

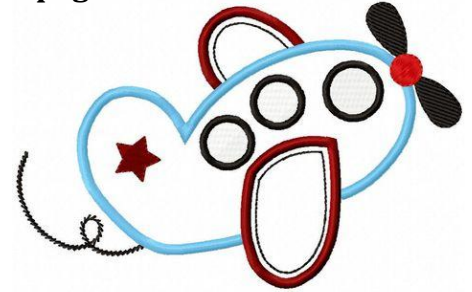


Little Learners Preschool Academy

38, 6th Avenue Newton Park, Port Elizabeth

Office: 0413640340 email: info@littlelearnerspe.co.za

Follow us on our Facebook page.



Dear Parents

Welcome to 'Little Learners Preschool Academy'

Thank you for enquiring about our school for 2026.

I hope that your experience is a pleasant and happy one. Here they will be able to learn, grow and make friends at their own pace. At little learners we offer your child a full educational weekly programme.

Our classes are divided as follows:

- Babies : 3 months to turning 1 in 2026
- Toddlers : 1 turning 2 in 2026
- Nursery School : 2 turning 3 in 2026
- Grade 00 : 3 turning 4 year olds in 2026
- Grade 0 : 4 turning 5 year olds in 2026
- Grade R : 5 turning 6 years old in 2026

If you have any queries or questions regarding our school or your child, please do not hesitate to contact me.

Little Learners Greetings

Mrs. H. van der Berg (owner)



Phone: 041 364 0340
Email: info@littlelearnerspe.co.za
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Little Learners Preschool Academy

38, 6th Avenue Newton Park, Port Elizabeth

Tel: 041 3640340

email: info@littlelearnerspe.co.za

Fees for 2026

Registration fee:R 550

Thereafter , re-registration fee annually R 100

Babies: (3 months – 1 year)R2 730

Babies Half Day:.....R2 350

Toddlers: (Children turning 2 in 2026)

Full Day:R2 550

Half Day:R2170 until 12:30

Young children: (children turning 3 to 5 in 2026)

Full day: R2480

Half day:R2120 until 12:30

Grade R (Children turning 6 in 2026)

Full Day/Vol Dag:R2 730

Half Day/Halfdag:.....R2 350 until 12:30

Banking Details:

Nedbank

Account Type: Cheque Account

Account Number: 1191642771

Branch Code: 198765

Phone: 041 364 0340
Email: info@littlelearnerspe.co.za
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A toiletry fee is payable at the start of each new term:

Baby – 2 year class will bring their own toiletries. Head of baby department will supply a list

3 – 6 yr class = R200 per term or a once off payment of R 550.00 per year.

All ages = R300 Mattress fee once off.

Its compulsory to purchase the stationery from the school.

Our fees include the following:

- Breakfast
- Cooked Lunch

Parents must please supply snacks for 10:00 and 15:00



School Hours

Our operational time is between 07:00 to 17:30 promptly. Learners fetched later, will be charged with a fee of R10 per minute that will be added to your monthly invoice. (This fee is per child) The school will be closed on public holidays.

The school will be closed for the December Holidays for a period of 3 – 4 weeks.

General

- **Punctuality** is of utmost importance to the proper care, education and safety for your child and the efficiency of the school.
- **Mark all items clearly** – the school will not take responsibility for any items lost. Please inform your class staff of any lost items immediately. It is very important and will simplify the process of recovery.
- **No Toys, jewellery, or cellphones**, this causes a disciplinary problem and a lot of heartache when lost or broken.
- **No sweets**
- **School closes at 17:30 meaning that you have to pick up your child BEFORE 17:30**

Communication

- School Diary and Stationery boxes to be purchase at school. (Price on Application)
- Please discuss all problems or concerns with the principal, in the case of small problems, daily concerns can be communicated through the homework book via parent or teacher.
- No unauthorized person will be allowed to pick up your child from school, unless the parents informs the educator or principal if someone else will be picking up your child. Supply us with an ID number and description via sms/note in report book or telephone call.
- **Please make sure we have all your correct details on file. It is your responsibility to inform us of any changes in address or contact details.**
- **All medicine needs to be entered into the communication book. No medicine will be given unless its stipulated what, when and the measurements that needs to be given and signed for by parent.**

Health issues

- Children with lice will be isolated and the parent will be requested to collect children immediately. Inspection of child's hair to be done upon return by educator.
- Parents to ensure personal health and hygiene of child while attending school.
- The school will assist but will not take primary responsibility for the child's hygiene and health.
- If your child has a contagious illness or a stomach bug, please keep him/her at home to recuperate fully. In the event of a contagious illness notify the school immediately in order for necessary precautions to be taken for the other children in the class.
- If your child has a ring worm he/she will not be allowed to attend school until the ring worm is dried out and attended by a doctor. (ring worm is contagious)



Emergency Medical Treatment

Should the child require emergency medical treatment the applicant hereby gives Little Learners Preschool Academy authority to take such child to the nearest doctor or medical facility.

