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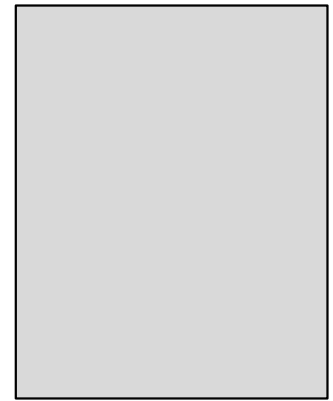


PHOTO
(OF LEARNER)

REREGISTRATION FORM 2026

DETAILS OF THE CHILD

FULL FORENAMES	
NICKNAME	
SURNAME	
AGE	
DATE OF BIRTH	
NATIONALITY	
GENDER	
HOME LANGUAGE	
BROTHER/SISTER NAME	

PLEASE MARK YOUR CHOICE:

APPLICATION FOR: AFRIKAANS STREAM

☐

ENGLISH STREAM

☐

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\$ 480.00 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 _____.

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 CHILD'S BIRTH CERTIFICATE
- COPY OF IMMUNIZATION RECORD
- COPY OF MEDICAL AID CARD
- COPY OF PARENTS'/GUARDIANS' ID
- ANY RELEVANT MEDICAL OR DEVELOPMENTAL REPORTS (IF APPLICABLE)

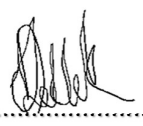
THIS ENROLLMENT FORM ALSO SERVES AS A CONTRACT BETWEEN THE PARENTS/GUARDIANS OF THE LEARNER AND BRIGHT BEGINNINGS PRESCHOOL & DAY CARE CC.

THIS AGREEMENT WILL REMAIN IN FULL FORCE AND EFFECT FROM THE DATE OF ITS SIGNING BY THE PARENT/GUARDIAN UNTIL THE DATE ON WHICH THE LEARNER OFFICIALLY LEAVES BRIGHT BEGINNINGS PRESCHOOL & DAY CARE.

SIGNED AT: THISDAY OF
20.....

..... NAME OF PARENT / GUARDIAN

.....
Signature


.....
PRINCIPAL

DETAILS OF THE PARENTS/LEGAL GUARDIANS

FATHER

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

MOTHER

TITLE	
FULL FORENAMES	
SURNAME	
ID NUMBER	
EMAIL ADDRESS	
CELL NUMBER	
TEL. HOME	
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 2026

PLACEMENT FEE: N\$ 250.00

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\$ 3305.00
- **FULL DAY** (06:30-17:30) - N\$ 3635.00

1 TO 6 YEARS (GRADE R)

- **HALF DAY** (06:30-14:00)- N\$ 3190.00 _____
- **FULL DAY** (06:30-17:30)- N\$ 3530.00 _____

PLEASE INDICATE YOUR CHOICE:

MONTHLY _____

ANNUALLY (BEFORE OR ON 31 DECEMBER 2025 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 PAYMENT PENALTY

- **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 2025 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

DISCLAIMER

BRIGHT BEGINNINGS PRESCHOOL & DAY CARE UNDERTAKES TO ESTABLISH REASONABLE AND GENERALLY ACCEPTABLE SAFETY STANDARDS IN ALL SCHOOL ACTIVITIES AND TO TAKE ALL POSSIBLE PRECAUTIONS TO ENSURE THE SAFETY AND WELL-BEING OF YOUR CHILD AND ALL STAFF AND VISITORS.

