



AFTERCARE REGISTRATION FORM 2025

Aftercare Direct Line: 021 762 8676

(Please complete separate forms for Kindergarten and Primary children)

SURNAME AND FIRST NAME OF CHILD/REN **CLASS** **DATE OF BIRTH**

1) _____

2) _____

3) _____

PARENTS'/GUARDIANS' NAMES AND CONTACT NUMBERS: **TELEPHONE NUMBERS**

Parent/Guardian 1 _____ Work _____ Cell _____

Parent/Guardian 2 _____ Work _____ Cell _____

If we are unable to contact anyone at the above numbers, who should we contact?

Name _____ Telephone number _____

Relationship (e.g. Granny, friend etc) _____

N.B. Please indicate if there is anything we need to know regarding your children, e.g. Allergies, Medication, special dietary needs etc:

NOTES TO THE AFTERCARE FEE SCHEDULE

N.B. All Kindergarten and Playgroup children must stay in the Kindergarten Aftercare until they are fetched or taken across to Primary Aftercare at 3pm.

- **Full day:** Anytime longer than 150 minutes. This applies to Kindergarten and Primary School.
- **Half day:** Anytime up to 150 minutes. This applies to Kindergarten and Primary School.
- **Casual rate:** Children attending on an ad hoc basis or if they stay longer than their normal rate of time.
- **Sibling rate:** Siblings waiting for other siblings for a maximum of 90 minutes on any one day.
- **Late pick-up fee:** R200.00 if you arrive after 17:30 to fetch your child.

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MONTHLY AFTERNOON CARE REQUIREMENTS: Please tick appropriate box on the schedule below.

- Aftercare fees are calculated at the same charge every month and billed for 10 months each year (February to November). Fees include a tea-time snack.
- Please ensure that you select the most suitable option for you.
- Any changes to arrangements on this application form must be made in writing to the Aftercare Supervisor and will require notice by the 15th of a month to take effect from the following month. Our billing system can no longer accommodate daily or weekly changes.

N.B. CHILDREN WILL NOT BE ALLOWED TO ATTEND AFTERCARE IF THEIR SCHOOL FEE ACCOUNTS ARE IN ARREARS.

<i>Invoiced in advance per month over 10 months</i>	5 days / week Per month	4 days / week Per month	3 days / week Per month	2 days / week Per month	1 day / week Per month
Full day (any time longer than 150 minutes)	R1 560	R1 375	R1 120	R880	R440
Half day (any time less than 150 minutes)	R1 030	R910	R740	R540	R290
Waiting for a sibling (up to 90 minutes on any day)	R300	Not available	Not available	Not available	Not available
Casual attendance	R75 per hour or part thereof				

AGREEMENT: I, the undersigned, undertake to pay Aftercare fees for the days and rates as indicated above.

Name: _____

Signature: _____

Date: _____