



Aftercare application form

School Quarter & year applied for

Aftercare options Half day Full day

Parent/Family code

Section 1: Learner's personal details

Surname

Full names as on birth certificate/ID

Preferred name

ID number

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Current age Current grade Gender: Male Female

Home language Date of birth

Lives with Cell number

Section 2: Learner's medical details

Family doctor

Name Tel no

Address

Medical aid

Name Member no

Main member initials and surname

Main member ID number

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Option

Allergies Medication

Section 3: Learner's medical details - consent

- In a critical medical situation there may not be time to refer to the learner's records. Aftercare therefore reserves the right to utilise the quickest medical service available.
- Every effort will be made to contact the learner's parents, step parents, legal guardian or emergency contact before such action is taken.
- The person responsible for aftercare payments will be responsible for the payment of such care or treatment.

Section 3: Learner's medical details – consent (continued)

I hereby agree that a medical practitioner/the quickest medical service available may provide emergency treatment as may be necessary.

Name or parent/legal guardian
Signature
Date

Section 4: Personal details of father, stepfather or legal guardian

Name and surname as on ID													
ID number													
Address					Tel home								
					Tel work								
					Cell								
Email address													

Section 5: Personal details of mother, stepmother, or legal guardian

Surname													
Full names as on ID													
ID number													
Address					Tel home								
					Tel work								
					Cell								
Email address													

Section 6: Emergency contact details (not parental)

Relationship												
Name and surname as on ID												
Address					Tel home							
					Tel work							
					Cell							
Email address												

Section 7: Contact details – person responsible for account

Surname												
Full names as on ID												
ID number												
Address					Tel home							
					Tel work							
Email address					Cell							

Section 8: Payment terms and conditions

Registration occurs annually.

Fees for 12 (twelve) months are payable monthly in advance by debit order on or before the 2nd (second) day of each calendar month. No pro rata payments are permitted.

Notice of cancellation will only be accepted on a quarterly basis, at least 1(one) month before the end of quarter. The necessary cancellation notice is available from the School.

Should urgent notice be proved, e.g. a sudden transfer, the person responsible for payment will be held accountable for outstanding amounts only until the end of the relevant month.

The notice of cancellation will only be valid if signed by the parent/legal guardian and an authorised school representative.

Debit orders must be cancelled by sending a written notice to the School's financial department. No refunds will be given in the case of late cancellations.

_____ Name of person responsible for account	_____ Signature	_____ Date
_____ Name of authorised school representative	_____ Signature	_____ Date