



The SA College of Montessori and ECD Training

Website: www.mecdcollege.com

Email: mecdcollege@gmail.com

Upon enrolment, please supply the following required documentation:

- Certified copy of ID
- Certified copy of highest qualification
- CV
- All contracts signed
- Proof of payment
- Signed enrolment form – that you understand the course details and outcome of learning

Please make sure you have the following at every workshop or Class:

- Stationery box containing glue, scissors, an eraser, a pencil and a BLACK PEN (ALL WORK MUST BE WRITTEN IN BLACK PEN), coloured pencils and Koki's
- An examination book
- Work place assessment file, textbook and work file
- Work book provided by college
- The Montessori kit must be purchased from the SA MECD prior to the course starting.

For any further information please contact us on the following numbers
084 852 4630

www.mecdcollege.com

DECLARATION

NAME: _____ SIGNATURE: _____ DATE: _____

I HEREBY UNDERSTAND AND ACCEPT THE TERMS ABOVE



I, _____ (full names and surname), the undersigned, understand the rules and regulations. I undertake to uphold and abide by the above rules and regulations. I understand that a breach of these rules could result in me facing a disciplinary hearing and being expelled. Non or late payment will lead to immediate suspension.

SIGNED _____

PRINT NAME _____

ID NUMBER _____

DATE _____

AS WITNESSES _____

PRINT NAME _____

ID NUMBER _____

I, parent/guardian of _____ understand the rules and regulations and undertake to ensure that the above-mentioned learner will abide to them. For students under age of 18 years old.

Contract and Declaration

This document is to be filled in and signed by the person responsible for the account.

NAME: _____ SIGNATURE: _____ DATE: _____
I HEREBY UNDERSTAND AND ACCEPT THE TERMS ABOVE



I, (full name) _____, acknowledge and agree:
That the Enrolment fee of R_____ is to be paid in advance and
accompanies this registration form. All fees are paid via eft or Debit order monthly
in advance.

That the course fee is payable **in advance**, each month. Payment Terms Below:

- ☐ 18 monthly instalments
☐ 12 monthly instalments
☐ In full upfront

I accept that the registration and course fees are affordable.

To pay, on the attorney and client scale, all collection charges, legal fees and
expenses incurred in the recovery of any outstanding amounts, will be carried by
signatories.

Persistent default in the payment of the account for more than 2 weeks will lead to
suspension. If fees are not brought up to date within 2 weeks from notification
learner/parents will be handed over for collection.

All learners have a maximum period of 24 months to complete studies. Should you
fail to complete your studies within this time frame, you will not be allowed to
graduate and this is non negotiable.

**Fees will NOT be refunded or waived if the student is absent from workshops or fails
to complete the course or submit work.**

That being the person responsible for the fees to MECD College in respect of the
student named on the registration form, hereby authorise the business manager, or
his/her designed respective, to refer at any time to my banker/s and/ or credit-
rating agency for the purpose of obtaining a reference.

Disclaimer:

**The content of this document and of the literature belongs to the SA MECD College
until full payment and successful completion of the course has been done.**

My bankers are:

NAME: _____ SIGNATURE: _____ DATE: _____
I HEREBY UNDERSTAND AND ACCEPT THE TERMS ABOVE



Name of the account holder:

Branch: _____ Branch code:

Account number:

I, the undersigned accept that I am liable for all amounts payable in terms hereof.

Thus signed this _____ day of _____, in the year _____

at/in _____ Signature:

_____ **ID number** _____

MECD College representative:

STUDENT ENROLMENT FORM

Please tick the qualification / course

- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | ECD Course Full time |
| <input type="checkbox"/> | ECD Course Part Time |
| <input type="checkbox"/> | ECD Course Distance Learning |
| <input type="checkbox"/> | Montessori Course Full time |
| <input type="checkbox"/> | Montessori Course Part time |
| <input type="checkbox"/> | Montessori Course Distance Learning |
| <input type="checkbox"/> | Certificate of Comp. Course |
| <input type="checkbox"/> | Assistant ECD Course |

Title:		Surname:	
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NAME: _____ SIGNATURE: _____ DATE: _____

I HEREBY UNDERSTAND AND ACCEPT THE TERMS ABOVE



ID Number:		First Names:	
Occupation:		Employer:	
Details of Prior Learning:		Qualifications:	
Name, telephone & address of person responsible for the account:		Name of other contact person (next of kin), telephone & address:	
Student's Residential Address:		Student's Postal Address:	
		Home Tel:	
Cell no:		Work Tel:	
Email:		First Time Student? (YES / NO)	
Registration Fee:		Total Course Fees:	
Signature of Student:		Date:	

NAME: _____ SIGNATURE: _____ DATE: _____
 I HEREBY UNDERSTAND AND ACCEPT THE TERMS ABOVE