

Cell: 060 965 2789/Email: alphastep@mweb.co.za

Your Application will not be processed unless the following documents are included together with the
Non-Refundable Application Fee of R500.00 per application.

ADMISSIONS CHECKLIST : Childs Name Surname

1.	Alpha Step Educare Application form: COMPLETE IN FULL	
2.	Copy of latest academic report if applicable.	
3.	Financial Clearance Certificate from last school (<i>where applicable</i>)	
4.	Two colour ID photographs (45mm high and 35mm wide)	
5.	Copy of birth certificate of pupil or identity document	
6.	Copies of both parents'/guardians' identity documents	
7.	Copy of Marriage or Death Certificate if applicable	
8.	Proof of residence (FICA document e.g., cellphone a/c. /Municipal/Insurance)	
9.	Clinic Card/Vaccination Record	
10.	Non-Refundable Application Fee:	
11.	Other:	
12.	Other:	
On acceptance of the application: Once the application fee has been paid all other documents and forms are handed to or emailed for completion and return.		
1.	Agreement and Fees:	
2.	Indemnity & Waiver	
3.	Alpha Step Information Letter / Page 8 to be signed and returned	
4.	Requirements List	
5.	Admission Fee and First month's fee Payable prior to first day of attendance	

IMPORTANT NOTES:

Grade R. New enrolments- where applicable. Ready for Grade R Assessment: R400.00

This is applicable to all children who were not enrolled in Grade 00 at Alpha Step.

Your child may be required to undertake a Grade R readiness assessment if we pick up any difficulties experienced by the learner. This is to determine English language comprehension and general overall abilities.

A child's concept development is tested. Here we check to see that the child has mastered such concepts as colours, shapes (important later when learning to identify letters), rote counting, object counting (do they realise that each object is represented by only one number).

Fine motor skills are checked. Will your child be able to manipulate a pencil, a pair of scissors, copy a pattern, beads on a string and so forth in order to complete tasks in the classroom?

Perceptual development: Body awareness, concepts

Visual Perception: spatial awareness, visual discrimination, visual closure, sequencing.

It takes approximately 1 hour to complete the assessment after which the outcome will be discussed with you.

ALL AGE GROUPS

If we detect signs of learning barriers in your child you will be required to take him/her for an assessment to establish whether more specialised educational facilities would be more appropriate.

Manjula LSEN /Early Intervention Centre. If your child has been diagnosed with any form of learning barrier they could possibly be enrolled at Manjula. They would be assessed by the Centre Head as to whether they meet the criteria to be enrolled in Manjula which caters specifically for "learners with special educational needs". (*Whether due to neurological barriers, hearing impairments, visual barriers, behavioural or emotional barriers or any other medically assessed special need*)

APPLICATION FORM

Holiday Club: Yes.....No.....

Who must be added to the school phone WhatsApp? Mom **OR** Dad.....

Date of Enrolment/Start								
Childs Details: Surname:								
Forenames:							Calling Name:	
Date of Birth:								
ID Number								
Age at Entry:	My child will beyears old in 20.....							
Full Day or Half Day	Please indicate with a ✓ Full Day: OR Half Day:							
Child's Gender	Male / Female /Optional Extra: Breakfast: Yes/No.....							
Parent's Details								
	Mother/Guardian			Father/Guardian				
Surname:								
Forenames:								
Date of Birth:								
ID Number:								
Occupation:								
Employers Name:								
Home Address:								
Postal Address:								
Telephone Home:								
Telephone Work:								
Cellphone Number:								
Email Address Home								
Email Address Work								
Emergency Contact – NB! Must be different to Mother and Father								
Name:								
Relationship to the child:								
Telephone numbers:								
Medical and Health								
In the event your child is very ill and we cannot get hold of you may we take your child to the local doctor? If yes a copy of your medical aid card is required!							Yes/No	
Is your child potty trained?							Yes/No	
What terminology does your child use for the words “wee” and “poo”? 2-3 year olds								
Has your child had any of the following								
	Yes	No		Yes	No		Yes	No
Asthma			Bladder Infection			Chicken Pox		
Croup			Encephalitis			Eye Infections		
Prone to Thrush			Respiratory Tract Infection			Rubella		
Scarlet Fever			Any others?					

