BUMBLE BEE PRE-PRIMARY SCHOOL

(PTY) LTD

2011/132309/08

Tel: 012 341 7059

Email: admin@bumbleb.co.za
ilda@bumbleb.co.za
Website: www.bumbleb.co.za

247 Troye Street
Muckleneuk
PRETORIA
0002
GAUTENG

RULES AND REGULATIONS

The aim of our School is to provide a safe place where you may leave your children, knowing that they are well cared for and contented. In order to do this, the School must run efficiently and to maintain this efficiency it is necessary for us to have the following rules and regulations:

SCHOOL TIMES

- **Children are welcome to enter from 06:45 and must be collected before 17:30.**
- **An additional fee will be charged if parents collect their children after 17:30.**
- **Children should be at school by 08:30 to take part in the daily program.**

FEES

- **Fees are due and payable monthly in advance, by the 3rd of each month.**
- **Monthly fees commence from the 1st of each month.**
- **If a child starts from the 15th of the month a daily rate will apply for the balance of the month.**
- **ANNUAL FEE: A 5% discount will be given on the annual fee payable in advance (in January).**
- **A penalty fee of R200.00 will be charged on overdue accounts.**
- **Should fees be outstanding by ONE MONTH, children will not be permitted to attend, until fees are fully paid.**
- **No exceptions are made for children who are absent due to any reason whatsoever.**
- **Fees will commence from the day you enroll your child up until your child's final day. No exceptions are made for children who do not attend school in December or January or any other month during the course of the year.**
- **The registration fee is non-refundable.**
- **Please do not place any money in your child's school bag, the school will not be held responsible.**

BANKING DETAILS / PAYMENT OPTIONS

Payment options:

- **Pay in cash / speed point in the office.**
- **Pay to the assistant on the bus, in an envelope clearly marked with your child's name.**
- **Pay into account: Bumble Bee Pre-Primary School**

First National Bank	
Account No.	**: 625 979 085 93**
Branch Name & Code	**: Gezina - 251545 (Cheque Account)**
Reference	**: Your child's Name and Surname**

NOTICE

One calendar month's written notice is required of parents' intention to remove their children from the School. ***No exemptions will be allowed.*** Please ensure that you give a full calendar month's written notice should your child be leaving any time during the year, as well as at the end of the year.

SAFETY AND SECURITY

- A special request to Parents is that you please ***close the gates*** when entering or leaving the School grounds. **Remember that all children, as well as your own, are at risk.**
- **Please accompany your child into the school.**
- **Please ensure your car is locked – Be aware of REMOTE JAMMING!**
- Never leave children or valuables unattended in your car.

SICK CHILDREN, ABSENCE FROM SCHOOL AND MEDICINE

- When a child is absent, the Parents must please inform the School before 09:30.
- Children with contagious diseases such as measles, mumps, chicken pox etc. must be kept at home until the disease has cleared up completely.
- Children suffering with diarrhea, fever, excessive coughing etc. must be kept at home.
- Medicine will not be administered to any child unless the **Medicine Form** in the back of the child's communication book is completed. Instructions must be written on a daily basis.

INJURIES

We shall at all times act responsibly towards and make every effort to ensure the wellbeing and safety of your child. The School and Staff will not be held responsible for any injuries occurring on the School premises or the School bus.
In case of an emergency transport may be provided, at your own risk.

COMMUNICATION BOOK AND WHATSAPP

- Your child will be provided with a **communication book**; this book should be in your child's bag every day.
- Please check your child's book **daily** for any information from the school.
- Teachers will communicate and share via **WhatsApp class groups** and **WhatsApp bus groups**.

PERSONAL BELONGINGS AND DRESS CODE

- The School will not be held responsible for the loss of property. Clothing, shoes, bags etc. must be marked clearly with the child's first name and surname.
- Parents are requested to see that children are dressed in comfortable play clothes that may be dirtied. **Children learn through play and to say, "Don't get dirty" is to say, "Don't get involved".**
- Children are **not permitted** to bring any snacks, toys, balloons or chewing gum to School.