I, THE UNDERSIGNED, _____ (FULL NAME),
WITH ID NUMBER: _____ BEING THE PARENT/GUARDIAN OF
_____ (CHILD'S FULL NAME), WHO IS ENROLLED AND ACCEPTED AS A LEARNER AT
BRIGHT BEGINNINGS PRESCHOOL & DAY CARE, HEREBY INDEMNIFY AND HOLD HARMLESS:

- BRIGHT BEGINNINGS PRESCHOOL & DAY CARE.
 - THE SHAREHOLDERS OF BRIGHT BEGINNINGS PRESCHOOL & DAY CARE.
 - ANY PERSON IN THE EMPLOY OF BRIGHT BEGINNINGS PRESCHOOL & DAY CARE.
 - AND ALL STAFF ACTING ON BEHALF OF BRIGHT BEGINNINGS PRESCHOOL & DAY CARE,
- AGAINST ANY LOSSES OR DAMAGES OF WHATSOEVER NATURE, WHICH I MAY SUFFER AS THE PARENT OR GUARDIAN OF THE AFOREMENTIONED LEARNER(S), ARISING FROM ANY EVENT IN WHICH MY CHILD MAY BE INVOLVED AS A LEADING OR CAUSING PARTY DURING HIS/HER INVOLVEMENT AS A LEARNER AT BRIGHT BEGINNINGS PRESCHOOL & DAY CARE. IN PARTICULAR, I HEREBY AUTHORIZE THE AFOREMENTIONED LEARNER TO PARTICIPATE IN ALL ACTIVITIES AND EXCURSIONS.

IN THE EVENT OF A MEDICAL EMERGENCY, I HEREBY GIVE PERMISSION THAT, IF I AM NOT IMMEDIATELY AVAILABLE, FIRST AID MAY BE ADMINISTERED AND I TRANSFER MY POWERS AS PARENT/GUARDIAN TO THE PRINCIPAL OF BRIGHT BEGINNINGS PRESCHOOL & DAY CARE OR HER REPRESENTATIVE IF MEDICAL TREATMENT/SURGICAL INTERVENTION MAY BE NECESSARY FOR MY CHILD. I ALSO HEREBY GIVE PERMISSION THAT, IN THE EVENT OF AN EMERGENCY, MY CHILD MAY BE TRANSPORTED TO A HOSPITAL FOR SWIFT TREATMENT. ALSO IN THESE CIRCUMSTANCES, I INDEMNIFY AND HOLD BRIGHT BEGINNINGS PRESCHOOL & DAY CARE STAFF HARMLESS FOR ANY DAMAGE OR LOSS THAT I AS THE PARENT OR GUARDIAN OF THE LEARNER CONCERNED MAY SUFFER AND VOLUNTARILY ACCEPT ALL RISKS THAT MAY BE ASSOCIATED THEREWITH.

I ACCEPT THAT ALL REASONABLE PRECAUTIONS WILL BE TAKEN FOR THE SAFETY AND WELL-BEING OF MY CHILD AND I ACCEPT RESPONSIBILITY FOR THE PAYMENT OF ALL MEDICAL AND/OR HOSPITAL ACCOUNTS FOR THE TREATMENT OF MY CHILD SHOULD HE/SHE REQUIRE IT.

SIGNED AT: _____ THIS _____ DAY OF _____ 20_____.

SIGNATURE OF PARENT/GUARDIAN

PROCEDURES REGARDING SICK CHILDREN

WE HAVE PUT THE FOLLOWING PROCEDURES IN PLACE AT BRIGHT BEGINNINGS PRESCHOOL & DAY CARE REGARDING SICK CHILDREN. WE ASK THAT YOU PLEASE READ THROUGH IT AND SIGN.

- IF THE CHILD BECOMES SICK OR FEVERISH AT SCHOOL, THE PARENTS WILL BE CONTACTED TO COME AND FETCH THE CHILD.
- NO CHILD ON FEVER MEDICATION MAY COME TO SCHOOL. THIS IS AN INDICATION THAT SOMETHING IS BREWING AND CAN INFECT OTHER CHILDREN AND TEACHERS.
- NO CHILD WILL BE ALLOWED AT SCHOOL DURING THE FIRST 24 HOURS OF HIS/HER ANTIBIOTIC COURSE.
- NO PRESCRIPTION MEDICATION (E.G. ANTIBIOTICS) WILL BE ADMINISTERED AT SCHOOL WITHOUT A COMPLETED PRESCRIPTION MEDICATION FORM. THIS IS A LEGAL REQUIREMENT THAT THE SCHOOL MUST COMPLY WITH.
- YELLOW AND GREEN RUNNY NOSES ARE AN INDICATION OF INFECTION, SO HE/SHE SHOULD RATHER STAY AT HOME UNTIL IT HAS CLEARED UP.

