

## MIRACLES: INDEMNITY, APPLICATION AND CONSENT

### 1. PARENTAL INDEMNITY AND CONSENT

- 1.1 I/We, the undersigned, being the parent(s) and/or legal guardian(s) of \_\_\_\_\_ (full name of child) ("the Child") do hereby grant full and informed permission and consent for our child ("the Child") to participate in any and all educational, recreational, cultural, sporting, social, and enrichment activities ("the Activities") organised or offered by **Miracles Paarl / Big Miracles** ("the Institution") while the Child is enrolled as a learner at the Institution.
- 1.2 We hereby indemnify the Institution, its staff members, educators, volunteers, parents, representatives, and any person duly authorised to act on behalf of the Institution, from any and all liability for:
- 1.2.1 Loss of or damage to property belonging to the Child;
  - 1.2.2 Injury, illness or harm sustained by the Child;
  - 1.2.3 Any costs, claims, demands, or actions of any nature whatsoever, arising directly or indirectly out of the Child's participation in the Activities, or while being transported to or from such Activities, including to the Institution's Aftercare facility.
- 1.3 We expressly consent to our Child being collected from his/her current school and transported to the Institution's premises or any authorised location, in a motor vehicle owned or operated by Miracles Paarl / Big Miracles, provided such vehicle is equipped with functional seatbelts and is operated in accordance with applicable road traffic and safety laws.
- 1.4 We hereby authorise the Institution to render, or procure the rendering of, medical care and attention to the Child, only in accordance with clear, prior written instructions provided by us. This includes, but is not limited to, the administration of

chronic medication, and we undertake to furnish the Institution with the relevant medical and dosage information in writing.

1.5 We acknowledge that while the Institution embraces multicultural diversity, it is founded upon Christian values and teachings. Accordingly, we consent to the Child's exposure to Bible stories, Christian-based values education, and participation in the celebration of Christian holidays and observances as part of the curriculum and school culture.

1.6 We grant permission for the Institution to use photographs, video recordings, or other visual representations of the Child in newsletters, on social media platforms (including but not limited to Instagram and Facebook), and in other media formats for the purposes of promoting or publicising the Institution and its activities. We understand that these materials may be used without compensation and may be accessible to the public.

1.7 We understand and acknowledge that while the Child is under the care of the Institution and its staff, he/she will be fed, supervised, and cared for with diligence and in accordance with the standards reasonably expected of a childcare facility. We undertake to notify the Institution promptly of any changes to the Child's medical, dietary, or emergency contact details in writing.

This document is signed freely and voluntarily, with full knowledge and understanding of its content and legal effect.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2025.

**Signature of Parent/Guardian 1:**

**Signature of Parent/Guardian 2** *(if applicable):*

**Signature of Witness:**

2. **APPLICATION**

2.1 **PARTICULARS OF CHILD**

Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of application: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

MIRACLES

\_\_\_\_\_

SPRING BLOOM THRIVE

Number of days per week: \_\_\_\_\_

Grade: \_\_\_\_\_

Attendance per week: (Please tick)

Full day (7am -17:30 Mondays to Thursdays & Fridays 17:00): \_\_\_\_\_

Half day (7am -13:15): \_\_\_\_\_

Play school times(7am-12pm): \_\_\_\_\_

## 2.2 DETAILS OF PARENTS/GUARDIANS

Parent 1:

Name and surname: \_\_\_\_\_

Profession: \_\_\_\_\_

Employer: \_\_\_\_\_

Home language: \_\_\_\_\_

Contact Number (c): \_\_\_\_\_

Tel (h): \_\_\_\_\_

Email address: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent 2:

Name and surname: \_\_\_\_\_

Profession \_\_\_\_\_

Employer: \_\_\_\_\_

Home language: \_\_\_\_\_

Contact Number (c): \_\_\_\_\_

Tel (h): \_\_\_\_\_

Email address: \_\_\_\_\_

Residential address:

\_\_\_\_\_



## 2.3 PERSON RESPONSIBLE FOR PAYMENT OF FEES/ACCOUNT

Circle that which applies:      Parent 1 / Parent 2 / Both

If Other:

Name and surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

## 2.4 EMERGENCY CONTACT DETAILS

*Contact person in case of emergency (if parent 1 and parent 2 cannot be reached)*

Name and surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Telephone number: \_\_\_\_\_

*Person responsible for medical costs:*

Circle that which applies:      Parent 1 / Parent 2 / Both

If Other:

Name and surname: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Aid: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**2.5 AUTHORIZATION FOR TREATMENT IN CASE OF EMERGENCY:**

In case of emergency, I,we hereby authorize, as the parent of the above child,for Miracles Paarl/ Big Miracles to take the above child for medical treatment on my behalf. This authorization also includes the completion and signing of consent documents

**2.6 MEDICAL REPORT OF CHILD:**

*Indicate childhood diseases that toddlers have already had:*

Name of disease: \_\_\_\_\_ Date: \_\_\_\_\_

Name of disease: \_\_\_\_\_ Date: \_\_\_\_\_

Name of disease: \_\_\_\_\_ Date \_\_\_\_\_

Name of disease: \_\_\_\_\_ Date: \_\_\_\_\_

Name of disease: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

**PLEASE ATTACH COPY OF IMMUNIZATION CARD**

**3. PERSONAL INFORMATION**

3.1 The undersigned Parent(s) and/or Legal Guardian(s) hereby undertake to promptly notify **Big Miracles/ Miracles Paarl** in writing of any changes to personal information previously provided. This includes, but is not limited to, the contact details, residential address, or other relevant particulars of the parent(s)/guardian(s), the enrolled child, and any nominated alternative or emergency contact persons.

3.2 Such notification shall be made immediately upon the occurrence of any change, in order to ensure the continued accuracy of records and the safety and well-being of the child while in the care of Miracles. Failure to provide timely updates may impair the ability of Miracles to effectively communicate or respond in emergency situations, and the Parent(s)/Guardian(s) acknowledge and accept any resulting risk or consequence.


**4. REGISTRATION FEES**

4.1 A non-refundable registration fee of R1700-00 as well as a full month's fees, as set out below, is payable upon signature of this agreement.

4.2 Subsequent months' fees should be paid in full by the 2<sup>nd</sup> day of each consecutive month.

4.3 CLASS FEES 2026 – 5 days per week


Option	Fee:	Chosen option(S): (mark with "x")
5 full Day play school	R 3 000.00 p/m (8-12pm)	
5 Half Days /week	R 3 550.00 p/m (7-13:15)	
5 Full Days /week	R 3800.00 p/m (7am-17:30) Fridays (7am-17:00) Baby room and juniors incl /steamed fruit & nutritional lunch  R4 000.00 p/m (3y-Gr R)  All other Miracle classes Incl lunch R3 980.00 p/m senior  <b>Senior phase includes in curriculum:</b>	

	<p><b>Zoomatix, Robotics &amp; Coding</b></p> 	
<p>After Care 5 full days Incl holiday care &amp; Lunch</p>	<p>Gr R R 980.00 Gr 1-7 R 1 100.00 Transport /extra mural Individual as per needs and school /invoiced monthly</p>	
<p>5 Half days (till 15pm) Incl holiday care</p>	<p>Gr R: R 850.00 Gr 1-7: R 650.00</p>	

4.4 Miracles offers a discount upon request where more than one Child from the same household are enrolled. It is the responsibility of the parent/guardian to contact the administration of Miracles to confirm the discount amount and fees payable.

