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REREGISTRATION FORM 2027

DETAILS OF THE CHILD

FULL FORENAMES

SURNAME

AGE

DATE OF BIRTH

NATIONALITY

GENDER

HOME LANGUAGE

BROTHER/SISTER NAME

PLEASE MARK YOUR CHOICE:

APPLICATION FOR: AFRIKAANS STREAM

ENGLISH STREAM (AGE GROUP: 4 TO 6 YEARS)

EXTRACURRICULAR ACTIVITIES

PLEASE TAKE NOTE THAT ALTHOUGH CERTAIN EXTRACURRICULAR CLASSES ARE OFFERED ON BRIGHT BEGINNINGS' PREMISES, THESE ACTIVITIES FUNCTION INDEPENDENTLY OF BRIGHT BEGINNINGS. A SEPARATE APPLICATION PROCESS APPLIES TO EACH EXTRACURRICULAR ACTIVITY, AND THE ASSOCIATED FEES ARE PAID DIRECTLY INTO THE INSTRUCTOR'S ACCOUNT.

THE BB SPORT CLUB FORMS AN EXCEPTION TO THIS; A SEPARATE APPLICATION IS STILL NECESSARY, BUT THE MONTHLY FEE OF N\$ 530.00 IS CONVENIENTLY PAID TOGETHER WITH THE SCHOOL FUND INTO BRIGHT BEGINNINGS' ACCOUNT.

MY CHILD WILL PARTICIPATE IN THE FOLLOWING EXTRACURRICULAR ACTIVITIES:

SWIMMING (BB SPORT CLUB) _____ / CYCLING (BB SPORT CLUB) _____ DANCE MOUSE _____ /
DANCE BALLET _____ / CHESS _____ ROBOTICS _____ OLYMPIC KIDS _____ / KIDZ CRAFT
_____ KIDZ@MUSIC _____ / PLAYBALL _____ / KINDER KINETICS _____
TIMBER MINDS _____ PLAY BOX _____ EQ4KIDS _____.

MEDICAL DETAILS (SPECIFY WHERE NECESSARY)

CHRONIC ILLNESSES

MEDICATION

BLOOD GROUP

ANY ALLERGIES

IN YOUR OPINION, HAS YOUR CHILD ADEQUATELY REACHED THEIR DEVELOPMENTAL MILESTONES?

ANY DEFECTS, PROBLEMS, OR DELAYS IN SIGHT, HEARING, OR SPEECH:

HAVE YOU PREVIOUSLY BEEN EVALUATED BY OR RECEIVED TREATMENT FROM AN OCCUPATIONAL THERAPIST, EDUCATIONAL PSYCHOLOGIST, AUDIOLOGIST, OR SPEECH THERAPIST?

SPECIFY:

IF YES, PLEASE ATTACH A REPORT.

MEDICAL AID FUND NAME

MEMBER NUMBER

PRINCIPAL MEMBER

FAMILY DOCTOR INFORMATION

PRACTICE	
NAME OF FAMILY DOCTOR	
TEL:	

IN THE CASE OF EMERGENCY, TO WHICH HOSPITAL SHOULD YOUR CHILD BE TAKEN?

THE FOLLOWING DOCUMENTS MUST BE ATTACHED:

- COPY OF IMMUNIZATION RECORD
- COPY OF MEDICAL AID CARD
- ANY RELEVANT MEDICAL OR DEVELOPMENTAL REPORTS (IF APPLICABLE)

DETAILS OF THE PARENTS/LEGAL GUARDIANS

FATHER

TITLE	
FULL FORENAMES	
SURNAME	
ID NUMBER	
EMAIL ADDRESS	
CELL NUMBER	
HOME LANGUAGE	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	
OCCUPATION	
COMPANY	
TEL. WORK	
WORK ADDRESS	

MOTHER

TITLE	
FULL FORENAMES	
SURNAME	
ID NUMBER	
EMAIL ADDRESS	
CELL NUMBER	
HOME LANGUAGE	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	
OCCUPATION	
COMPANY	
TEL. WORK	
WORK ADDRESS	

FAMILY INFORMATION:

FAMILY STATUS:

BOTH PARENTS _____ SINGLE PARENT - NEVER MARRIED _____ SINGLE PARENT - DIVORCED _____ OTHER _____

PARENT DECEASED: MOTHER _____ PARENT DECEASED: FATHER _____.

UNDERTAKING BY PARENT / GUARDIAN

I, _____ (NAME OF PARENT / GUARDIAN), HEREBY DECLARE THAT THE INFORMATION IN THIS FORM PROVIDED BY ME IS TRUE AND CORRECT, AND THAT BY WAY OF MY SIGNATURE BELOW, I GRANT PERMISSION TO THE CHAIRPERSON OF THE GOVERNING BODY OR THEIR REPRESENTATIVE TO VERIFY AND CONFIRM ANY OF THE DETAILS PROVIDED BY ME.

