



**APPLICATION FOR ATTENDANCE AT THE AFTERCARE CENTRE 2024**

**(PLEASE NOTE: Application form must be FULLY completed. NO child may attend the Aftercare Centre if an application form has not been submitted)**

Child's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Class: \_\_\_\_\_

I hereby apply for my child to attend the Saxonwold Primary School Aftercare Centre.

Starting date: \_\_\_\_\_ (Please tick the appropriate box below)

Supervision with Lunch: R1450.00 per month

Supervision Only: R850.00 per month

**Do note that all fees are payable in advance on/before the 7<sup>th</sup> of the Month. Learners' whose fees not paid by this date will be charged a casual rate thereafter.**

***Please put a cross on the appropriate answer:***

a) I have a copy of the Aftercare Centre Rules and Regulations: **YES/NO**

b) I undertake to abide by these rules which may be amended from time to time: **YES/NO**

c) I understand and agree that **school fees and aftercare fees** must be paid up to date for my child to continue participation in the aftercare facilities provided: **YES/NO**

d) I undertake to give **ONE CALENDAR MONTH'S WRITTEN NOTICE** as set out in the Aftercare Centre Rules and Regulations should I wish to withdraw my child from the Aftercare Centre: **YES/NO**

e) Notice to withdraw a learner from aftercare in November will not be accepted: **YES/NO**

f) In case of an emergency, I agree that my doctor may be telephoned, and my child taken to him/her, providing he/she is available and within reasonable distance of the school, or that my child may be taken to a local doctor or hospital.

g) Aftercare T-shirt, R150 per T-shirt. The purchase of at least **one** unit is **compulsory**.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_





**SAXONWOLD PRIMARY SCHOOL AFTERCARE CENTRE  
ACCEPTANCE OF RULES & REGULATIONS 2024**

I, \_\_\_\_\_ (Full Names of Parent/Caregiver)

Address: \_\_\_\_\_

\_\_\_\_\_ the  
Parent/Caregiver of \_\_\_\_\_ (Full Names of Child)

- a) Have read and understood the rules and regulations which apply to Saxonwold Primary Aftercare Centre and hereby accept the same as binding on me.
- b) Hereby grant my permission for my child to participate in all activities offered at the Aftercare Centre.

SIGNATURE: (Parent/Caregiver) \_\_\_\_\_

PLACE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY: AFTERCARE SUPERVISOR RESPONSIBLE**

<b>DATE STARTED</b>		
<b>PLACED ON VARIABLE GROUP BILLING LIST - EDUPAC</b>	<b>DATE:</b>	<b>SIGN:</b>
<b>INPUT ON AFTERCARE DATABASE (SUPERVISOR)</b>	<b>DATE:</b>	<b>SIGN:</b>
<b>CHECKED ON ADMIN DATABASE</b>	<b>DATE:</b>	<b>SIGN:</b>
<b>COMMENTS</b>		
<b>WITHDRAWAL LETTER RECEIVED</b>	<b>DATE:</b>	<b>SIGN:</b>
<b>DATE LEFT AFTERCARE</b>		