WE TRUST THAT YOU UNDERSTAND THAT WE HAVE THESE PROCEDURES IN PLACE TO KEEP EVERYONE HEALTHY AND SAFE AT SCHOOL AND APPRECIATE EVERYONE'S COOPERATION IN THIS REGARD.

ACKNOWLEDGEMENT OF RECEIPT OF PROCEDURES REGARDING SICK CHILDREN

I, _____ (NAME AND SURNAME) PARENT/GUARDIAN OF
_____ (CHILD'S NAME) HEREBY CONFIRM THAT I TAKE NOTE OF THE
PROCEDURE REGARDING SICK CHILDREN.

SIGNATURE

DATE

ADMINISTRATION OF MEDICATION

FEVER MEDICATION (CALPOL/PANADO):

THE ADMINISTRATION OF CALPOL/PANADO WILL BE GIVEN WITH PERMISSION WHEN A LEARNER DEVELOPS A FEVER ABOVE 37.5°C DURING SCHOOL HOURS.

THE PARENT WILL ALWAYS BE CONTACTED FIRST BEFORE ANY FEVER MEDICATION IS ADMINISTERED.

MEDICATION FROM HOME: MEDICATION MUST BE CLEARLY LABELLED AND HANDED OVER TO THE TEACHER IN A MEASURED SYRINGE WITH THE PRECISE QUANTITY IN A SMALL BAG, NOT IN THE LEARNER'S BAG.

- PARENTS MUST INFORM THE TEACHER IF THE CHILD NEEDS TO RECEIVE MEDICATION AT SCHOOL.
- COMPLETE INSTRUCTIONS, DOSAGE, TIME, AND WHAT THE MEDICATION IS FOR MUST BE WRITTEN DOWN ON PAPER AND HANDED OVER.
- NO MEDICATION FOR FEVER MAY BE SENT TO SCHOOL, AS THIS IMPLIES THAT THE CHILD ALREADY HAS A FEVER.

I, _____ (NAME AND SURNAME), PARENT/GUARDIAN OF
_____ (CHILD'S NAME), HEREBY CONFIRM THAT I TAKE NOTE OF THE
PROCEDURE REGARDING THE ADMINISTRATION OF MEDICATION AT THE SCHOOL.

SIGNATURE

DATE

PERMISSIONS

PERMISSION FOR THE USE OF PHOTOS ON SOCIAL MEDIA

I, _____, The Parent/Guardian Of
_____ (NAME OF CHILD) , HEREBY GIVE PERMISSION / DO NOT GIVE
PERMISSION For Group Photos Of My Child/Children To Be Placed On Social Media (Facebook And Whatsapp).

SIGNED AT _____ ON THIS _____ DAY OF THIS MONTH
_____, 20____.

SIGNATURE OF PARENT/GUARDIAN

SCHOOL RULES

GENERAL

- NO TOYS MAY BE BROUGHT TO SCHOOL. THIS CAUSES CONFRONTATION, DISTRACTS THE CHILDREN'S ATTENTION, BREAKS, AND GETS LOST.
- PLEASE INFORM US OF ANY PROBLEM YOUR CHILD MAY BE EXPERIENCING OR IF THERE IS ANYTHING THAT MAY UPSET YOUR CHILD.
- NEVER DISCUSS ANY CONFIDENTIAL OR SENSITIVE INFORMATION IN FRONT OF YOUR CHILD WITH THE TEACHER.