4.5 CLASS FEES 2026 – 4 days per week

Option	Fee:	Chosen option(S): (mark with "x")
4 full Day play school	R 2 700.00 p/m (8-12pm)	
4 Half Days /week	R 3 300.00 p/m (7-13:15)	
4 Full Days /week	R3 700.00p/m (7am-17:30) Fridays (7am-17:00)  R3 750 p/m senior (3-Gr R)	

	<b>Seniors:</b>  Curriculum: Zoomatix, Robotics, Coding	
<ul style="list-style-type: none"> <li><i>The Daily option is available for learners to attend on an ad-hoc basis.</i></li> </ul>	<i>The Daily Package provides a cooked meal and supervised homework help during extramural activities, from 13:00 to 17:30.</i>	

#### 4.6 PAYMENT OPTIONS

Option:	Date of payment due:	Chosen option: (mark with "x")
Year in full	31 January	
Per semester	First payment on/before February 1 and 2nd payment on/before July 1	
Quarterly	31 January, 31 March 30 June, 30 September	
Monthly	Before or the day of the second of every month.	

#### Banking details / BANKBESONDERHEDE:

**Account Holder:** Little Miracles  
**Bank:** FNB  
**Branch/Code:** Paarl / 200110  
**Account No:** 62232527658

4.7 No discount will be given during the child's absence due to illness or when they are on vacation. Parents undertake to pay 100% of the fee for the closure period. This

fee is payable on December 1st, prior to the closure, thus covering 12 months of each year. School fees are payable in advance for 12 months of the year.

- 4.8 Proof of payment must please be emailed to [miraclespaarl@gmail.com](mailto:miraclespaarl@gmail.com). Please use your child's name and surname as a reference. All fees are due before/on the 2<sup>nd</sup> day of each month.

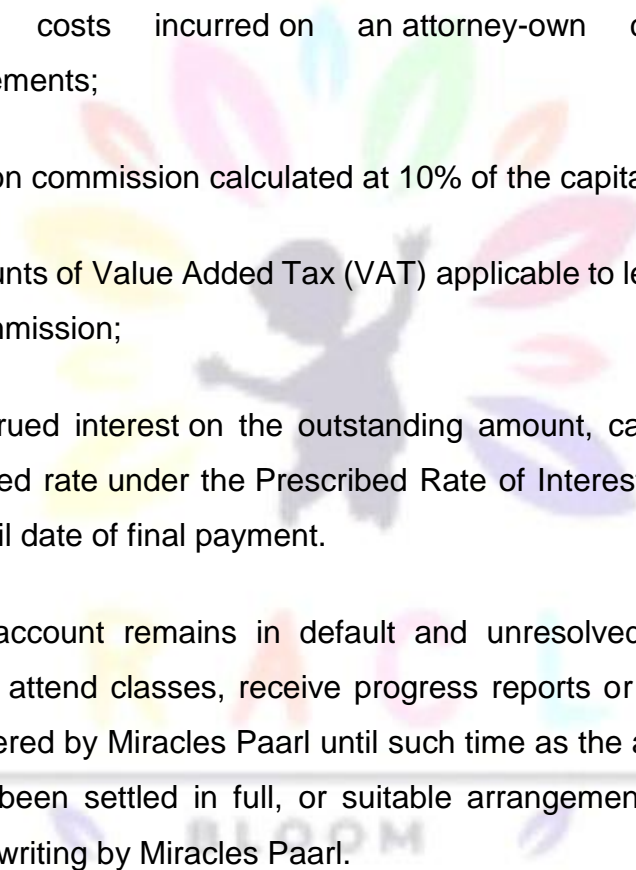
## 5. **BREACH AND CONSEQUENCES OF NON-PAYMENT**

- 5.1 Should any payment due in respect of class fees or any other amounts owed to **Miracles** not be received by the 5th (fifth) day of any given month, an additional late payment fee of R20.00 (twenty rand) per day shall apply and be payable for each day that the payment remains outstanding.