TRANSPORT

- **The School, free of charge, and at your own risk, provides transport.**
- **A monthly contribution towards diesel will be charged.**
- Transport is provided for children with no transport and provided that space is available.
- For their own safety, babies under the age of 12 (twelve) months will not be transported on the bus.
- Parents are to **approach the door of the bus** when dropping off / collecting their child from the bus assistant.
- Parents **may only collect their own child**.
- **Do not assist** other parents by collecting their child for them, **without prior arrangement** with school and parent.

HOLIDAYS

The School will not be open during Public Holidays, Saturdays, Sundays and between 16 December and approximately 2 days after New Year depending on which day of the week it falls on.

DEPARTURES

Take note that it is better not to prolong your farewell with your child in the morning, rather leave promptly once you have said good-bye as this makes it easier for the Staff to involve your child in the daily program. It is important to always tell your child that you will be back to fetch them later.

SUPPLIES REQUIRED

- **A large packet (56-80) of baby wipes (wet wipes).**
  To be supplied: 1 pack per month / 3 packs per term / 12 packs per annum or as needed.
- **One ream (500 sheets) – 80 grams A4 photocopy paper (on enrollment)**

UPDATING OF PERSONAL INFORMATION

Kindly notify the School of any change of address, telephone numbers, etc., immediately in case of an emergency.

PARENTAL INVOLVEMENT

Parents are most welcome to arrange an appointment with the Staff to discuss any problems they may encounter, or any issues / problems they may be experiencing with their child. We are here to assist and for the betterment of your child.

JUNGLE BABIES MENU – 1

Meals/Days	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Nestum / Mealie Meal (Milk / Sugar)	Nestum / Mealie Meal (Milk / Sugar)	Nestum / Mealie Meal (Milk / Sugar)	Nestum / Mealie Meal (Milk / Sugar	Nestum / Mealie Meal (Milk / Sugar)
Morning Snack	Mashed Banana / Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Mashed Banana / Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Mashed Banana / Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Mashed Banana / Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Mashed Banana / Marie Biscuits ± 200ml Formula / Water / Rooibos Tea
Lunch	Carrots & Mash	Gem Squash, Broccoli & Mash	Butternut & Mash	Sweet Potato, Cauliflower & Spaghetti	Baby Marrows & Mash
Afternoon Snack	Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Marie Biscuits / Flings ± 200ml Formula / Water Rooibos Tea

- Meals may be changed, subject to availability.
- Formula milk is given as required according to age.

JUNGLE BABIES MENU – 2

Meals/Days	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Nestum / Mealie Meal (Milk / Sugar)	Nestum / Mealie Meal (Milk / Sugar)	Nestum / Mealie Meal (Milk / Sugar)	Nestum / Mealie Meal (Milk / Sugar)	Nestum / Mealie Meal (Milk / Sugar)
Morning Snack	Mashed Banana / Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Mashed Banana / Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Mashed Banana / Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Mashed Banana / Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Mashed Banana / Marie Biscuits ± 200ml Formula / Water / Rooibos Tea
Lunch	Carrots & Mash	Sweet Potato, Cauliflower & Macaroni	Butternut & Mash	Gem Squash, Broccoli & Mash	Baby Marrows & Mash
Afternoon Snack	Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Marie Biscuits ± 200ml Formula / Water / Rooibos Tea	Marie Biscuits / Flings ± 200ml Formula / Water / Rooibos Tea

- Meals may be changed, subject to availability.
- Formula milk is given as required according to age.

