

# Little Heaven Enrolment 2026



## NELSPRUIT

110 Ferreira Street  
Nelspruit  
1200

013 744 0441

Hanna Bylsma: 082 520 9180  
hanna.bylsma@gmail.com

## PRETORIA

1289 Cunningham Avenue  
Waverley, Pretoria  
0183

012 332 0930

Hanna Bylsma: 082 520 9180  
[hanna.bylsma@gmail.com](mailto:hanna.bylsma@gmail.com)  
WhatsApp: 063 955 4914

Date of Application \_\_\_\_\_  
Date to Commence \_\_\_\_\_

### Particulars of Child

Child Name and Surname \_\_\_\_\_  
Nickname \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Home Language \_\_\_\_\_  
Gender \_\_\_\_\_  
Home Address \_\_\_\_\_

1 Initials – Father \_\_\_\_\_ Mother \_\_\_\_\_ Little Heaven \_\_\_\_\_ Legal Guardian \_\_\_\_\_

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## Particulars - Parent(s)/Legal Guardian(s) Father/Legal Guardian

Title \_\_\_\_\_ ID Number \_\_\_\_\_

Surname \_\_\_\_\_

Name \_\_\_\_\_

Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

Marital Status      Married\_\_\_      Divorced\_\_\_      Single\_\_\_      Other\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Cell phone Number \_\_\_\_\_ WhatsApp Cell phone Number \_\_\_\_\_

## Mother/Legal Guardian

Title \_\_\_\_\_ ID Number \_\_\_\_\_

Surname \_\_\_\_\_

Name \_\_\_\_\_

Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

Marital Status      Married\_\_\_      Divorced\_\_\_      Single\_\_\_      Other\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Cell phone Number \_\_\_\_\_ WhatsApp Cell phone Number \_\_\_\_\_

2 Initials – Father \_\_\_\_\_ Mother \_\_\_\_\_ Little Heaven \_\_\_\_\_ Legal Guardian \_\_\_\_\_

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**Please accompany this application with the following documentation**

**Yes/No**

1. Signed **Little Heaven** Contract/Enrolment Form \_\_\_\_\_
2. Father/Legal Guardian Identification document \_\_\_\_\_
3. Mother /Legal Guardian Identification document \_\_\_\_\_
4. Child Birth Certificate \_\_\_\_\_
5. Proof of Residence \_\_\_\_\_
6. Child Clinic/Immunisation certificate \_\_\_\_\_
7. Copy of ID of person(s) responsible for transport to and from school (other than parents) \_\_\_\_\_
8. Copy of ID of person(s) responsible for monthly school fees (other than parents) \_\_\_\_\_

## Safety measures at our school

**Who will daily drop-off/collect your child from **Little Heaven** Pre-School?**

\*\*\*Please supply a copy of the person(s) who will deliver and collect your child from school. Please inform this person(s) that they are the only persons who will be allowed onto the school premises.

1. Name and Surname \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell phone Number \_\_\_\_\_
2. Name and Surname \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell phone Number \_\_\_\_\_
3. Name and Surname \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell phone Number \_\_\_\_\_

Any notes to add  
\_\_\_\_\_

**Emergency Contact Numbers** (Person will be contacted in case of an emergency and also if child is not collected and parents are not reachable)

1. Name and Surname \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell phone Number \_\_\_\_\_
2. Name and Surname \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell phone Number \_\_\_\_\_
3. Name and Surname \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell phone Number \_\_\_\_\_

Any notes to add  
\_\_\_\_\_

Please note: under normal circumstances, your child will not be handed to family and/or friends to fetch him/her, unless prior arrangements have been made with the class teacher or with the office. Please, notify them about the arrangements, should the need arise for them to collect your child. Any changes of any appointee must be done in writing to the school. You are to collect your child no later than stipulated times, if later collected an overtime fine will be charged and is immediately payable to the class teacher.

3 Initials – Father \_\_\_\_\_ Mother \_\_\_\_\_ Little Heaven \_\_\_\_\_ Legal Guardian \_\_\_\_\_

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# Child Medical/Personal Information

Please clearly specify any of the following conditions

Allergies

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Special dietary requirements

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Any other medical/health condition (Diabetes, Epilepsy, Asthma, etc) which we should be aware of?

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Any Medication / Treatment?

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Doctor \_\_\_\_\_ Contact Number: \_\_\_\_\_

Paediatrician \_\_\_\_\_ Contact Number: \_\_\_\_\_

Dentist \_\_\_\_\_ Contact Number: \_\_\_\_\_

Medical Aid Scheme \_\_\_\_\_

Medical Aid Plan \_\_\_\_\_

Medical Aid Number \_\_\_\_\_

\*Immunisation cards are to be kept up to date as per instruction of the Department of Health by parents/Legal Guardian. Parents/Legal Guardian to supply original Immunisation card for school to copy.

\*Please note that in accordance with the health act, a child with a contagious disease may not be admitted, until the disease has totally cleared.

I, the undersigned hereby give permission:

1. That \_\_\_\_\_ (Child's Name and Surname) may receive the necessary treatment and be transported in the event of an emergency.
2. That his/her medical practitioner may be called out during an emergency to **Little Heaven** and/or the venue and/or possible excursion to a hospital if/when possible, the doctor and hospital of choice. All medical costs to be paid by person indicated as the responsible person and or parent/guardian to the relevant medical institution(s).
3. Hereto my permission for the relevant medication, as per parent guardian instructions, to be given orally/external.