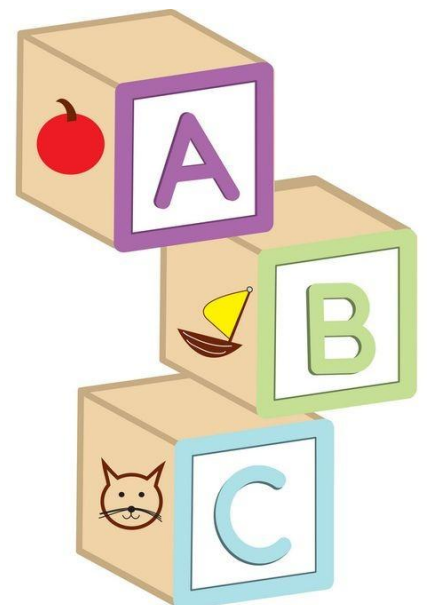
- In the event that I, the parent, cannot be reached, I hereby give my permission that my child may conceive proper medical treatment.
- All possible efforts will be made to contact the parent before such action is taken.
- The applicant remains liable for all medical and transport costs in such case.

Security

- Parents must escort the child to and from front door. “Hooting and waving” does not count for escorting.
- Gate to be closed at all times.
- If the school notice that a parent is under the influence they have the right to retain the child until the child can be fetched safely.
- Please ensure that you communicate when someone else, beside you as the parent, is collecting your child.

Rules

The rules below are primarily the responsibility of the parent and secondarily from the school.



Children may not:

- Present general bad behaviour
- Use language that is abusive, derogatory and or rude.
- Show offensive signs / gestures.
- Exert aggression towards classmates and or educators.
- Disrupt classes.
- Maliciously damage school property



Children must:

- Cooperate with educators and classmates in a manner that is conducive to learning.
- Show respect for personal space of self and others.

Attendance

Should your child not be attending school on a specific day, please notify the office by phoning in.

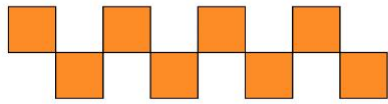
Outings

A permission slip for each outing will have to be signed by you. No child will be allowed to attend an outing without the required permission slip.

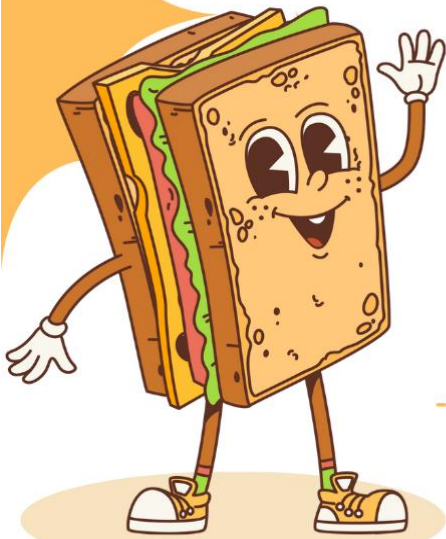
Resignation from school

Should you wish to take your child out of Little Learners Preschool Academy, please inform the principal in writing, one calendar month in advance. December may not be used as a notice month. Failing in notify the office will result in you owing the school one month's fees.





