Mary Immaculate Nursery School (MINS)
Public Benefit Organisation 930071029 Registered at the Department of Education
231 Pretoria Road, Lyndhurst, 2192
P.O. Box 1772, Highlands North, 2037
info@maryimmaculate.co.za / littleservants20@gmail.com
Tel: (011) 882-6800 Cell: 072-103-1033

This document provides your requirements and conditions for your children at MINS in 2026.

2026 MARY IMMACULATE NURSERY SCHOOL (MINS) SCHOOL CONDITIONS

ENROLMENT REQUIREMENTS

Admission form duly completed	
Child's Birth Certificate	
Parents IDs	
Clinic Card (IMMUNISATION PAGE)	

PAYMENT IS REQUIRED UPON ENROLMENT

Registration fees: For new children R500-00. For children who are have been at MINS R100-00
ANNUAL Activity fee R300-00 (a compulsory, once off payment, payable at the beginning of the year).
One Month School fees.

SCHOOL FEES:	R1500.00 Per Month X 11
AFTER CARE:	R300.00 Per Month X 11
TOTAL SCHOOL FEES AND AFTER CARE	R1800.00 Per Month x 11

SCHOOL FEES ARE PAYABLE UP-FRONT: by the 15th day of the month and over a period of 11(eleven) months from January to November. **NO FEE FOR DECEMBER. SCHOOL FEES ARE PAYABLE REGARDLESS THE CHILD IS AT SCHOOL, SICK OR ON HOLIDAY**. Due to the high cost in bank Charges, **NO BANK CASH AND/OR AUTO BANK CASH DEPOSITS** will be accepted, ONLY EFT are accepted and **ANY PAYMENT IN CASH IS TO BE MADE DIRECTLY AT THE SCHOOL**.

OUR BANKING DETAILS:

Standard Bank, Bramley Branch, Branch Code 004005,
Account Name: MARY IMMACULATE NURSERY SCHOOL
Account Number 001729403,
Beneficiary reference: **Child's name and surname**

2026 SCHOOL CALENDAR	
Term 1	14th January – 27th March
Term 2	9th April – 26th June
Term 3	22th July – 23rd September
Term 4	6th October – 4th December

School Hours	Children may be dropped off from 07h00 to 08h00. Half day children must be collected between 12h30 and 13h00. Full day children can be collected from 14h30 latest by 17h00 **NO PICKING UP CHILDREN BETWEEN 13h00 AND 14h30**
Picking up your child	The parent's responsibility is to inform the school if another person is coming to **NO CHILD WILL BE RELEASED FROM SCHOOL** to unknown persons. Persons collecting a child have to sign departure register.

STATIONARY REQUIREMENTS FOR 2026

At The Beginning Of The Year, Each Child Must Bring The Following:	1 X Large Stick Of "Pritt Glue"	1 X Packet Of Retractable Wax Crayons 12	1 X Ream Of A4 White Paper (500 Sheets)	
Grade R Stationery Requirements For 2026	2 X Large Stick Of"Pritt Glue"	1 Pack Of 14 Crayons	1 X Ream Of A4 White Paper (500 Sheets)	1 Flip File (50 Filing Pockets A4)
Toiletries: During The First Week Of Each Term, Each Child Needs To Bring The Following Items	1 Box Of 200 Facial Tissues	4 Toilet Paper Rolls	1 Bar Of 500ml Liquid Soap	2 Rolls Of Paper Towels

Each child needs to have a communication book. The book cost R20 and are available at the school office.

COOKIE DAY	Every Friday is "COOKIE DAY". Each child in the group has a turn to bring cookies for classmates. The parent of the cookie boy/girl will be given a written notice on the Monday or Tuesday of that week. **Every Friday children are to bring R2 for cookie activity.**
FOOD	Every day, please give your child a nutritious food in her/his lunch box. The lunch box and the drinking bottle must be marked with the child's name and surname.
HEALTH	Children showing any symptoms of flu, cold, fewer or any other condition must be kept at home.
BIRTHDAYS	A party **MAY BE** held in the class upon prior arrangement with the class teacher.
CLOTHES	Kindly dress your child in comfortable cloths according to weather condition. Do not dress your child in tight clothes e.g. waist bells which might not be easy for the child to undress herself/himself when going to the toilet. All clothes must be marked. We are not responsible for any lost items not clearly marked. AN EXTRA SET OF CLOTHES HAS TO BE PLACED IN CHILD'S BAG IN CASE OF A NEED TO CHANGE.
SERVICE PROVIDERS	Our school allows service providers to conduct extracurricular activities suitable for children. **THEY ARE NOT COMPULSORY.** The arrangement regarding registration and payments for these classes must be made by parents with service provides if they wish to enrol their children for the activities
RE-REGISTRATION	Every child needs to be re-registered for the following year. The re-registration form needs to be filled and submitted to the office or class teacher with R100-00 fee.

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2026 ENROLMENT FORM

Parents are needed to complete and signed on each page as required and initials on the bottom of each page and return it to Mary Immaculate Nursery School.

