iLISTEN
PRE-SCHOOL PROGRAM

REGISTRATION FORM

PERSONAL INFORMATION

Full Name & Surname :

SCHOOL

Date Of Birth : _____/_____/_____ Gender : ☐ Male ☐ Female

Is student on any medication, please specify: _____

PERSON RESPONSIBLE FOR ACCOUNT

Name & Surname : _____

Address : _____

Phone Number : _____ E-Mail : _____

ID Number : _____ Employer : _____

PERSON TO CONTACT REGARDING IMPORTANT INFORMATION

Contact Name : _____

Email : _____ Cell Number : _____

PAYMENT STRUCTURE (8 x month - 56 x 30 min sessions)

2 x 30 min sessions per week for 28 weeks

R 125 per session

R 875 per month for 8 months

Monthly debit @ R_____:__ for _____ months. To be deducted on the _____ of each month. *(Debit order*

(Debit order option dates: 1st, 7th, or 15th of each month)

Every student will receive a FREE FOCUS assessment after completing the sessions

TERMS AND CONDITIONS

(Please complete and sign were indicated)

I (Names & Surname), _____ with ID no _____ hereby acknowledge that I am responsible for paying the account that I will receive for Biolink sessions as agreed. Payment will be by debit order on the ____of each month. Failure to pay on the account terms, I will be responsible for all costs to be incurred in the amount owing to progress; it includes all administrative and legal costs.

In the event of the relevant account not having sufficient cleared funds to meet any debit, I am aware that a fee will be debited against my account by Biolink _____ relating to the return of the debit and I accept the responsibility to ensure sufficient, cleared, and available funds. I _____ (Full name and surname) accept that an R75 penalty fee will be added to my normal fees in the case of a late payment or reversed Debit Order.

Furthermore, upon signing this document I indemnify _____ Biolink _____, any employee of the center as well as the owner of the premises against any damage, loss, and or injuries, including any bodily physical injuries sustained on the premises during playing in the center, injuries resulting from the transport of the client on the instruction of the parent/guardian, hijacking, abduction and any motor vehicle-related injuries, the client and/or the parent/guardian of the client can receive. The client is at their own risk and it remains my duty as undersigned to ensure the safety of the client. I as parent/ guardian hereby confirm that the client is physically and emotionally able to visit the Biolink Centre and is under my / our control to send the customer to the center for the necessary treatment/sessions.

I confirm that the necessary consent of the mother/father/guardian of the client has been obtained and I also attach the written consent if it is not possible for both parents to complete and sign this document.

1. Only payments via debit order will be accepted.
2. This Initial payment agreement will commence on the date as indicated on the Stratcol Debit order form by _____ **(Full name and surname)** and this binding agreement shall continue for 7/8 consecutive months. After this period, this agreement will automatically continue on a month-to-month basis unless you terminated it with at least 20 (twenty) business days' written notice or if specified otherwise during the initial registration.
3. Despite clause 3. you may terminate this Agreement at any time by giving Biolink _____ at least 20(twenty) business days' notice in writing. If you do choose to terminate this Agreement during the Initial period, you will be subject to pay the balance of your contract. The balance of your contract is your monthly fee amount times by the remaining months of your contract. Any amounts outstanding to Biolink _____ will also be added to the cancellation cost. _____ **(Initial Here)**
4. In case of late arrivals, your session time will be shortened so as not to impact the next session.
5. In the event of canceling a session, both parties must be notified a day before the session. The session will be rescheduled. If no cancellation was received in time, the full amount per session will be due.
6. 28 hours MUST be completed within every 8-month period.
7. It is the responsibility of the participant/parent/guardian to reschedule the missed session.
8. It might not be possible to have an in-depth discussion regarding the participant's progress during session time, so please make an appointment with the facilitator in advance.
9. All parties should understand that no improvement can be guaranteed if sessions are not attended as agreed upon in the treatment plan of the participant. Failure to follow the treatment plan as prescribed will impact the outcome and success of the sessions.
10. Biolink will not be held responsible for unfavourable results due to participants not complying with instructions during sessions, not attending sessions as prescribed, or not completing the prescribed amount of sessions.
11. I hereby give permission that photographs of the participant and testimonies by the client, parents, or guardians may be used for advertising purposes.

Signed at _____on the _____ day of _____20__

PARENTS_____ BIOLINK FACILITATOR _____