Kids Menu



Monday

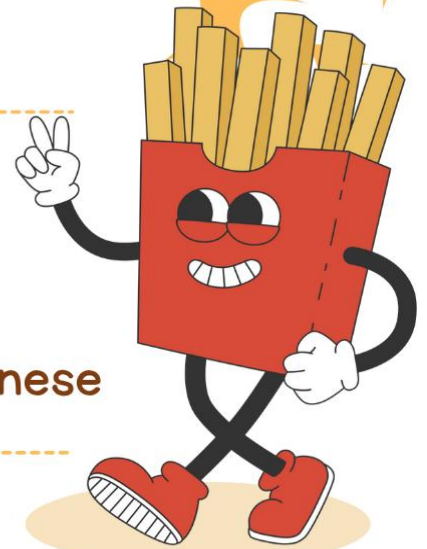
- Breakfast- Kellogg's corn flakes
- Lunch - Chicken a la king

Tuesday

- Breakfast- Mielie meel
- Lunch - Vetkoek

Wednesday

- Breakfast- Oats
- Lunch- Spaghetti bolognese



Thursday

- Breakfast- Chocolate porridge
- Lunch - Chicken, rice and veg



Friday

- Breakfast - Weet-Bix
- Lunch - Surprise Day

Phone: 041 364 0340

Email: info@littlelearnerspe.co.za

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Daily Programme for the Babies (0-24 months)

07:00 – 08:30	Arrival, talk to parents, breakfast
08:30 – 09:30	Individual activities, pampering
09:30 – 10:00	Nappies and feeding
10:00 – 11:00	Individual time – outdoors if possible
11:00 – 12:00	Nappies, lunch
12:00 – 14:00	Nap, individual time with those who are awake
14:00 – 14:30	Nappies, feeding
14:30 – 16:30	Individual activities, pampering
16:30 – 17:30	Nappies, get ready for home time, pack bags, complete message books

Daily programme for Toddlers (3-5 Years)

07:00 – 08:00	Arrival, talk to parents, change nappies/toilet training
08:00 – 8:30	Free Play – blocks, toys, books
8:30 – 09:00	Morning Ring
09:00- 09:15	Toilet Routine
09:15– 09:35	Music and movement activities
09:35 – 10: 20	Snack Time
10:20 – 10:30	Toilet Routine
10:30 – 11:00	Outside Play
11:00 – 12:00	Art Activities
12:00 –12:30	Lunch Time
12:30 – 12:45	Toilet Routine
12:45 – 14:15	Nap time
14:15 – 14:30	Toilet Time
14:30 – 15:15	Snack Time
16:00 – 16:50	Outside Play
16:50– 17: 10	Story Time
17:10 – 17:30	Departure (Movie Time)



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Enrolment Form

Starting Date:2026

The Child.

Surname: First Names:

Date of Birth: Sex: M/F Nicknames:

Street Address of Child:

Home Phone:

Name of Nursery School/ Day Care currently attending?

.....

HEALTH

Any Allergies? (specify)

.....

Any health problems? (specify)

.....

Was baby born premature? (If yes please specify)

Any dietary restrictions?

Does your child use a dummy? If yes, when?



Which contagious diseases have your child had?

OTHER INFORMATION

Have any siblings or immediate family members been exposed to Ritalin?
(Yes or No)

Who will bring your child in the mornings?

Who will be allowed to collect your child from school?

 Tell:

 Tell:

 Tell:



Give the name, address and telephone number of a person who can be contacted in case of emergency:

Any other information regarding your child?

Is your child potty trained? If yes, at what age? _____



AGE	TYPE OF VACCINATION	YES	NO
Birth	1. TB (BCG) Vaccination		
	2. OPV (Polio)		
6 Weeks	1. OPV		
	2. DTO (Diphtheria, tetanus, pertussis- Whooping cough)		
	3. Hib (1) haemophilus influenza type B		
	4. Hep B (Hepatitis B)		
10 Weeks	1. OPV (2)		
	2. DTP/Hip(2)		
	3. Hep B (2)		
14 Weeks	1. OPV (3)		
	2. DTP/Hib (3)		
	3. Hep B (3)		
9 Months	1. Measles		
18 Months	1. OPV (4)		
	2. DTP/Hip (4)		
	MMR (Measles, Mumps, Rubella)		
2 Years	Hepatitis A		
2 and half Years	1. Hepatitis A Booster		
5 Years	1. OPV (5)		

THE PARENTS

Marital Status: married/separated/divorced/mom remarried/dad remarried.

Mom: ID number:

Full Name:

Tell no:

Place of work:

Occupation:

Contact Numbers during the day:

Cell no:

Email:

Address if different from child:

.....



