



BABIES AND TODD'S ACADEMY

Nurturing Minds. Building Futures.

REGISTRATION APPLICATION 2027

Complete clearly in block letters. Registration fee: N\$350.00 (non-refundable)

1. Child Information

Child's full name:
Preferred name:
Date of birth: Day _____ Month _____ Year _____
Gender: ☐ Male ☐ Female
Residential address:
City / Town: _____ Postal code: _____
Enrollment start date: Day _____ Month _____ Year _____



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+264 81 673 7599



Windhoek West
61 Pasteur Street



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2. Parent / Guardian Information

Parent / Guardian 1	Parent / Guardian 2
Full name:	Full name:
Relationship to child:	Relationship to child:
Cell phone:	Cell phone:
Email address:	Email address:
Employer / Occupation:	Employer / Occupation:
Work phone:	Work phone:

3. Emergency Contacts

Provide at least two people other than the parents / guardians.

Emergency Contact 1	Emergency Contact 2
Full name:	Full name:
Relationship:	Relationship:
Cell phone:	Cell phone:
Alternative phone:	Alternative phone:



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4. Authorised Collection of the Child

List persons, other than the parent(s) / guardian(s), who may collect the child without separate permission.

Authorised Person 1	Authorised Person 2
Full name:	Full name:
Relationship:	Relationship:
Cell phone:	Cell phone:
ID / Passport number:	ID / Passport number:

5. Medical Information

Doctor / Clinic name:	
Address:	
Telephone: _____	City / Town: _____
Medical aid / Health card number:	
Provider: _____	Expiry date: _____



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Emergency Medical Consent

I authorise Babies and Todd's Academy to arrange reasonable emergency medical examination and treatment for my child when a parent or guardian cannot be reached promptly. Every reasonable effort will be made to contact me first.

Date	Parent / Guardian Signature

6. Health and Physical Care

Does your child have any allergies? ☐ No ☐ Yes

If yes, explain:

Are there foods your child dislikes or may not eat?

Is your child accustomed to daily outdoor play? ☐ Yes ☐ No

Is your child toilet trained? ☐ Yes ☐ No ☐ In progress

Does your child need assistance during toileting routines?

How does your child indicate the need to use the toilet?

Does your child require regular medication? ☐ No ☐ Yes

If yes, provide details and attach written instructions:



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7. About Your Child

Does your child regularly play with children outside the family? ☐ Yes ☐ No

Describe your child's social interaction (for example: shy, outgoing, talkative, energetic):

Does your child have any particular fears or sensitivities?

How does your child usually respond to frustration or correction?

What activities, toys, songs or interests does your child enjoy most?

Is there anything else the Academy should know to support your child?



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8. Membership and Fee Agreement

Babies and Todd's Academy depends on the cooperation of all families. Please read each condition carefully. By signing this application, the parent / guardian confirms understanding and acceptance of the following terms:

Term	Agreement
Registration	A completed and signed application, the non-refundable N\$350 registration fee and the first monthly school fee are required before attendance begins.
Monthly fees	Fees are N\$2,150 per month for children aged 0-3 years (full day) and N\$1,950 per month for children aged 4-6 years (full day). Breakfast and lunch are included. Fees are due on or before the 3rd of each month. A N\$150 late-payment charge applies from the 4th.
Withdrawal notice	Parents / guardians are required to provide one (1) calendar month's written notice before withdrawing a child from Babies and Todd's Academy. If sufficient notice is not provided, one month's school fees will be payable in lieu of notice.
Health and attendance	A child who is ill or may place others at risk should not attend until it is safe to return.
Operating hours	Full-day hours are 07:30 to 18:00. Children may not be received before 07:30 or collected after 18:00.
Late collection	A fee of N\$50 for every 15 minutes, per child, after the agreed collection time is payable.
Holidays	The Academy closes on public holidays and during the communicated December closure period. Fees remain payable when a parent chooses not to bring a child during government school holidays.
Termination	The Academy may require withdrawal for persistent non-payment, serious or repeated behavioural concerns, or failure to comply with Academy policies after appropriate engagement.
Sibling Discount	15% discount on the school fees of the second and subsequent sibling(s). Terms and conditions apply.



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9. Photo & Media Consent

From time to time, Babies and Todd's Academy may take photographs or videos during classroom activities, educational events, celebrations, and school programmes.

These images may be used for:

- School newsletters
- Notice boards
- Academy website
- Facebook
- Instagram
- Promotional brochures
- Marketing materials

Please indicate your preference:

- ☐ **YES**, I give permission for my child to be photographed and for the Academy to use these images for educational and promotional purposes.
- ☐ **NO**, I do not give permission for my child's photographs or videos to be used.

Parent / Guardian Signature: _____

10. Parent / Guardian Declaration

- ☐ I confirm that the information provided is complete and accurate.
- ☐ I have read, understood and accept the Membership and Fee Agreement.
- ☐ I will notify the Academy promptly of changes affecting my child's safety, health or authorised collection arrangements.



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11. Parent / Guardian Signatures

Parent / Guardian full name:	
Signature: _____	Date: _____
Second Parent / Guardian full name:	
Signature: _____	Date: _____

12. Application Checklist

- | | |
|--|--|
| ☐ Completed and signed application form | ☐ Proof of residential address |
| ☐ Copy of child birth certificate / passport | ☐ Medical aid information (where applicable) |
| ☐ Copy of parent / guardian identity document | ☐ Registration fee payment confirmation |
| ☐ Copy of immunisation / health record | ☐ Two recent passport-size photographs of the child |



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For Office Use Only

Application Details	Placement Details
Application received on:	Placement confirmed: ☐ Yes ☐ No
Received by:	Class / Group:
Registration fee paid: ☐ Yes ☐ No	Start date:
Receipt number:	Student ID:
Documents outstanding:	Follow-up date:

Office notes:

Approval

Approved by: _____	Position: _____
Signature: _____	Date: _____
Official stamp: _____	

Thank you for choosing Babies and Todd's Academy.



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