

CENTRE OF EXCELLENCE

For Students with Severe/Challenging Learning Difficulties

362 Harare Drive Pomona
Harare

Cell: 0736085210; 0772242383

ENROLMENT FORM

Please enclose (1) A copy of psychologist report
(2) A copy of birth certificate
(3) Educational Reports

1. PERSONAL DETAILS

Please make sure that all information is in PRINT.

Student's name: _____
First Name Surname

Sex of Student: _____

Student's Date of Birth (DOB) _____

Parents Details: Father (a) _____ Ph _____

Occupation _____

Mother (b) _____ Ph _____

Occupation _____

Or Guardian _____

Home Address _____

Home Tel: _____ Cell: _____ E-mail _____

Name of person responsible for fees: _____

Phone number _____ E-mail _____

**IN-CASE OF EMERGENCY AND BOTH PARENTS CANNOT BE CONTACTED,
PLEASE CONTACT**

Name _____

Phone: _____ Cell: _____

Family Doctor's details

Name: _____

Address: _____

Tel: _____

2. STUDENT'S MEDICAL HISTORY AND INFORMATION

Please advise the Centre of the student's health related conditions in which the Centre might need to take special care of. Allergies and/or unusual weaknesses should be written below:

3. PARENTS ASSESSMENT OF STUDENTS INDEPENDENCE IN:

- (1) Self Help Skills: _____
- (2) Bathing: _____
- (3) Toileting: _____
- (4) Feeding: _____
- (5) Dressing: _____

4. STUDENTS EDUCATIONAL HISTORY / REPORTS

5. PARENTS EXPECTATIONS FOR STUDENT'S FUTURE

6. RULES AND REGULATIONS

1. Centre timetable is: 0725 to 1300 (Tuesday, Thursday and Friday).
0725 to 1500 (Monday and Wednesday).
2. A non refundable application fee of \$ 20.00 must be paid on applying for enrolment.
3. A fee of \$ 5.00 is charged if the Student is not collected by 1330hrs or 1530hrs.
4. Please note that fees are paid per term in advance unless prior arrangements have been made with the Centre Administrator. Failure to pay fees by the stipulated dates constitutes a breach of contract. Interest will be charged on any outstanding payment. Payments by cheque are not acceptable.
5. The Centre reserves the right to prohibit the attendance of any student whose fees have not been paid in full by the due date and may refuse entrance thereafter.
6. **Termination of contract:** One full calendar month must be given in writing or cash in lieu of notice to remove the student from the Centre and thereby terminate the contract.
7. In the event of the student being absent from the Centre due to illness, accompanying parents on holiday or for any other reasons, the full amount of fees are still payable. Fees are not refunded under any circumstances.
8. All students must be handed and collected from staff all the time. Please do not leave the student at the gate.
9. Please do not bring sick students to the Centre, ensure that they are attended to by a doctor.
10. Although every precaution is taken, we cannot be held responsible for any accidents that may occur during Centre hours.

I _____ hereby agree to the above conditions

Name _____ Sign _____ Date _____

7. INDEMNITY FORM

I _____ being the parent / guardian of _____ hereby indemnify Centre of Excellency against any loss or injury sustained by the above stated student of what-so-ever nature on course that may occur whilst the student is engaged in attending the Centre activities or at any venue which may be used from time to time. This indemnity also includes and covers any travelling by what-so-ever means that may be necessary to transport the student to and from the Centre.

If it is necessary to call a medical practitioner, I authorise the Centre of Excellency to call Doctor _____
Tel: _____

Medical Aid Society: _____

Medical Aid Number: _____

In the event of the above named Doctor not being available, I give authority to the authorised representatives of the Centre of Excellency to take measures as may be deemed necessary for the maintenance of my child's health and agree to pay for any such costs that the Centre may incur towards the treatment of the Student.

Signature _____ Date _____

“Our Passion Is To Maximize Your Child's Potential”