CORE BRIDGE ACADEMY

120 Fordyce Road
Walmer
6070

Attach
ID
Photograph

ALPHA STEP EDUCARE

"Education is the most powerful weapon which you can use to change the world." – Nelson Mandela"

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 (*where applicable)*	
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 or emotional barriers or any other medically assessed special need)*

APPLICATION FORM

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 be ……years 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 you 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.

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 1 month prior to each holiday.

School Terms 2026 as gazetted 25/02/2025
Term 1: 14 Jan – 27 March Term 2: 08 April – 26 June
Term 3: 21 July – 23 September Term 4: 06 Oct.- 09 December
We close at 12h00 for our annual shutdown on 09 December 2026.
We are closed for public holidays and special school holiday days.
15 June 2026 is a Special school holiday day.

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**

FEES POLICY – PRIVATE CENTRE.

I HEREBY ACCEPT THE FEES POLICY OF ALPHA STEP EDUCARE **IN ORDER FOR THE PUPIL NAMED ABOVE TO ATTEND THE SCHOOL AND I UNDERSTAND AND AGREE TO THE FOLLOWING SHOULD THE APPLICATION BE SUCCESSFUL:**

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.

1. **School and aftercare fees shall be paid in advance, on** or before the last day **of the month (**3**1st** December 2025/14 January 2026 (new enrolments) **to** 30 November 2026**), if the fees are paid monthly. If paid per term, fees must be paid on** or before **the first day of each term.**
2. If fees do not reflect in the bank account by the 2nd of the month**, the child will be** suspended **from school until full payment is received.**
3. **In the event of legal action being taken against me for the recovery of outstanding fees, I will be liable for all legal costs on the scale of Attorney and own client, including collection commission. I will also be liable for tracing fees** if **the attorneys have to employ a tracing agent in order to find me.**
4. **I shall give at least (1) one term's notice in writing to the Principal if we remove our child from the school. In default thereof, I shall pay one term's fees in lieu of such notice.**
5. **I hereby consent to the School doing a credit check on my name at any stage they deem it necessary to do so.**
6. **Each signatory hereto chooses as his/her respective domicilium citandi et executandi, the address shown as his/her residential address, on the application form attached hereto.**
7. **I acknowledge that I will be informed of the fees applicable; I warrant that I am able to afford these fees, and I hereby waive my right to apply for exemption from payment of school fees in terms of the South African schools act, 84 of 1996**, IN VIEW OF THE FACT THAT THIS IS A PRIVATE CENTRE.
8. **I/We hereby consent to the Magistrate's Court Jurisdiction, in respect of any action arising out of this Agreement, or breech of our undertaking to pay, as agreed.**

PROTECTION OF PERSONAL INFORMATION ACT

Personal information is obtained, used, and disclosed in accordance with the requirements of the Protection of Personal Information Act ("POPIA"). We are committed to protecting your privacy and ensuring that your personal information is collected and used properly, lawfully, and transparently. Please visit our website for our full POPIA Policy.

I give consent for my child's image to be uploaded to the Core Bridge Academy/Alpha Step Educare **website and / or social media. No names will be added to images. Mark with a x** ☐	I do not give consent for my child's image to be uploaded to *th***e Core Bridge Academy/Alpha Step Educare website and / or social media. Mark with a x** ☐

PLEASE NOTE THAT INVOICES WILL BE SENT HOME IN THE CHILDS MESSAGE BOOK PRIOR TO THE END OF EACH MONTH.

SIGNED AT Port Elizabeth/Gqeberha, on the _____day of _____20____.

PARENT / GUARDIAN'S NAME **PARENT / GUARDIAN'S SIGNATURE**

ACCOUNT PAYER'S NAME **ACCOUNT PAYER'S EMAIL ADDRESS**

ACCOUNT PAYER'S SIGNATURE **DATE**

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

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