DAD: ID Number:

Full Names:

Tell no:

Place of work:

Occupation:

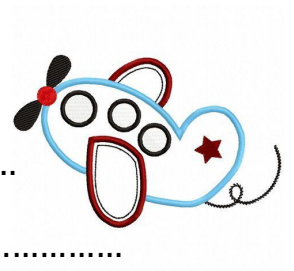
Contact numbers during the day:

Cell no:

E-Mail:

Address if different from child:

.....



MEDICAL AID DETAILS

Scheme name: _____ Membership nr: _____

Main members name: _____

Family Doctor's name: _____ Phone nr: _____

Parent signature

PLEASE ATTACH A COPY OF:

- **BIRTH CITIFICATE**
- **YOUR MEDICAL AID CARD AS WELL AS MAIN MEMBER'S ID**
- **CLINIC CARD**
- **PROOF OF ADDRESS**
- **COPY OF BOTH PARENTS IDENTITY DOCUMENTS**



ACCOUNT PAYMENT

Who is responsible for the school fees? _____

Signature of person responsible for the school fees: _____

ID and Address if not a parent _____

I would like to pay the enrolment fee of R550.00 via:

- Cash ☐
- Internet ☐



I undertake to pay the school fees monthly in advance via:

- Internet Banking ☐
- Cash – Office Only ☐
- Direct Deposit ☐

	Baby Care
	Full Day
	Half Day
	Grade R

THIS IS THE FULL AND ONLY AGREEMENT BETWEEN THE TWO PARTIES AND CAN ONLY BE CHANGED IN WRITING SIGNED BY BOTH PARTIES – LITTLE LEARNERS SHALL BE ENTITLED, WITHOUT NOTICE TO THE APPLICANT, TO CEDE, TRANSFER OR ASSIGN ITS RIGHTS UNDER THIS AGREEMENT TO ANY THIRD PARTY.

Indemnity

- Although every precaution necessary will be taken to prevent accidents, neither Little Learners Preschool Academy nor any of its employees, agents, guests, facilitators, representatives or anyone acting on its behalf shall not be liable for any injury, be it physical, emotional or psychological or whatsoever caused to the child whilst under the care of Little Learners Preschool Academy.
- Little Learners Preschool Academy contracts out of liability for illness, accidents or damage to children or property, **caused by other children attending the centre**. All reasonable care will be taken by the staff members to prevent such incidents.
- Although every precaution is taken to ensure safe travelling during school activities or emergencies, Little Learners Preschool academy will not be held liable for any risk.
- Indemnity form must be signed and returned to Little Learners Preschool Academy.

Parents signature: _____



Little Learners Preschool Academy

38, 6th Avenue Newton Park, Port Elizabeth

Tell: 0413640340

Email: info@littlelearnerspe.co.za

Authority to Administer Medicine

- 1. This letter acts as confirmation that..... suffers from
- 2. If there is an incident at school, the following medicines must be given to the child immediately.

2.1 Prescribed Medication:

<u>Medicine</u>	<u>Time</u>	<u>Dosage</u>	<u>Doctor</u>
.....			
.....			

2.2 Non-Prescribed medication

<u>Medicine</u>	<u>Time</u>	<u>Dosage</u>	<u>Doctor</u>
.....			
.....			

Parent’s signature _____



Indemnity Form

Contract between parent and the school by name of Little Learners Preschool Academy.

1. I, the undersigned, hereby undertake to pay monthly school fees by EFT on the last two days **(2nd) of each month in advance for the following month**. I realise that the fees must be paid by the last Friday of each month (in the case of a last day falling on a Saturday or Sunday). **Penalties will be charged for late payments at R50 per day.**
2. **Please note all ATM cash deposits will be charged an additional R40 for bank charges.**
3. I understand to pay January fees BEFORE Little Learners Preschool Academy closes for its annual school holiday to ensure a place for my child for the following year.
4. School fees must be paid every month, toiletry fees every year.
5. Our school hours are strictly between 7:00 and 17:30. **A late penalty fee of R10 per minute will be charged after 17:30.**
6. I understand that with the enrolment of my child from Little Learners Preschool Academy. I must give one calendar month written notice. No notice after October.
7. Any monies paid over too Little Learners Preschool Academy is non-refundable.
8. Little Learners Preschool Academy, contracts out of liability and illness, accidents or damage to children or property, caused by other children attending the centre. All reasonable care will be taken by the staff members to prevent such incidents. In all other cases parents must submit a written claim to the principal, within 24 hours, in order to enable her to submit such alleged claims to her insurers.
9. I agree to my child being taken on outings by Little Learners Preschool Academy if it is to the benefit of my child and under supervision.
10. In the event that I, the parent, cannot be reached, I hereby give my permission that my child may receive proper medical treatment (for which I am fully responsible). I understand that all possible efforts will be made to contact me, or my spouse, before such action is taken.

