of demand and then be blacklisted and if there is still no action your account will be handed over to our debt collectors.**

**All cost incurred during this process may incur in their endeavour to recover any monies emanating from this agreement and then on an attorney-and -client basis, together with collection commissions, tracing fees etc.**

**Should you want to make any arrangements regarding your arrears of fees, communicate with the principal.**

**I/we understand that this is a legal and binding contract between my/ourselves and Disney Academy.**

**I hereby apply for the enrolment of my child/children at Disney Academy.**

**Signature mother/guardian\_\_\_\_\_**

**Signature father/guardian\_\_\_\_\_**

**Date\_\_\_\_\_**