±1 year 4 months - 6 years MENU – 1

Meals/Days	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Mealie Meal (Milk / Sugar)	Jungle Oats (Milk / Sugar)	Mealie Meal (Milk / Sugar)	Jungle Oats (Milk / Sugar)	Mealie Meal (Milk / Sugar)
Morning Snack	Fruit in season ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Fruit in season ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Fruit in season ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Fruit in season ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Fruit in season ± 200ml Cool Drink / Rooibos Tea (1-2 years)
Lunch	Macaroni Cheese with Veg & Coleslaw	Mealiepap with Wors & Delicious Beef Gravy	Polony / Fish Fingers & Savoury Rice with Mixed Salad	Chicken & Veg Stew served with Spaghetti & Beetroot Salad	Mince / Beef Stew, Veg & Potato with White Rice & Coleslaw "JELLY"
Afternoon Snack	Assorted Jam Sandwiches ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Peanut Butter Sandwiches ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Assorted Jam Sandwiches ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Peanut Butter Sandwiches ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Tuck-shop Supplied by School ± 200ml Cool Drink / Rooibos Tea (1-2 years)

- Water is given throughout the day
- A Vegetable Soup may be served on cold days or weekly in winter months.
- Sago Pudding is served in place of Ice-Cream in winter
- Meals may be changed, subject to availability.

±1 year 4 months - 6 years MENU – 2

Meals/Days	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Mealie Meal (Milk / Sugar)	Jungle Oats (Milk / Sugar)	Mealie Meal (Milk / Sugar)	Jungle Oats (Milk / Sugar)	Mealie Meal (Milk / Sugar)
Morning Snack	Fruit in season ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Fruit in season ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Fruit in season ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Fruit in season ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Fruit in season ± 200ml Cool Drink / Rooibos Tea (1-2 years)
Lunch	Chicken á la King & Veg served with White Rice & Mixed Salad	Polony Veg & Macaroni with Coleslaw	Stiff Pap with Beef Mince Gravy & Veg	Saucy Spaghetti with Viennas / Russians & Beetroot	Fish Dish served with White Rice & Coleslaw "ICE-CREAM"
Afternoon Snack	Assorted Jam Sandwiches ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Peanut Butter Sandwiches ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Assorted Jam Sandwiches ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Peanut Butter Sandwiches ± 200ml Cool Drink / Rooibos Tea (1-2 years)	Tuck-shop Supplied by School ± 200ml Cool Drink / Rooibos Tea (1-2 years)

- Water is given throughout the day
- A Vegetable Soup may be served on cold days or weekly in winter months.
- Sago Pudding is served in place of Ice-Cream in winter
- Meals may be changed, subject to availability.

BUMBLE BEE PRE-PRIMARY SCHOOL
APPLICATION FORM

Child's I.D. Photo

CHILD'S PARTICULARS

SURNAME		**FULL NAMES**			
CHILD'S NICK NAME		**GENDER**			
DATE OF BIRTH		**HOME LANGUAGE**			
Please indicate if any of the parents are deceased		***Father***		***Mother***	

	FATHER'S PARTICULARS	**MOTHER'S PARTICULARS**
SURNAME		
NAME		
I.D. NUMBER		
OCCUPATION		
NAME OF EMPLOYER		
WORK TEL. NO.		
HOME ADDRESS		
CELL NO.		
HOME TEL. NO.		
VALID EMAIL ADDRESS		
PARENT RESPONSIBLE FOR SCHOOL FEES		**CELL NO. SCHOOL FEES SMS**
PARENT RESPONSIBLE FOR WHATSAPP COMMUNICATION		**WHATSAPP NO. CLASS/BUS GROUP**

NAME, RELATIONSHIP AND TEL. NO. OF NEAREST RELATIVE / FRIEND

1.	**NAME:**		**RELATIONSHIP:**		**TEL. NO.**	
2.	**NAME:**		**RELATIONSHIP:**		**TEL. NO.**	

DATE ON WHICH YOU WOULD LIKE YOUR CHILD TO ENTER SCHOOL	

I ACKNOWLEDGE THAT:

