

BUSINESS PLAN

1. Name of partial care facility: _____

2. Physical address: _____

3. Postal address: _____
_____ Postal code: _____

4. Name of person or body who manages the partial care facility or who wishes to establish it:

5. Telephone: _____ Cell phone: _____

Fax number: _____ E-mail: _____

Days of operation: From To

Hours Operation: From To

Operation during School holidays Y / N

Which School holidays

COMMUNITY In what area / community are the children from?

FOCUS GROUP:

- Pre-school children (0 – 4 years) ; Grade R (5 – 6 years) ; Children in After School Care (5 years and older)

DOES YOUR FACILITY PROVIDE?

- **In the physical needs:** Breakfast ; Lunch ; Snacks (Attach menu)
- **Stimulation Programme:** _____ (Attach Programme Registration Certificate/or Daily Programme))

Activities for: Mental development ; Emotional development ; Social development ; Physical development

Do you determine the progress of the child? Verbal reports? ; Written reports? ; Parent meetings?
- **A Disciplinary Policy:** (Attach Policy document)
- **Training for personnel:** _____
- **Other services / activities:** Training in parental skills ; Transport for children ; Other: _____

VISION

MISSION

AIMS

FEE STRUCTURE

Receive Funding from: Department of Social Development ; Private funding

Schoolfee from parents: What is the amount for 1 child p/month in your facility: Daycare _____ ; After care _____

THE STAFF COMPOSITION

Identify type of work	Number	Trained / Untrained	Clearance Certificate [Y/N]
Principal			
ECD practitioner			
ECD practitioner assistant			
Cook / Cleaner			
Gardener			
Additional			
TOTAL:			

★Please attach the following information:

- **Daily Programme**
- **Menu**

I certify that the above-mentioned particulars are, to the best of my knowledge, true and correct.

.....
SIGNATURE OF APPLICANT

.....
CAPACITY

.....
DATE