



After Care 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 utilize 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							
						Cell							
Email address													

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 authorized 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 authorized school representative

Signature

Date