Allergies and Food Intolerances								
	Yes	No		Yes	No	Other	Yes	No
Analgesics (Panado)			Bee stings					
			If yes, please specify:					
			If yes, please specify:					
Any surgery your child has had:		Type of surgery:				At what age:		
Medical Aid Details								
Scheme Name:								
Plan:								
Membership No.:								
Principal Member:								
Names and ages of siblings:		Sibling 1:				Sibling 2:		
		Sibling 3:				Sibling 4:		
Child's place in the family		Youngest		Middle		Oldest		
Parents marital status		Married		Divorced/Separated		One parent deceased		
If divorced/separated, who does the child live with?								
What are the visiting arrangements with the other parent?								
General Information								
Has your child been to school before							Yes	No
Name of School attended and contact details:								
Security at School								
Who will bring the child to school?								
Who will collect the child from school?								
Billing Information								
Person responsible for payment of school fees (NB: The parents are ultimately responsible for payment of the school fees, even if somebody else has undertaken to pay them and defaults)		Name:						
		Postal Address:						
		Residential Address:						
		Id Number:						
		Office Landline:						
		Home Landline:						
Cellphone Number:								
Next of kin not living with you (Another family member)		Name						
		Residential Address						
		Telephone Numbers:				Home: Office: Cellphone:		

We acknowledge and accept that this is an Interdenominational centre and that my child will celebrate Christian occasions e.g. Easter/Christmas.

School fees must reflect in our bank account by the 2nd day of the month/term to ensure your child's continued acceptance in his/her class.

PLEASE NOTE: Children will be suspended with immediate effect if fees have not been paid/do not reflect in the bank account on or before the 2nd day of each calendar month.

I understand that my child may not attend school from the 3rd of the month if school fees have not been paid.

I understand that I may only terminate the agreement by way of written notice, submitted one school term in advance. You will be responsible for all fees until written notice is received. I understand that this is the first day of the 1st Term, 2nd Term, 3rd Term or 4th Term. *(For example: Notice for the end of the year is thus given on the first day of the start of the 4th Term).* Please note the school term dates as listed hereunder.

I furthermore understand that should I fail to pay fees or give a school terms notice to terminate, that my account will be handed over to attorneys for collection. An additional amount = 25% of the handover amount plus VAT will be added to cover the costs.

If pupils arrive late in the term after a prolonged holiday, e.g. only arrives in February, parents will still be responsible for the full annual fee.

Bank Details for payment of the non-refundable application fee:

Account Name: Alpha Step Educare

Bank: Nedbank Branch Code: 11371700

Account Number: 109 693 4825

Beneficiary Reference: Childs full name

PLEASE ADVISE US IMMEDIATELY SHOULD ANY OF THE DETAILS FURNISHED HEREIN CHANGE E.G. EMPLOYER/ADDRESS/CONTACT NUMBERS.

HOLIDAY CLUB: only held if a minimum of 10 pupils are enrolled to attend. This needs to be determined prior to the annual shut down on 13 December 2024 and then 1 month prior to each holiday.

School Terms 2025 PROPOSED -This can be changed by the Dept. at short notice.

Term 1: 15 Jan – 28 March

Term 2: 08 April – 27 June

Term 3: 22 July – 03 October

Term 4: 13 Oct.- 12 December

We close at 12h00 for our annual shutdown on 10 December 2025.

We are closed for public holidays and special school holiday days.

29 April, 30 April and 2 May 2025 are Special school holiday days

Father/Guardian:

I, _____, ID Number _____, hereby confirm that all the information supplied on this form is true and correct at the time of signing this document.

Signed at *Port Elizabeth* on this _____ day of _____, 2 _____

Father/Guardian Name

Father/Guardian Signature

Mother/Guardian:

I, _____, ID Number _____, hereby confirm that all the information supplied on this form is true and correct at the time of signing this document.

Signed at *Port Elizabeth* on this _____ day of _____, 2 _____

Mother/Guardian Name

Mother/Guardian Signature

FEES: Payable prior to first day of attendance

1. Non-refundable admission fee.
2. Incidentals Fee (either the monthly, term or annual amount)
3. 1st months fee