DISCIPLINE

- CHILDREN MUST GIVE THEIR FULL COOPERATION IN THE TEACHING PROGRAM.
- CHILDREN MAY NOT PLAY OUTSIDE WITHOUT SUPERVISION.
- CHILDREN MUST RESPECT EACH OTHER AND THE STAFF AND MAY NOT INFLICT PHYSICAL HARM ON ANY OTHER CHILD OR STAFF MEMBER.
- NO DANGEROUS TOYS OR WEAPONS ARE ALLOWED.
- CHILDREN ARE FREE TO PLAY, DISCOVER, TEST, AND EXPERIENCE, BUT WITHIN SAFE LIMITS.
- NO FOUL LANGUAGE WILL BE TOLERATED. BE CAREFUL WITH YOUR LANGUAGE USE IN FRONT OF YOUR CHILDREN AT HOME, BECAUSE WHAT THEY HEAR AT HOME IS WHAT THEY USE AT SCHOOL.
- NO PROPERTY OF THE SCHOOL MAY BE DAMAGED.
- WE USE, AS FAR AS POSSIBLE, POSITIVE DISCIPLINE BY REWARDING CORRECT BEHAVIOR WITH STICKERS.
- IF NEGATIVE BEHAVIOR NECESSITATES IT, THE CHILD IS WARNED, THEN GIVEN A CHANCE TO CORRECT HIS/HER BEHAVIOR, BUT IF THE CHILD DOES NOT WANT TO COOPERATE, HE/SHE MUST SIT IN THE CALM CORNER FOR A FEW MINUTES (MAXIMUM 1 MINUTE/YEAR OF AGE).
- SHOULD NEGATIVE BEHAVIOR OCCUR REPEATEDLY, OUR CODE OF CONDUCT WILL BE IMPLEMENTED.

RULES INSIDE

- CHILDREN MUST PAY ATTENTION AND BE QUIET ON THE MAT DURING GROUP DISCUSSIONS.
- CHILDREN MAY NOT RUN IN THE CLASSROOMS.
- CHILDREN MAY NOT INTERFERE WITH EACH OTHER'S WORK.
- CHILDREN MAY NOT SHOUT IN THE CLASSROOM.
- CHILDREN MUST WAIT THEIR TURN TO SPEAK TO THE TEACHER IF SHE IS BUSY WITH ANOTHER LEARNER.
- CHILDREN MUST PACK AWAY THEIR OWN WORK MATS AND WORK ITEMS AND TIDY THE CLASSROOM.
- NO STOMPING, BITING, OR HITTING WILL BE TOLERATED.
- CHILDREN MUST GIVE EACH OTHER SPACE AND TIME TO COMPLETE THEIR WORK.
- CHILDREN MAY NOT DRAW OR PAINT ON THE WALLS, TABLES, OR THE FLOOR.
- CHILDREN MUST SIT AT THE TABLES WHEN THEY EAT AND DRINK.

RULES OUTSIDE

- CHILDREN MAY NOT THROW SAND, WATER, STONES, OR ANY OTHER OBJECTS AT EACH OTHER.
- CHILDREN MAY NOT TAKE MATERIALS OR ITEMS FROM INSIDE TO OUTSIDE.
- NO BUMPING AND PUSHING WILL BE ALLOWED ON THE CLIMBING FRAME OR SWINGS.
- CHILDREN MAY NOT CLIMB UP THE SLIDE.
- CHILDREN MAY NOT PUSH EACH OTHER OFF ANY OTHER PLAY EQUIPMENT.
- CHILDREN MAY NOT CLIMB OR HANG IN THE TREES, DAMAGE PLANTS, OR BREAK BRANCHES.
- ONLY ONE CHILD IS ALLOWED ON A SWING AT A TIME.

I UNDERTAKE TO FULLY ENDORSE THE SCHOOL RULES, THE HOUSEHOLD REGULATIONS, THE PRINCIPLES FOR WHICH BRIGHT BEGINNINGS PRESCHOOL & DAY CARE STANDS, AND THE OBJECTIVES OF THE SCHOOL.

SIGNED AT: _____ THIS _____ DAY OF
_____ 20

PARENT/LEGAL GUARDIAN



PRINCIPAL