Date: _____

Signature of parent/s: _____

PAYMENT OF SCHOOL FEES

1. School Fees are compulsory and payable either monthly (**over 12 months**) or annually – regardless of the date of closure in December. December fees must be paid end of November and January fees before Little Learners close for their annual holiday.
2. Electing to pay school fees monthly does not constitute a credit agreement as contemplated by the National Credit Act 34 of 2005.
3. School fees are to be paid before the **2nd of each month. Penalties are charged for late payments at R50 per day.**
4. Please note all ATM cash deposits will be charged an additional R40 for bank charges.
5. Each year there is an additional re-registration fee that is non-refundable.
6. Please do not send payments with your child or in the communication books we will not be held responsible.
7. If parents/guardians' default on paying school fees, this will result in a breach of contract. The necessary legal action will be taken, and parents/guardians will be liable for all legal/collection costs. You will receive a letter in this regard and will need to find an alternative education facility.
8. Parents should note that school fees constitute a statutory debt and cannot be included in an application for debt review as contemplated in the National Credit Act 34 of 2005.
9. If parents/guardians continue to pay their fees late each month, school fees will be required to be paid in advance and in full for each term before the learner may return to school.
10. Little Learners Preschool Academy will not re-register learners annually who have a negative account history.
11. The school relies solely on the payment of school fees for monthly commitments and is not a financial institution that can agree to ongoing arrangements in respect of payment of school fees. However, we appreciate being kept informed should parents/guardians be facing financial difficulties.
12. I/We declare that I/we understand that by enrolling the learner at Little Learners Preschool Academy, I/we accept our obligation to make the school fee payment. I/we further declare that I/we are in financial position to pay the school fees and any other relevant fees endorsed by Little Learners Preschool Academy and invoiced accordingly.
13. Parent/Guardians Signature: _____

Phone: 041 364 0340

Email: info@littlelearnerspe.co.za

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Little Learners Preschool Academy

041 364 0340

38, 6th Avenue, Newton Park

info@littlelearnerspe.co.za

POPIA CONSENT FORM:

(South Africa's Protection of Personal Information Act, 2013)

Dear Parents and Guardians,

At **Little Learners Preschool Academy**, we believe in capturing the joyful moments of our children's activities. Photos taken during our various activities help us document the experiences, interactions, and growth of the children in our care. These images not only serve as cherished memories for the families, but also showcase the vibrant community and environment we cultivate at our playschool.

Purpose of Photo Use:

We occasionally take informal photographs of children engaged in play, exploration, and learning. These photos may be used for several purposes, including:

- Sharing on our WhatsApp group to keep you as the parents informed about school events and activities.
- Featuring on our official website to highlight the wonderful experiences at **Little Learners Preschool Academy**.
- Posting on our Facebook page to connect with our community and promote our school. **Please note that your child's name will not be used or posted on any platform.**

Permission Request:

To ensure we respect the rights and privacy of all children, we require the explicit permission of parents or legal guardians to take and use photographs of their child while they are attending **Little Learners Preschool Academy**. By signing below, you grant permission for the staff of **Little Learners Preschool Academy** to take photographs of your child and use these images for the purposes outlined above.

Phone: 041 364 0340

Email: info@littlelearnerspe.co.za

Follow us on facebook

Consent Statement:

I, the undersigned, hereby give my full permission to the staff of **Little Learners Preschool Academy** to take photographs of my child while they are in the care of **Little Learners Preschool Academy**. I understand that these images will be used for the purposes specified and may be shared within the school community and beyond.

Non-Consent Option:

If you do not wish to grant permission for the use of photographs of your child, please draw a line through this consent statement and provide your signature below. We respect your decision and will ensure that no photographs of your child are taken or used.

Signature Section:

Signed at (place) _____, on this day of (month) _____ 20
(year) _____.

Signature of Parent/Guardian

Thank you for your understanding and cooperation. We appreciate your support in helping us create a nurturing and engaging environment for all our children at **Little Learners Preschool Academy!**

If you have any questions or concerns regarding this consent form, please feel free to reach out to us.