CHRISTIAN LEGACY ACADEMY

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Phone Number:
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Registration No:
2026/396455/08

Protection of Personal Information

Your privacy is very important to us, and all Personal Information collected will be handled in a lawful, justifiable and reasonable manner. We will be as open and transparent as possible with you as to how your Personal Information is handled.

For the purposes of this enrolment form, Personal Information is any form of information that is identifiable with you or child's name and surname, may include but not limited to name, mailing address, phone number, email address, nationality, and medical history.

We generally process your Personal Information for the following purposes
• the operation of an early learning centre; • to provide and maintain a mobile application suite for communication and resource-sharing; • to provide interactive features for your use; • to provide support; • to gather analysis or valuable information so that we can improve our operations; • to monitor the usage of the mobile application suite; • to detect, prevent and address technical issues; • in any other way described when you provide the information; • to respond to an e-mail that you have sent to us by return e-mail or by phone; • to contact you from time to time, where you have consented to being contacted for marketing purposes or to be put on our mailing list; • for such other purposes to which you may consent from time to time; and • for such other uses which we are authorised by law to carry out.
By signing this acknowledgment and consent form
• you confirm that you have read and understood the privacy policy and this form.

- you acknowledge, accept and agree that you have given us your consent to the collection, use, disclosure and related processing of your Personal Information as outlined above.
- you understand that your consent is voluntary and that you are free to withdraw your consent on written notice to us.

Signed at (place)		**On the day of (date)**	
Parent/Caregiver Name		**Parent/Caregiver ID #**	
Parent/Caregiver Signature			
Witness name		**Witness signature**	