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GROW    BLOOM    THRIVE

- 5.2 In the event that any account becomes overdue and no alternative payment arrangement has been made and formally agreed to in writing with **Miracles**, the account shall be in default.
- 5.3 The defaulting party shall be notified in writing of the breach, and shall be given an opportunity to remedy such breach within 21 (twenty-one) days.
- 5.4 Should the default not be remedied within 21 (twenty-one) days from the date on which the defaulting party is given notice of the breach, the matter shall be referred for collection.
- 5.5 The party responsible for the account shall thereafter be liable for:
- 5.5.1 The full outstanding amount on the account, including any late payment fees accrued;

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- 5.5.2 All legal costs incurred on an attorney-own client scale, including disbursements;
- 5.5.3 Collection commission calculated at 10% of the capital amount recovered;
- 5.5.4 All amounts of Value Added Tax (VAT) applicable to legal fees, collection costs, and commission;
- 5.5.5 Any accrued interest on the outstanding amount, calculated at the maximum prescribed rate under the Prescribed Rate of Interest Act, 1975, from the due date until date of final payment.
- 5.6 While any account remains in default and unresolved, the Child shall not be permitted to attend classes, receive progress reports or participate in any school activities offered by Miracles Paarl until such time as the arrears and all associated costs have been settled in full, or suitable arrangements have been made and accepted in writing by Miracles Paarl.
- 5.7 No relaxation or indulgence granted by Miracles Paarl in relation to any breach shall constitute a waiver of its rights, nor shall it preclude or limit the exercise of any other rights or remedies available under this Agreement or at law.

## 6. **CANCELLATION**

- 6.1 The Parent(s) and/or Legal Guardian(s) may terminate the enrolment of the Child at Miracles Paarl by providing no less than one (1) full calendar month's prior written notice of such intention to withdraw the Child. Notice must be delivered in writing to Miracles Paarl's administrative office and shall only take effect from the first day of the calendar month following the date of receipt of such notice. Please note that parents and learners are not entitled to receive the list of necessities. Miracles Paarl will not return any unused/used items.
- 6.2 No notice of withdrawal shall be accepted after 1 October of any academic year, irrespective of whether the Child is expected to return the following year.

Accordingly, if written notice of withdrawal has not been received by close of business on 1 October, the Parent(s)/Guardian(s) shall remain liable for the full tuition fees for both December of the current year and January of the following year.

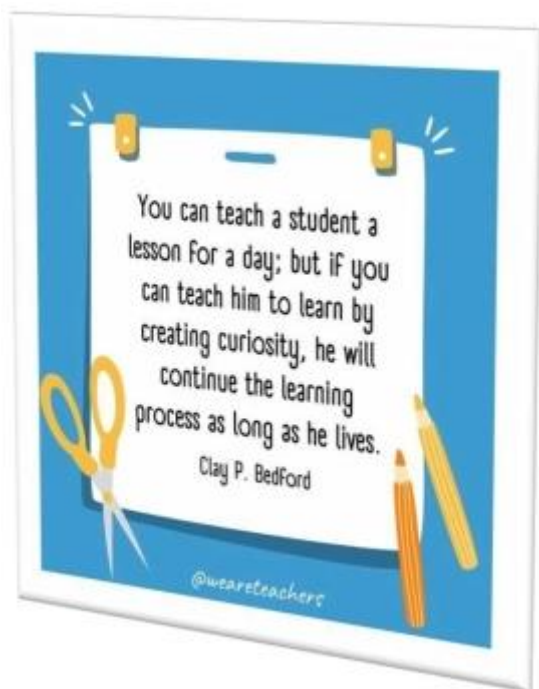
I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ (full name of child) declare that all information provided are true and correct and understand the content as set out in application and manual.