1. **I UNDERSTAND THE RULES AS SET OUT IN THE RULES AND REGULATIONS FORM**
2. **I UNDERTAKE TO PAY THE FEES MONTHLY IN ADVANCE**
3. **I WILL GIVE ONE MONTH'S WRITTEN NOTICE TO REMOVE MY CHILD FROM THE SCHOOL**
4. **BY SIGNING THIS DOCUMENT, THE APPLICANT ENSURES THAT IT HAS RECEIVED THE CONSENT OF THE NEXT OF KIN TO PROVIDE BUMBLE BEE PRE-PRIMARY SCHOOL WITH HIS/HER DETAILS**
5. **BY SIGNING THIS DOCUMENT, THE APPLICANT GIVES CONSENT FOR PHOTOGRAPHS OF CHILD TO BE USED ON FACEBOOK / BUMBLE BEE WEBSITE / STUDENT ASSISGNMENTS**

SIGNED (PARENT)		**DATE**	

NAME OF CHILD	

THE FOLLOWING DOCUMENTS TO BE ATTACHED TO YOUR APPLICATION FORM:

	1.	**COPY OF YOUR CHILD'S IMMUNISATION (CLINIC) CARD – Page with immunizations**
	2.	**COPY OF YOUR CHILD'S BIRTH CERTIFICATE**
	3.	**I.D. PHOTOGRAPH OF CHILD TO BE ATTACHED**
	4.	**COPY OF FATHER'S I.D. DOCUMENT**
	5.	**COPY OF MOTHER'S I.D. DOCUMENT**

THE FOLLOWING ITEMS TO BE SUPPLIED ON ENROLLMENT OF CHILD:

	1.	**A PACKET OF BABY/WET WIPES (56 – 80) - TO BE SUPPLIED MONTHLY – 12 packs per annum**
	2.	**ONE REAM OF A4 PHOTOCOPY PAPER (500 SHEETS – 80 GRAMS) – on enrolment**

<u>FOR OFFICE USE ONLY:</u>

Application Successful			*Date Confirmation Email Sent:*						
Date Started			*Date Terminated*						
Payment									
Bus									
Class									
Shirt Size		*Quantity*		*Office List*		*Sms List*		*Accounts*	

BUMBLE BEE PRE-PRIMARY SCHOOL
HEALTH QUESTIONAIRE

NAME OF CHILD	
GENERAL HEALTH CONDITION	
IS YOUR CHILD'S IMMUNISATION UP TO DATE?	

WHAT INFECTIOUS DISEASES HAS YOUR CHILD HAD?

CHICKEN POX		**GERMAN MEASLES**		**MUMPS**		**T.B.**	
MEASLES		**WHOOPING COUGH**		**SCARLET FEVER**		**DIPHTHERIA**	

IS YOUR CHILD PRONE TO HEADACHES, SORE THROATS, EARACHE, ETC.?	

HAS YOUR CHILD HAD ANY SERIOUS OPERATIONS OR ACCIDENTS?	

HAS YOUR CHILD A HISTORY OF EPILEPSY, HIGH FEVERS, OR ANY OTHER CONVULSIONS? PLEASE GIVE DETAILS.	

DOES YOUR CHILD HAVE ANY ALLERGIES? PLEASE GIVE DETAILS	

PLEASE GIVE DETAILS OF ANY HABITS OR LITTLE DIFFICULTIES OR PROBLEMS CONCERNING YOUR CHILD: (E.G. THUMB SUCKING, NAIL BITING, BED WETTING, NIGHTMARES, ETC.)	

ARE THERE ANY OTHER HEALTH PROBLEMS?	

NAME OF FAMILY DOCTOR		**TEL. NO.**	
NAME OF MEDICAL AID			
MAIN MEMBER		**MEDICAL AID NO.**	

IN CASE OF ANY EMERGENCY, AS A RESULT OF ACCIDENT AT SCHOOL, MAY YOUR CHILD BE TREATED BY A LOCAL DOCTOR?	

SIGNED (PARENT)		**DATE**	