



SHUTTLE KIDZ

www.shuttlekidz.co.za

DISCOVERY DAYCARE

1 Monte Vista Boulevard
Monte Vista, 7460
021 558 6150

ENDEAVOUR EDUCARE

Park Lane
Century City, 7441
021 555 0037

ENDEAVOUR TOO!

Century Way
Century City, 7441
021 110 5854

SHUTTLE KIDZ CC, Registration Number: CK 2007/042152/23

APPLICATION FOR ADMISSION

Which branch of Shuttle Kidz:

Discovery
Day Care

Endeavour
Educare

Endeavour
Too!

FULL NAME OF CHILD: _____

Date of birth: _____

ID Number: _____

ATTACH A COPY OF CHILD'S BIRTH CERTIFICATE.

Parent name and surname: _____

SA Citizen: YES / NO

ID number: _____

Passport number (if you are not an SA citizen): _____

Cell number: _____

Home address: _____

Email address: _____

Signature of both parents/legal guardians: 1. _____ 2. _____

DATA PROTECTION & PROCESSING

The Group collects, stores, and processes Personal Information provided by you, which includes but is not limited to: names, identity numbers, contact information and banking details. The Group uses the aforementioned information solely within the scope for which the information was collected and for the legitimate purpose of offering its business-related services and/or is necessary for the purposes relating to the operation and performance of this Agreement.

The Service Provider may make use of or process your child/children's Personal Information for, inter alia the following purposes:

- Providing the Services in terms of this Agreement; and
- In responding to public authorities, court orders and/or legal investigations, as applicable.

The Group may share some of the personal information with its employees, directors, agents and third parties, including the Regulator, as required by law, to whom the sharing and/or disclosure of such Personal Information is reasonably necessary for the performance of the obligations and rendering the Services in terms of this Agreement.

The Group will keep Personal Information for as long as necessary to fulfil its obligations in accordance with this Agreement or as necessary to comply with any legal or regulatory requirements.

You have the right to:

- Request access to and rectification or destruction of any personal information held by the Group;
- Request any restriction of the personal information;
- object to the processing or further processing of its personal information;
- receive the personal information provided to the Group and transmit such data to another party; and/or
- to lodge a complaint with the Regulator or directly to the Group.

The Parties to this Agreement explicitly agree to adhere to all laws and regulations relating to privacy when administering, using and/or maintaining any personal information.

You shall provide personal information to the Group, which use is for the sole purpose of this Agreement and in order to render the Services. Furthermore, any personal information may not be recycled and/or reconstructed by the Group unless required by law and/or with the prior written consent of the necessary party(ies).

CONSENT NOTICE ITO POPIA

I, father/mother/guardian of the child, hereby agree and consent as follows:

- To our child/our children's personal information being shared with a Shuttle Kidz service provider or third party solely for the legitimate purpose of providing the contracted services and solely within the scope for which the personal information was received. I/We do not agree to any misuse, abuse and/or unlawful processing of our child/our children's personal information.
- That all personal information pertaining to our child/our children has been provided voluntarily and with our express consent. Furthermore, we consent to the group collecting, storing and processing our child's/our children's personal information strictly within the scope for which it is intended, and within the ambit of the requested or mandated services being rendered by the group.

Signature of both parents/legal guardians: 1. _____ 2. _____

I/We, the undersigned,

Hereby declare that the information submitted in this application for admission is complete and accurate.

Signature of Father/Mother/Legal Guardian: _____

Date: _____

OFFICE USE ONLY

Acceptance Letter :

Sent Date : _____

Response :

Deposit Paid:

Orientation Dates:

Start Date:

Accountant:

Date: _____

Signed: _____

Tags:

Enrolment Form:

Information Card:

Notes:

Signature of both parents/legal guardians: 1. _____ 2. _____