



2026 APPLICATION FORM WATERFALL

(Student's name)

DATE OF APPLICATION: _____

REQUIRED ADMISSION DATE: _____

Dear Parent/Guardian,

Thank you for expressing an interest in our school. This document serves to answer some of the questions that you may have, however, please feel free to contact me directly on cell number 063 858 1110 at any stage should you have further questions.

At Little Acorns Preschool we aim to create a safe, fun and community-focused environment which supports foundation-phase learning. We offer small classes with one-on-one personalized teaching. We focus on developing children aged from 3 months to 5 years old and reinforcing solid moral principles so that they can spend a lifetime building on a secure foundation for a purpose-driven life.

Please a) **complete this application in full** and b) **ensure that *copies* of the following documents are attached** to your application form; **without which your application will not be processed.**

- Birth certificate
- Both Parents/Guardian's and accountable person's ID Document (or passport with permit)
- Immunization form and growth chart
- Proof of payment of R2,500.00 Enrolment Fee (see "School Fees" on page 5)
- Medical aid card

For the monthly school fee payment option; only once your application has been considered and is successful will a debit order authority form be sent to you for your completion and return.

I look forward to the journey ahead together with you and your child in these most precious years.

Warm regards,

Little Acorns Waterfall | Principal
Cell | 0638581110

STUDENT INFORMATION	
Age	
Name & surname	
Preferred name/Nick name	
Date of birth	
ID number	
Nationality	
Religious denomination	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home language	<input type="checkbox"/> English <input type="checkbox"/> Other:

PARENT/GUARDIAN INFORMATION	FATHER/GUARDIAN	MOTHER/GUARDIAN
Title		
Full Names		
Surname		
Initials		
Preferred Name		
ID Number		
Date of Birth		
Marital Status		
Home Language		
Communication Preference	<input type="checkbox"/> SMS <input type="checkbox"/> E-mail	<input type="checkbox"/> SMS <input type="checkbox"/> E-mail
Cell Phone Number		
Home Phone Number		
Work Phone Number		
E-mail		
Residential Address		
Postal Address		
Occupation		
Employer		
Employer Physical Address		
Child living with Parent/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY FAMILY INFORMATION (NOT PARENT/GUARDIAN)	
Name & surname	
Cell phone number	
Alternative number	
Relation	

MEDICAL INFORMATION	
Medical aid name	
Medical aid plan	

Medical aid phone number	
Medical aid member number	
Primary member	
Family doctor name & phone number	

HEALTH RECORD

Measles	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
German Measles	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Whooping Cough	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Chicken Pox	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Mumps	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tuberculosis (BCG)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Diphtheria	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Whooping Cough	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tetanus	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Measles	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
German Measles	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Poliomyelitis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Any other illnesses which your child suffers from or has suffered (e.g. asthma, epilepsy etc.):

On full time medication? Provide details:

Any allergies? Provide details:

Suffer from and chronic diseases, have difficulty with hearing or vision? Provide details:

Physical disabilities	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Occupational therapy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Speech therapy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Remedial therapy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Learning difficulties	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Emotional support	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Psychological support	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you have replied **YES** to any of the above, kindly give full details and **include the last assessment results with this application:**

INFORMATION OF PREVIOUS PLAY GROUP / NURSERY SCHOOL

* Please attach last reports from previous school to this application (if applicable)

Previous school name	
Reason for leaving the school	

PERSON RESPONSIBLE FOR THE ACCOUNT

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other:
Title		
Full Name		

Surname	
Initials	
Preferred Name	
ID Number	
Home Language	
Communication Preference	<input type="checkbox"/> SMS <input type="checkbox"/> E-mail
Cell Phone Number	
Home Number	
Work Number	
E-mail	
Residential address	
Postal address	

SCHOOL FEE POLICY

In order to administer the finances of the school with excellence, note the following:

- Prompt payment of school fees and all sundry items billed is essential for efficient administration of the school and also assists in keeping the fees as low as possible.
- Our annual school fees are a fixed amount and calculated in order to cover the costs of running the school as well as achieve our goal of providing the best education and pre-school experience for our children.
- Our school fees are calculated over a period of 12 months to assist in making our fees more affordable for parents. Should your child attend school in September, October and November months, the parent will be liable to pay for December, even if the child will not be attending the following year.
- We are a fee paying school; failure to pay any amount due according to your elected payment plan will negatively impact the entire school. Our school fees are calculated annually and billed as follows depending on which payment frequency option you elect:
 - Once off annual payment (10% discount applies)
 - 4 payments paid in advance at the beginning of each school term (8% discount)
 - 12 equal payments at the beginning of each month via debit order only (no manual or cash payments will be permitted).
- School fees are payable in advance. For the monthly fee payment option, only debit order payments are permitted.
- Fees are to be paid by debit order (monthly) or EFT (termly/annually) as the school is a cashless environment; kindly ensure that all proof of payments are sent to us via email.
- In the event of non-payment of fees, a courtesy reminder will be provided, after which we expect prompt payment. Accounts which are not paid timeously will result in your child automatically being placed on probation. It remains the sole discretion of the school as to whether your child will be permitted to continue attending the school following any non-payment.
- Accounts unpaid after 30 days will be subject to an additional administration penalty fee of the value of 2% of the outstanding balance per month (back-dated to the date of initial non-payment).
- An Enrolment Fee of R2500 is payable in order to confirm your enrolment and secure your child's placement.
- If you wish to remove your child from the school, you agree that you will provide one calendar month written notice (from the 1st to the 1st), which notice will be sent in writing. Notice periods for the month of December will not be accepted and fees will be due in full.
- You will be responsible for payment of school fees for this notice period even if your child leaves before the notice period has expired. School records will not be forwarded to the new school until full payment of all outstanding accounts/amounts have been settled. Any further outstanding balances will be handed over to a legal representative for collection from you or eventual reporting to the relevant credit bureau in the event of non-recovery of any amounts due.

BANKING ACCOUNT DETAILS

Account holder: Little Acorns Waterfall
Account type: Current Account
Account number: 63180211898
Branch code: 250655
Bank: First National Bank

- Your child's name and surname must be quoted at all times as a reference for the accounting department.
- The Enrolment Fee of R2500 is payable upon child acceptance at the school in accordance with policy set out in the section below.

SCHOOL FEES

	Monthly	Termly(6% discount)	Annually(8% discount)	Description
Once-off Enrolment Fee	R2500.00			Refer to School Fee Policy Section above
Payment option	<input type="checkbox"/> Monthly	<input type="checkbox"/> Termly	<input type="checkbox"/> Annual	
Tuition Fees	(due on the 1 st of every month)	(due 1 Jan, 1 April, 1 Jul, 1 Oct)	(due in full on or before 15 Jan)	Tuition fees are payable either monthly, termly or annually (kindly indicate your preferred option by ticking the relevant check-box).
Half day (07h00 – 12h30)				Tuition fees are payable in advance.
<input type="checkbox"/> Option A) 5 days	R2970.00	R8375.00	R32789.00	Tuition fees include breakfast, snack and hot lunch
<input type="checkbox"/> Option B) 4 days	R2320.00	R6543.00	R25613.00	
Extended half day (07h00 – 14:30)				Any charges for additional services that you elect (e.g. extra-mural activities, holiday care etc.) or penalties incurred (e.g. late collection fees, late payment charges etc.) will be billed separately.
<input type="checkbox"/> Option A) 5 days	R3170.00	R9035.00	R34997.00	
<input type="checkbox"/> Option B) 4 days	R2478.00	R7063.00	R27357.00	
Full day (07h00 – 17h30)				
<input type="checkbox"/> Option A) 5 days	R3520.00	R10032.00	R40128.00	
<input type="checkbox"/> Option B) 4 days	R2785.00	R7854.00	R30746.00	
(Tick required option)				

DISCOUNTS APPLICABLE TO SIBLINGS

- 2nd child attending at the same time (10% discount)
- 3rd child attending at the same time (15% discount)
- 4th child attending at the same time (20% discount)

CALENDAR: 2026

Please see our 2026 PDF calendar for all upcoming themes, fun days, events and school terms.

CODE OF CONDUCT: POLICY FOR DISCIPLINE

- Be of one mind.
- Have compassion for one another.
- Be humble.
- Be courteous.
- Be mindful to be a blessing to others.
- Take advantage of no one.
- Always speak the truth.
- Be good stewards of your possessions, no stealing or begging permitted.
- Let your speech be seasoned with love, edifying & imparting grace to others. No foul or polluted language or unwholesome talk is permitted.
- Be kind, tender hearted, forgiving to one another.

PERMISSION/CONSENT

A) To take part in all organised academic activities, sport activities and field trips

I hereby give permission for my child to participate in all educational and/or extra-mural activities while he/she remains a Student at Little Acorns Pre-School and declare that I shall not hold Little Acorns Pre-School or its bona fide representatives or any other related party liable for any damage or injury sustained while he/she is on an outing, excursion or participating in an activity arranged by the said school.