I AM AWARE THAT SHOULD ANY OF THE INFORMATION PROVIDED BY ME BE FOUND TO BE FALSE, I CAN BE CRIMINALLY PROSECUTED.

SIGNED AT _____ ON THE _____ DAY OF _____ 20 _____

SIGNATURE OF PARENT / GUARDIAN: _____

TARIFF STRUCTURE 2027

PLACEMENT FEE: N\$ 300.00

DATE OF ELECTRONIC PAYMENT: _____

THE PLACEMENT FEE IS PAYABLE TOGETHER WITH THE ENROLLMENT OF YOUR CHILD TO SECURE HIS/HER PLACE AT BRIGHT BEGINNINGS PRESCHOOL & DAY CARE.

- THE PLACEMENT FEE INCLUDES ALL STATIONERY, ADMINISTRATION COSTS, AND FIRST AID ITEMS.
- THE FEE IS NON-REFUNDABLE.
- UNFORTUNATELY, NO PLACE CAN BE HELD WITHOUT THE PAYMENT OF THIS FEE AND THE COMPLETED ENROLLMENT FORM.
- RE-REGISTRATION FOR THE FOLLOWING YEAR TAKES PLACE IN JUNE, AND APPLICABLE FEES WILL BE ANNOUNCED AT THAT TIME TO SECURE YOUR CHILD'S PLACE FOR THE NEXT YEAR.

MONTHLY RATE

BABY 2 TO 12 MONTHS

- **HALF DAY (06:30-14:00)** - N\$ 3555.00
- **FULL DAY (06:30-17:30)** - N\$ 3885.00

1 TO 6 YEARS (GRADE R)

- **HALF DAY (06:30-14:00)**- N\$ 3440.00 _____
- **FULL DAY (06:30-17:30)**- N\$ 3780.00 _____

PLEASE INDICATE YOUR CHOICE:

MONTHLY _____ ANNUALLY (BEFORE OR ON 31 DECEMBER 2026 FOR 10% DISCOUNT) _____

- THE MONTHLY FEE IS PAYABLE IN ADVANCE BEFORE OR ON THE SECOND DAY OF EACH MONTH.
- PLEASE USE YOUR CHILD'S NAME AND SURNAME AS REFERENCE FOR ANY PAYMENTS.

LATE PICK-UP FEE

- **HALF-DAY HOURS: 06:30 TO 14:00**
- **FULL-DAY HOURS: 06:30 TO 17:30**
- **YOUR CHILD MUST PLEASE BE PICKED UP BEFORE YOUR CHOSEN ENROLLMENT TIME.**
- **A PENALTY OF N\$ 50.00 WILL BE LEVIED FOR EVERY 5 MINUTES THAT YOUR CHILD IS PICKED UP LATE.**

PAYMENTS

- A 5% DISCOUNT PER LEARNER IS GRANTED ON THE SCHOOL FEES FOR 2 CHILDREN FROM THE SAME FAMILY.
- A 10% DISCOUNT PER LEARNER IS GRANTED ON THE SCHOOL FEES FOR 3 OR MORE CHILDREN FROM THE SAME FAMILY.

- MONTHLY PAYMENTS SHOULD PLEASE BE MADE BEFORE OR ON THE SECOND OF THE MONTH, USING YOUR CHILD'S NAME AND SURNAME AS A REFERENCE.
- THE SCHOOL FEES ARE CALCULATED AND PAYABLE OVER 12 MONTHS.
- A LATE PAYMENT FEE OF N\$ 50.00 PER DAY WILL BE LEVIED IF FUNDS ARE PAID AFTER THE FIFTH (5th).
- ANNUAL PAYMENTS SHOULD PLEASE BE MADE BY 31 DECEMBER 2026 TO QUALIFY FOR THE 10% DISCOUNT.

I undertake to inform the principal in writing if the school fees cannot be settled.

I am aware that if I fail to adhere to my undertaking, the school will take the necessary legal steps to recover the outstanding amount.

I undertake to give one (1) calendar month's written notice if my child will no longer attend the school.

I declare that I have completed the form fully and that the details are true and correct.

I / We the parent(s) / guardian of _____ (NAME OF LEARNER)
undertake to abide by the agreement as set out above.

_____ NAME OF PARENT / GUARDIAN

SIGNATURE OF PARENT / GUARDIAN: _____ DATE: _____

BANK DETAILS:
BRIGHT BEGINNINGS PRESCHOOL & DAY CARE
BANK WINDHOEK BRANCH: LIFESTYLE GROVE
BRANCH CODE: 483-871
ACCOUNT NO: 8003086083
REFERENCE: YOUR CHILD'S NAME AND SURNAME