Date of Admission			
Child's Surname		Child's First Name(s)	
Child's Nickname			
Child's Date of Birth		Place of Birth	
Male / Female		Religion / Church	
Half Day at School (8:00am-12:30) (tick)		Full Day at School (8:00-17h:00) (tick)	

FATHER'S DETAILS

First Name		Surname	
Nationality		Identity Number	
Occupation		Home Address	
Business Address		Telephone (Business)	
Telephone (Home)		Cell Phone	
Father Sign			

MOTHER'S DETAILS

First Name		Surname	
Nationality		Identity Number	
Occupation		Home Address	
Business Address		Telephone (Business)	
Telephone (Home)		Cell Phone	
Mother sign			

OTHER DETAILS

Home Language		Single/Marriage/ Divorced	
Name of Relative/ Friend		Phone Number	
Person/s Fetching Child			
Emergency Contact		Phone Number	

Initials ____ Initials____

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MEDICAL INFORMATION

In order to comply with regulations in the event of your child requiring urgent medical attention. Parents are required to authorise the school to seek the necessary medical help when unable to contact the parents or their nominated medical practitioner.

Name of Child		Surname	
Parents / Guardian		Telephone Number	
Father Name		Telephone Number	
Mother Name		Telephone Number	
Family Doctor		Telephone Number	
Family Doctor Address			
Allergies	Penicillin [ ] Bee Stings [ ] Any other allergies:		
I/We hereby authorise the Principal or Acting Principal of the school to seek any medical attention which my child may require/should I/We the parents/guardians, or the family doctor not be contactable			
Sign Parents/Guardians			
Date			

RULES AND REGULATIONS

I/We rules and regulations: the undersigned, undertake to abide by the following:

1. Observe the rules and regulations of the Mary Immaculate Nursery School for the time being in force.
2. To accept the decision of the Principal on any contentious matters regarding my/our child/ward schooling and conduct.
3. To pay the stipulated school fees in advance and in the requested manner.
4. To give 1(one) month written notice of withdrawal from school of my/our child/ward.
5. Failure to give the stipulated notice will render the Parents or Guardians liable to 1(one) month fee in lieu thereof.

SIGNATURE:_____ DATE:_____

PAYMENTS

I/WE OF BEING THE PARENT/PARENTS/GUARDIANS UNDERSTAND THAT IT IS A CONDITION OF ENROLMENT THAT SCHOOL FEES BE PAID EITHER IN ONE LUMP SUM FOR THE ENTIRE YEAR OR IN MONTHLY INSTALMENTS OVER A PERIOD OF 11(ELEVEN) MONTHS PAID BY 15TH DAY OF EACH MONTH, EITHER IN CASH DIRECTLY AT THE SCHOOL OR BY EFT INTO THE BANK. DUE TO THE HIGH COST IN BANK CHARGES NO CASH DEPOSITS OR AUTO BANK. CASH DEPOSITS INTO THE BANK ARE ALLOWED. SCHOOL FEES IN CASH CAN BE PAID AT THE SCHOOL OFFICE. SHOULD MY/OUR PAYMENT OF SCHOOL FEES NOT BE MADE TIMEOUSLY AND FALL IN ARREARS BY 15 (FIFTEEN) MONTH, I/WE UNDERSTAND THAT THE ACCOUNT WILL BE SEND TO A DEBT COLLECTOR, I/WE WILL BE LIABLE FOR ALL COSTS INVOLVED AND MY/OUR CHILD WILL BE SUSPENDED FROM THE SCHOOL.

SIGNATURE:_____ DATE:_____:

Initials _____ Initials_____

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ADMISSION AND CONSENT FORM

Name of Child	
Parents / Guardian Name	
Father Name	
Mother Name	

Hereby we make application for child him/her to attend Mary Immaculate Nursery School.

I/We undertake to provide him/her with all that is necessary to enable him/her to take full part in the activities of the school and to pay his/her school fees.

My/Our permission is hereby granted for him/her to attend and take part in all functions and any other activities as may be arranged by the School from time to time.

I/We further appoint you or your delegated deputy, to act "in loco parentis" during the above-mentioned activities, in all matters concerning the welfare and discipline of my/our child/ward.

I/We understand that in case of any accident or illness, which in the opinion of the Principal, requires medical attention, the cost of this attention will be my/our total liability. In making this declaration, I/We are aware that neither/nor the Principal, Teachers, Staff and/or any other involved individual,

Accept responsibility for the loss or damage to the effects of, or injury to the person of my/our child/ward, and I/We indemnify them against any and all such claims.

	Name	**Signature**	**Date**
Name of Child			
Parents / Guardian			
Father Name			
Mother Name			

Initials _____ Initials_____

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CONSENT TO WHATSAPP GROUP IN TERMS OF POPIA (PROTECTION OF PERSONAL INFORMATION ACT)

The school WhatsApp groups have been set up by each class teacher. The purpose of WhatsApp groups is intended as a convenient way to distribute information to parents quickly and efficiently. Each WhatsApp group is administered in a spirit of informational communication. The following terms and condition must be adhered to:

1. The personal details of each person in the group will be visible to all within the group individual's consent
2. Personal telephone numbers cannot be forwarded to people outside this group without the this group
3. Text messages, photographs, videos and voice recordings cannot be forwarded to a person outside
4. The group is not to be used to post non-school related issues
5. The language of communication will be the language of instruction of the school
6. Only the group administrator may post information
7. In the event that there is a breach of any of the rules, the group administrator reserves the right to remove the transgressor from the group
8. Participation is not obligatory and if you join, you have the option of leaving
9. Due to the limited number of participants in the group we request that only one person per family consent to being on the group, preferably the parent or adult with whom the learner resides and who is responsible for overseeing the child.

	Response
I wish to be part of the WhatsApp group for 2026 and I will adhere to the terms and conditions above	YES / NO
I do not wish in engaging with the Whatsapp group	YES / NO
Name of Child	
Relationship to the child e.g. biological mother or legal guardian	
The cell number for use on the WhatsApp group	
Name and Signature	

Initials _____ Initials_____