I also indemnify the said school, Department or bona fide representatives of Little Acorns Pre-School against all claims by me or any third parties arising from any cause or action/omission whatsoever arising from the attendance of my child at an excursion or participating in extra-mural activities. I accept that the staff and representatives will take every reasonable precaution to ensure the safety of my child.

I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of Students that needs to be transported, then Parents/Teachers may be asked to transport them. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of all medical and/or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel/representative's coarse negligence. I hereby authorise Little Acorns Pre-School to take all steps, which it in its absolute discretion may deem necessary, to have the said child admitted to a hospital, and treated by a doctor or other medical attendant. I confirm that all medical information supplied is accurate and complete. This information may be used in case of an emergency and I undertake to inform the school if any of the above information may change.

B) Protection Of Personal Information (POPI) Act/Applicable Legislation

Little Acorns Pre-School will undertake to protect the personal information about you, your child and the payer that you have provided in the application form. We will not distribute or publish any personal information about you, your child or the payer unless you give us your consent in writing. If this is the case, we may only distribute or publish the information specified in your consent letter and only to the people and for the purpose stated in your consent.

When you apply you give us consent to:

- Collect and store names and contact details about yourself, your child and any divorced or separated parent responsible for paying fees.
- Collect any other information from previous schools that we may need in order to make a decision with regard to your application and manage relationships between the school, the parents, legal guardians and current Students

C) Permission to use photographs

I understand and acknowledge that, from time to time, photographs are taken of the school's Students as well as family members, friends etc., and that, insofar as these photographs are placed in the possession or control

of the school, these photographs might be used by the school in the electronic and/or printed media, including (but not limited to) the Little Acorns Pre-School website, social media, newsletter, newspaper advertisements, magazine advertisements, brochures, flyers, posters, billboards, banners, flippers, signage on buildings, vehicles etc. which use will be solely for the purposes of marketing the school. Note that your retraction of this permission at any stage will not apply to any of the above mentioned prior to the date of your retraction of our permission.

DECLARATION AND GENERAL INDEMNIFICATION

I/We undersigned, _____ (Father/Guardian) and _____ (Mother/Guardian), hereby certify that the information given by us in this application is complete and accurate and I/We undertake to adhere to and fulfil all the conditions as set out herein.

I/We declare that I/We am/are in full agreement with the contents of this application and that the terms stated herein as well as my/our obligations to Little Acorns Pre-School are fair and reasonable. Furthermore, I/We agree to pay the full amount of compulsory school fees and extra charges that I/We am/are responsible for; as and when they become due and payable.

I/We indemnify Little Acorns Pre-School, Department, its employees, bona fide representatives etc. against all claims by Me/Us or any Third Parties arising from any cause or action/omission whatsoever arising from the attendance of my child at the school.

Father/Guardian signature

Date

Mother/Guardian signature

Date



2 Mushroom Road

info.waterfall@littleacorns.co.za

063 858 1110

Oakwood Schools (Pty) Ltd T/A Little Acorns

A. Authority/Mandate: Paper/Electronic

Given by (name of Accountholder):

Address:

Bank Account Detail

Bank Name:

Branch Name and Town:

Branch Number:

Account Number:

Type of Account:

Current (cheque) / Savings / Transmission

Date:

Contact Number:

Amount:

To (Name of Beneficiary):

Address:

Abbreviated Shortname to be used:

LITTLEACORN

Refer to contract reference number

("the Contract Reference Number")

I/We hereby authorise Netcash (Pty) Ltd to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will not differ from my/our obligations as agreed to in the Contract Reference Number.

The individual payment instructions so authorised must be issued and delivered on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorised to be issued must carry the Contract Reference Number, included in the said payment instructions, and must be provided to identify the specific contract. The said Contract Reference Number should be added to this form in section E before the issuing of any payment instruction and communicated directly after having been completed.

I/we agree that the first payment instruction will be issued and delivered on _____ (date) and thereafter regularly on the _____ of each month.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the following business day; or

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in the previous clause) and sent by prepaid registered post or delivered to your address indicated above.

B. MANDATE

I/we acknowledge that all payment instructions issued by you will be treated by my/our abovementioned bank as if the instructions had been issued by me/ us personally.

C. CANCELLATION

I/we agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

D. ASSIGNMENT:

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

Signed on this day of.....

.....
SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

.....
ASSISTED BY
FOR OFFICE USE

.....
CAPACITY

E. AGREEMENT REFERENCE NUMBER

THE AGREEMENT REFERENCE NUMBER IS