

APPLICATION FORM 20

Complete in full [block letters] and return with your deposit, a certified copy of your ID/Passport and Certificates (eg Matric).

Course Name: Pre-School Administration and Management

Online

DVD

Course Duration: Must be completed within a year

Learner Information:

First Name (as on ID): _____ Second (middle) Name: _____

Surname: _____ Known Name: _____

Health Problems: _____

ID/Passport No:

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Home Address: House No _____ Str Name _____

Suburb _____ Postal Code _____

Postal Address: _____ Postal Code _____

Tel (H): _____ Tel (W): _____ Cell: _____

Email Address: _____

Highest Qualification: _____

Name of Educational Institution: _____

Emergency Contact Details (Next of Kin)

First Name: _____ Surname: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Learner Agreement:

- I acknowledge that I shall not be entitled to any reduction or refund for fees should I not complete the course for any reason whatever.
- I agree that in the event of any action being instituted against me for the payment of any outstanding fees, I shall be liable for all costs incurred on a scale as between attorney and own client.
- I agree that I will not permit anyone to study from or use any course material I receive without the written permission of the Professional Child Care College (Pty) Ltd.

Learner Signature: _____ Date: _____

PAYMENT:

Cash price R _____ **OR** Terms: a non-refundable deposit of R _____ plus R _____ per month for _____ months starting at the end of the month the course commences.

The full amount I agree to pay for this course is R _____

Details of person responsible for fees:

First Name: _____ Surname: _____

ID/Passport No:

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Home Address: House No _____ Str Name _____

Suburb _____ Postal Code _____

Postal Address: _____ Postal Code _____

Tel (H): _____ Tel (W): _____ Cell: _____

Email Address: _____

Signature: _____ Date: _____