Signed at Paarl on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian 1

\_\_\_\_\_  
Parent/Guardian 2

\_\_\_\_\_  
Signature: Witness



## **FEE AGREEMENT AND PAYMENT TERMS:**

Dear Parent/Guardian,

This letter serves as a formal agreement between Miracles Paarl and parents/guardians: \_\_\_\_\_ regarding the payment of \_\_\_\_\_ (child/ren) school fees. By enrolling your child at Miracles Paarl, you acknowledge and agree to the terms and conditions outlined below:

### **1. Monthly School Fees**

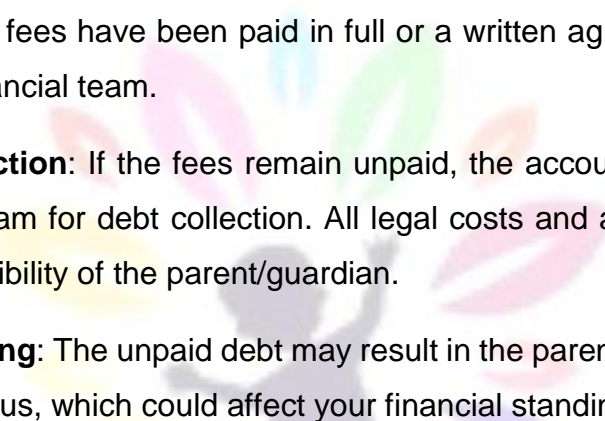
Parents/guardians are legally bound to pay the school fees for the full academic year as invoiced. Monthly fees are due and must be paid by the 2<sup>nd</sup> of each month unless otherwise agreed with our financial team. Any alternative payment arrangements, such as paying by the 15th of the month, must be communicated and confirmed with the financial team in advance.

### **2. Invoices and Payment Allocation**

Our financial team will issue monthly invoices, and payments will be allocated directly to the respective accounts of parents. Payments not made by the due date, being the 2<sup>nd</sup> day of each month, the account will be deemed as overdue. If payments are not made by the 15th of the month, parents will receive a final written notice and demand.

### **3. Consequences of Non-Payment**

If payment has not been made by the specified due date and no communication has been received from the parent/guardian to explain or arrange payment, the following actions will be taken:

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- a. **No School Attendance:** The child will not be permitted to attend school until the outstanding fees have been paid in full or a written agreement has been signed with our financial team.
  - b. **Debt Collection:** If the fees remain unpaid, the account will be handed over to our legal team for debt collection. All legal costs and any collection fees will be the responsibility of the parent/guardian.
  - c. **Credit Listing:** The unpaid debt may result in the parent/guardian being listed on credit bureaus, which could affect your financial standing.

#### 4. **Communication with the Financial Team**

We understand that sometimes unforeseen circumstances arise. Should you be unable to make a payment on time, it is crucial to communicate directly with our financial team. We are open to discussing terms and conditions for late payments or alternative arrangements. However, it remains the parent's sole responsibility to ensure that fees are paid regularly and responsibly to ensure the wellbeing and education of their child.

#### 5. **Our Commitment to Your Child**

As educators, caregivers, and staff at Miracles Paarl, we are committed to providing your child with the highest standard of education and care. However, to continue offering this, it is essential that all parents fulfil their financial obligations. A failure to meet these obligations negatively impacts the ability to maintain and improve our services. We kindly ask that you treat these financial commitments with the same level of responsibility as we treat the education and care of your child.

In conclusion, while we value family and community, it is important to understand that fulfilling your financial obligations is essential to the continued operation of Miracles Paarl. We request that all parents ensure their school fees are paid on time to avoid disruption to your child's education.

Please acknowledge receipt of this letter and confirm your understanding of these terms by signing and returning the attached acknowledgment form.

Thank you for your understanding and cooperation. We are here to assist and work with you to ensure the best possible future for your child.

Sincerely,

Estelle van der Linde

CEO/Owner

Credo House/Miracles

[miraclespaarl@gmail.com](mailto:miraclespaarl@gmail.com)

071 573 0719

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**Acknowledgment of Receipt and Understanding**

I, the undersigned, acknowledge receipt of the letter outlining the school fees agreement and payment terms, and I understand the obligations set forth by Miracles Paarl. I agree to comply with the payment terms and conditions outlined above.

**Parent/Guardian Name 1:** \_\_\_\_\_

**Parent/Guardian Name 2:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Miracles Paarl representative signature: \_\_\_\_\_