



Indemnity Form

The Children make use of the educational and play equipment on the school premises, although the children will be constantly supervised.

Phathutshedzo Mabogo(Father) & Rofhiwa Pretty Mulaudzi(Mother)

I,(full name of the parent/guardian)

Fifth St, Carlswald, Midrand, 1684

Of (full address)

Zwavhudi Mabogo

The parent guardian of (Child's full name)

Hereby indemnity and agree to:

1. To pay the registration once off and full fee on a monthly basis by no later than the fifth of every month whether or not the child attends the preschool that month, failing which my child will be denied access to the preschool. I accept and acknowledge that the preschool retains the right to increase the fees by 10% yearly provided that the preschool gives 30 days notice of increment of the school fees.
2. To give my consent that my child to be seen by any doctor in case of emergency. That while the person in charge of the preschool will care for my child to the best of their ability, neither they or any person connected with the preschool, will be accept any liability for any claims arising from an accident or injury happening to the child whilst in the care of the preschool manager/Principal or on an excursion or participating in an extra mural activity arranged by the school, and to waive and abandon any claims which may at any time arise as foresaid ,both in my personal capacity and in capacity as parent/guardian of the child ,and I expressly indemnity the manager/owner against any claim which may arise or be instituted.
3. That the manager/owner of the preschool, or in her absence, any other responsible person connected with the preschool, after all reasonable effort to contact me have proved unsuccessful, may give the required permission and sign the necessary written consent for the child to be subjected to surgery or other medical treatment, provided this will be executed on the advice and under the supervision of a medical doctor. I also agree to accept responsibility for such medical costs.
4. To ensure that the child has been properly immunized and will supply record of this to the preschool.
5. To inform the school of any changes in home address, work address and both work and personal telephone numbers or any pertinent information.
6. If you want to take your child out of the center you must let us know 1 month in advance. You will be liable to pay a full month's school fees if you do not give a one month's notice before your child leaves the school. NOVEMBER will not be seen as a notice month. Therefore October or December can be seen as your notice month.
7. I the parent undertake to pay all costs when necessary to exact payments due under attorney's client's rates together with collection fees and also tracing fees which may be necessary in respect of the stipulations in this contract.
8. To accept the affirmation of agreement with which I declare myself fully acquainted as u have been given written copy of such .The signature of the parent on this contract is acknowledgement that the parent acts on behalf of both parents and natural guardian of the child, irrespective of which parent sign this contract both parents will be held responsible for contravening any clauses of this contract.

Parent Signature  and Manager Signature _____

Signed at Fifth St, Carlswald, Midrand on the 27 day of October 2025.