



APPLICATION FOR ATTENDANCE AT THE AFTERCARE CENTRE 2025

(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 7th 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 2025

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

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