



# PETER RABBIT

PLAYSCHOOL  
127 2<sup>nd</sup> Avenue, Newton Park Port Elizabeth

## Dear Parents

Welcome to Peter Rabbit Playschool.

Thank you for enquiring about our school for 2025.

Our main goal is to provide an environment that is safe, fun, happy, and loving for your children. Our main structure of the day takes place in the mornings and the afternoons are free play. Playing time is where they learn the most. All our little ones are well equipped for "big school" when they leave. We try to create a home away from home feeling.

Extramural activities on offer include Ballet, Jungle Gym Kids, and Mighty Kings Rugby, these are optional and take place for half an hour once a week at Peter Rabbit Playschool. Our staff are CPR, and First Aid trained. Babies are equipped with breathing monitors while they sleep.

### Fees for 2025:

- Registration fee: ..... R 300
- Babies/ Baba's: (3 months - 1 year) .....R2 100
- Babies Half Day: .....R1 800 until 12:00
- **Toddlers/kleuters:**
- Full Day/Vol Dag: .....R2 100
- Half Day/Half Dag: .....R1 800 until 12:00

Babies - 2 yrs will bring their own toiletries. We will supply a list.

### Our fees include the following:

- Breakfast (Maize Meal / Jungle Oats for example)
- Cooked Lunch (Delicious, Balance, home-cooked meal)

Parents must please supply snacks for the day.

Phone: 071 897 3357

Email: [peter.rabbit.playschool2@gmail.com](mailto:peter.rabbit.playschool2@gmail.com)

Website: [peterrabbitplayschool.co.za](http://peterrabbitplayschool.co.za)

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**School Hours: 7:00 am – 5:30 pm Monday to Friday**

A late fee will be charged if fetched later than 05:30 pm / 12:00.

We are closed on public holidays and three weeks over December.

The playschool is open during school holidays. We strive to provide consistent and 'no interruption' service for the children and the working parents.

**Communication:**

- Please discuss all problems or concerns with the principal. Small problems and daily concerns can be communicated through the homework book via parent or teacher.
- **Please make sure we have all your correct details on file. As a parent, you are fully responsible for updating your information with us.**

**Health issues:**

- Parents must ensure the personal health and hygiene of their child while attending school. The school will assist but will not take 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. Please notify the school to implement the necessary precautions for the other children in the class.

**Emergency Medical Treatment:**

For any medical emergencies for the child while at school, the applicant hereby gives **Peter Rabbit Playschool** authority to take such child to the nearest doctor or medical facility via Ambulance services when required.

- 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. Within reasonable limits to ensure timely medical treatment is given.
- The applicant remains liable for all medical and transport costs in such cases.

Date: .....

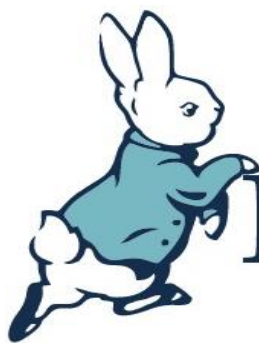
Parent signature .....

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## Admission Form

Starting Date: .....2025

### Child's Details:

Surname: ..... First Names: .....

Preferred Name: .....

Date of Birth: ..... Age: .....

Sex: Male / Female

Preferred Language: .....

Street Address of Child: .....

Home Phone: .....

Sibling's names and ages: .....

Name of the current Nursery School/ Day Care your child is attending.

.....

### Health information:

Any Allergies? (specify)

.....

Any health problems? E.G. Operations or Chronic Illness. (specify)

.....

Was your baby born premature? (If yes please specify)

.....

Dietary restrictions?

.....

Does your child have any Fears or emotional requirements? Do you have concerns? (Specify)

.....

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Which contagious diseases have your child had?

.....

**Other information:**

Who will bring your child in the mornings?

.....

Who will be allowed to collect your child from school? (N.O.K)

..... 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?.....

**MEDICAL AID DETAILS:**

Scheme name: ..... Membership nr: .....

Main members name: .....

Family Doctor's name: .....

Doctor's Phone nr: .....

Date: .....

Parent signature .....

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**Parent's Details:**

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

**Mother:** ID number: .....

Name & Surname: .....

Place of work: .....

Occupation: .....

Contact Numbers during the day: .....

Work number: .....

Home number: .....

Cell number: .....

Email: .....

Residential address if different from the child:

.....

