



# Aftercare application form

School  Quarter & year applied for

Aftercare options  Half day  Full day

→Confirm availability at applicable school

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								
					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 a 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