

**HOPE AND LIGHT COMMUNITY WELFARE NPC  
EARLY CHILDHOOD DEVELOPMENT CENTRE**

**ECD Application Form 2024 / 2025**



Hope and Light  
COMMUNITY WELFARE  
ECD Centre | CYCC Children's Village  
Pre-Primary School | Secondary School

Application for Class ..... in 2024 / Class ..... in 2025

NAME OF CHILD: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/20\_\_

Class Group	For 2024: Born (year)	For 2025: Born (year)	X
Pre-Grade R (Grade RR) – 5-year-old	2019	2020	
Grade RRR: 4-year-old	2020	2021	
3-year-old*	2021	2022	
2-year-old*	2022	2023	

\* 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: .....

Name and Signature of Principal: ..... Date: .....

**School fees per year: R5 200.00 (for 2024)**

(School fees for 2025 to be confirmed)

(This is an annual fee, payable over 10 months, but parents are liable for the full amount if their child is admitted).

**PLEASE BRING A COPY OF THE FOLLOWING DOCUMENTS:**

- Recent 2 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 R300 to cover administrative costs for all new applications

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**PERSONAL INFORMATION OF CHILD:**

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

<b>ADDITIONAL INFORMATION:</b>		<b>WHO SUPERVISES CHILDREN IN THE AFTERNOON:</b>	
<b>NUMBER OF CHILDREN IN THE HOUSEHOLD / FAMILY</b>		<b>NAME 1:</b>	
<b>NAMES OF CHILDREN</b>	<b>AGES OF CHILDREN</b>	<b>ADDRESS:</b>	
		<b>TELEPHONE NUMBERS:</b>	
		<b>NAME 2:</b>	
		<b>ADDRESS:</b>	
		<b>TELEPHONE NUMBERS:</b>	

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**PERSONAL INFORMATION OF PARENTS / GUARDIANS**

MOTHER / GUARDIAN 1			
NAME AND SURNAME:			
OCCUPATION:			
HOME ADDRESS:			
WORK ADDRESS:			
TELEPHONE NUMBER (HOME):		CELL PHONE NUMBER:	
E-MAIL ADDRESS:			

FATHER / GUARDIAN 2			
NAME AND SURNAME:			
OCCUPATION:			
HOME ADDRESS:			
WORK ADDRESS:			
TELEPHONE 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.
2. On Fridays, the ECD will be open from 06h45-13h00.
3. During WINTER months the ECD will open from Monday to Thursday, 07h00-15h45.
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. Only a parent or nominated person may collect a child from the ECD.
9. Parents or a nominated person must come to the office to inform staff that they are collecting a child.
10. 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.
11. Hair should always be neat, tidy, and clean. Hair should be cut/braided/tied.
12. Children that are sick should be kept at home and the ECD should be informed of this immediately.
13. NO fizzy drinks or chips will be allowed. ONLY a sandwich, fruit, juice, water will be allowed.
14. NO sweets or junk food will be allowed.
15. NO electronic devices (cell phones, tablets, electronic games, laptops, etc.)
16. NO firearms are allowed on the ECD premises. Including water guns, toy guns, artificial weapons etc.
17. NO unbecoming behaviour will be allowed on the ECD premises (drunkenness, rudeness, etc.)
18. School fees, outing fees, fundraising fees, and all other fees must be paid on time as discussed.
19. Arrear 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.
20. No cash will be received for the payment of school fees please make a bank deposit.
21. Please retain your bank deposit as proof of payment.
22. 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: 

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What is your relationship to the child: 

Mother	Father	Other
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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**

<b>FULL PAYMENT</b>	<b>R 5200.00 (ONCE OFF) (2024)</b>	
<b>PAYMENT OVER 10 MONTHS</b>	<b>R 520.00 (2024)</b>	
<b>MONTHLY PAYMENTS MUST BE MADE BY THE 7<sup>TH</sup> OF EACH MONTH</b>		

- School fees for 2025 to be confirmed.
- This is an annual fee, payable over 10 months, but parents are liable for the full amount if their child is admitted.

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:**

Hope and Light Community Welfare NPC  
First National Bank (FNB)  
Bank Account Number: 623 884 043 12

When making a payment, please use your child's name and surname or the invoice number as a reference. No cash will be received. Please retain your bank deposit slip as proof of payment.

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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) <b>PLEASE NAME THEM:</b>	
<b>DOES THE CHILD HAVE ANY CHALLENGES WITH ANY OF THE FOLLOWING:</b>	
SPEECH:	
TEETH:	
EYES:	
URINATION:	
MOBILITY (WALKING/RUNNING):	
OTHER:	
<b>FAMILY DOCTOR:</b>	
TELEPHONE NUMBER:	
ADDRESS:	

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**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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**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 our programmes. Please speak with the Principal if you have any questions or concerns.

**I give permission** to Hope and Light Community Welfare NPC and their funders to use images and videos of my child taken while participating in the programmes 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: \_\_\_\_\_