**Father:** ID Number: .....

Name & Surname: .....

Place of work: .....

Occupation: .....

Contact numbers during the day: .....

Work number: .....

Home number: .....

Cell number: .....

E-Mail: .....

Residential address if different from the child:

.....

PLEASE ATTACH A COPY OF:

- Birth Certificate
- A copy of your Medical Aid card - **To be used in Emergencies only**
- Copy of both parent ID documentation where possible.

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## ACCOUNT PAYMENT

Who is responsible for the school fees?

.....

Payment for the enrolment fee of R300.00 will be paid via:

- Internet   
(EFT)

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

- Internet Banking   
(EFT)
- Direct Deposit

**I require care as below:**

- Babies' full day
- Babies' Half-day
- Toddler Full day
- Toddler Half-day

**THIS IS THE FULL AND ONLY AGREEMENT BETWEEN THE TWO PARTIES AND CAN ONLY BE CHANGED IN WRITING SIGNED BY BOTH PARTIES.**

Date: .....

Parent signature .....

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## Peter Rabbit Playschool Rules and Regulations

I agree to and have noted the following requirements:

### (A) ATTENDANCE AND PICK-UP

- To advise the School Management who will collect your child if there is to be a change.
- Children are to be picked up no later than the close of school at 5:30 pm. Half-day children are to be picked up no later than 12:00 pm.
- I agree that if my child is clearly ill, he/she should not attend school
- To advise management personally of medicine to be administered
- Medicine must NOT be left in your child's bag; it is to be handed in at the office and your permission to be written in the book.
- Breakfast will not be served after 8:30 am
- To ensure the pedestrian gate from the street is CLOSED securely when entering and leaving the Playschool.
- That drop-off & pick-up vehicles will be parked on the school verge in marked spaces provided. No vehicles are to be parked in front of the driveway main gate.
- Peter Rabbit Playschool will be closed on Weekends, Public Holidays, and 3 (three) weeks in December each year.

### (B) CHILD PACK REQUIREMENTS

- Clearly marked blanket to stay at the school
- Two Glue Sticks and Two Boxes of Crayons per Year
- Potty Trained Children -every 3rd month - 1 Liquid Hand Soap, 2 boxes of tissues, and 4 toilet rolls (reminders are sent out every third month)
- Babies - Minimum of 6 nappies a day and Wet wipes once a month to be left at the school.
- A healthy snack each day
- A change of clothes to be kept at school each day

### (C) CHILD PACK ITEMS NOT ALLOWED

- No sweets, chocolates and Fizzy Cooldrink
- No toys to be brought to the school

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(D) REGISTRATION, PAYMENT OF FEES, NOTICE OF CHILD WITHDRAWAL

- School fees need to be paid in advance by the 1<sup>st</sup> of each month.
- Children will not be allowed to return to school until school fees have been paid unless an agreement has been made with management
- I agree and acknowledge that one month's (calendar) written notice will be given to withdraw my child and that I am not entitled to a refund of any fees paid should circumstances prevail making earlier withdrawal necessary. December may not be used as a Notice month.
- I understand that any failure or delay in payment of fees will be met with further action to recover same with costs incurred by myself.

(E) PETER RABBIT PLAYSCHOOL BANK DETAILS:

- Bank Name: STANDARD BANK
- Account Type: Cheque / Current
- Account Number: 10230591084
- Branch Code: 051001

I acknowledge that I have read and understood the above and am in agreement with the school's requirements.

**FATHER:**

FULL NAME: ..... SIGNATURE: .....  
DATE: .....

**MOTHER:**

FULL NAME: ..... SIGNATURE: .....  
DATE: .....

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

(Peter Rabbit Playschool)

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(PRINCIPAL- Suzanne)

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### Clinic book information:

| <b>AGE</b>       | <b>TYPE OF VACCINATION</b>                              | <b>YES</b> | <b>NO</b> |
|------------------|---|------------|-----------|
| 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)  |            |           |

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## **Extra information regarding Transport Contacts:**

### **Transport:**

Abby: New Brighton: 072 687 4156

Lolly: Zwide, New Brighton, Kwazakhele: 076 721 4814

Nomathemba: 076 699 2535

Vuyo: New Brighton, Zwide: 062 053 8422

Dwezi Transport: 073 255 8210

Memani Transport: 073 814 0774

Tata Magxaki: 073 814 0774

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