4 Initials – Father \_\_\_\_\_ Mother \_\_\_\_\_ Little Heaven \_\_\_\_\_ Legal Guardian \_\_\_\_\_

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# Payment Structure, School Hours and Terms

## NELSPRUIT

Full day (06h30 – 17h30) R 3 300.00  
Half day (06h30 – 13h15) R 3 200.00  
After Care (13h00 – 17h30) R 2 800.00  
(Including all meals and snacks)

School Opens – 5 January 2026  
School Closes – 15 December 2026

## PRETORIA

Full day (06h00 – 18h00) R 3 300.00  
Half day (06h00 – 13h15) R 3 200.00  
After Care (13h00 – 18h00) R 2 800.00  
(Including all meals and snacks)

School Opens – 5 January 2026  
School Closes – 15 December 2026

### Banking Details – PRETORIA

Acc Name: Little Heaven Day-Care (Pty) Ltd  
Bank: ABSA Bank  
Acc Nr: 41 1092 1926  
Branch Code: 612005  
REF: Child Name and Surname

**\*\*\*A registration fee of R 700.00 per child is payable upon enrolment and registration**

### Person responsible for school fees – Please fully complete

Name and Surname: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell phone Number \_\_\_\_\_  
WhatsApp Cell phone Number \_\_\_\_\_

**\*\*\*Please attach a copy of the person's ID, responsible for the school fees to this application, attaching same is an acceptance of liability to pay the school fees.**

1. Fees are payable in advance for each month and may not be paid later than the 3rd day of each month.
2. A 10% penalty fee will be charged after the 5<sup>th</sup> day of each month. In case of a reasonable reason, please make arrangements with the office.
3. School fees are payable for twelve months. 5% Discount to be awarded when full year's school fees are paid in January
4. Should you go on holiday or should your child not attend school, you will still be contractually bound to pay the fees for the entire month/period/year.
5. One calendar month's written notice is required with termination of your child's enrolment with Little Heaven Pre-School. Notice to be given on the first day or first school day of that month. Please be advised that notice given on the 1<sup>st</sup> of November will be accepted on condition, that your child is NOT enrolled for January.
6. Payments are to be made in cash/EFT/debit order. Reference: CHILD NAME and SURNAME
7. In case of non-payment after 14 days, the client/parent will be informed of arrears. Child to be suspended and contract terminated. All legal fees are to be for the client/parents/legal guardian/person responsible for school fees, account. Child will not be allowed on school premises until full outstanding balance is brought up to date.
8. I hereby also undertake that notice cannot be given in October and November of each and that the school fees are payable for 12 months of a year.
9. Hereby I confirm that I understand and agree to the payment structure of [Little Heaven Pre-school](#) and accept that by signature hereof, I acknowledge the indebtedness due to the school.

5 Initials – Father \_\_\_\_\_ Mother \_\_\_\_\_ Little Heaven \_\_\_\_\_ Legal Guardian \_\_\_\_\_

## Legal Liability

### POPIA act

Hereby I, \_\_\_\_\_ (Father/Legal Guardian), and \_\_\_\_\_ (Mother/Legal Guardian) give consent and permission to Little Heaven Pre-school to photograph our child \_\_\_\_\_ (Name and Surname of child) and send via parent WhatsApp groups. Photos may be used for future marketing purposes and also be loaded onto Little Heaven Social Media platforms. According to the Protection of Personal Information Act, 4 of 2013 ("POPIA") Little Heaven is required to receive consent from Legal Guardians/Parents of each child which consent is by signature hereof given.

Please indicate if you would **NOT** want photographs taken of your child for any reason.

### Court Order

Please indicate if your child is the subject of a court order and provide us with a copy of such order on request.

 YES NO

### Liability

Hereby I, \_\_\_\_\_ (Father/Legal Guardian), and \_\_\_\_\_ (Mother/Legal Guardian) undertake on behalf of myself, my executors, my spouse and my \_\_\_\_\_ (Child name and surname) child to indemnify the school, the Principals, the owners and Staff against and from any and all claims whatsoever that may arise in connection with any loss or damage to property, or injury to the person of my child.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for the payment of medical and / or hospital accounts, where applicable, should any injury be sustained.

All parents enter their child at own risk and Little Heaven Pre-School may not be held liable for any damage or loss may it occur to property or your child.

Hereby I, \_\_\_\_\_ (Father/Legal Guardian), and \_\_\_\_\_ (Mother/Legal Guardian) give consent to Little Heaven Pre-School for daily authority and guidance to my child \_\_\_\_\_ (Child name and surname). I assure that all above mentioned and written information is true and may be used in interest of my child. I understand the above and agree that no exceptions are to be made from this contract. I hereby acknowledge and declare that I understand the contents of the above and will abide by this agreement

Father/Legal Guardian Signature \_\_\_\_\_

Mother/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Owner and Principal (Hanna Bylsma) \_\_\_\_\_

We as Little Heaven staff, principal and owners thank you for your loyal following over the past 15 years and we assure that we will do our utmost best to assure the quality and educational life we strive to leave with every child that walks through our doors.

We have now started to open more Little Heaven doors across South Africa, starting with Gauteng. We thank you for your loyal commitment and we assure that we will stay committed to the best possible development of your young one, for that is the only way in which we can build a better world.

Please feel free to contact me should there be any questions

Kindest Regards,

Hanna Bylsma  
[hanna.bylsma@gmail.com](mailto:hanna.bylsma@gmail.com)  
082 520 9180