

CLIFFVIEW PRIMARY SCHOOL

AFTERCARE APPLICATION FORM

DETAILS OF CHILD/CHILDREN:

| | Surname | First Name | Preferred Name | Grade |
|----|---------|------------|----------------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Please indicate which option is applicable:

| <u>Option</u> | <u>Cost</u> | |
|---|-------------|--|
| <u>Full time Aftercare:</u> Includes homework, lunch and a snack. Learner will attend aftercare daily/more than 3 times per week | | |
| Casual Aftercare: | | |
| | | |
| | | |

My child/children will be attending (*Please tick where applicable*):

| | | | | |
|---------------|--|---------------|--|--------------|
| HOMework CLUB | | WAITING CLASS | | HOLIDAY CLUB |
| Monthly | | Monthly | | |
| Daily | | Daily | | |

My Child will attend Aftercare on the following days (*Please tick where applicable*): -

| | | | | | | | | | |
|--------|--|---------|--|-----------|--|----------|--|--------|--|
| MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | |
|--------|--|---------|--|-----------|--|----------|--|--------|--|

PARENTS DETAILS:

Name of Mother: _____

Name of Father: _____

Who does the child reside with? _____

Who is responsible for the payment of Aftercare Fees? _____

Telephone Numbers:

Mother: Home: _____

Father: Home: _____

Office: _____

Office: _____

Cell: _____

Cell: _____

Email: _____

Email: _____

Full Residential Address: _____

Postal Address: _____

ALTERNATIVE EMERGENCY CONTACTS

1. Name: _____

Address: _____

Tel. No.: Home: _____ Office: _____

Cell: _____

2. Name: _____

Address: _____

Tel. No.: Home: _____ Office: _____

Cell: _____

Who may collect your child/children?

Name of persons who may collect your child:

Signature of person who may collect

| Name of persons who may collect your child: | Signature of person who may collect |
|---|-------------------------------------|
| | |
| | |
| | |

THIS IS VERY IMPORTANT FOR SECURITY REASONS AS CHILDREN WILL ONLY BE ALLOWED TO GO HOME WITH NOMINATED PERSONS.

MEDICAL DETAILS:

Family Doctor's Name: _____ Tel. No.: _____

Is your Child allergic to anything? _____

Is your Child on any medication? _____

Medical Aid Society: _____

Medical Aid Plan: _____

Medical Aid Number: _____

Please list any medical information about which the Aftercare Staff should be aware:

**UNDERTAKING IN RESPECT OF THE PAYMENT OF
COMPULSORY AFTERCARE FEES**

I/We the undersigned,

(Full names and surname of Father / Guardian)

(Full names and surname of Mother / Guardian)

Of: _____
(Residential Address)

(Postal Address)

Code: _____

As Parents / Guardians of

(Full names and surname of Pupil/s)

Hereby acknowledge and agree that:

- 1) We are jointly and severally liable for the payment of Aftercare Fees to Cliffview Primary School by the 1st day of each month in respect of the abovementioned child/children.
- 2) In the event of failure to pay fees or any portion thereof by the date stipulated above, the Aftercare reserves the right to refuse the pupil admission to the Aftercare from the 2nd day of the month in which payment of said fees are due and payable.
- 3) In the event of failure to pay the fees, we will forfeit our child's position at the Aftercare.
- 4) In the event that Cliffview Primary School Aftercare engages the services of an attorney to recover any amounts due and/or payable, we(Parent/s) agree to pay all costs so incurred, on a scale as between attorney and own client.
- 5) A certificate signed by the administrator of the Aftercare as to the amount owed by us to Cliffview Primary School in terms of this agreement shall be prima facia proof of the facts stated therein, for all purposes of our (Parent/s) indebtedness to the Aftercare/Cliffview Primary School including but not limited to same being a liquid document for the purposes of summary judgment proceedings.
- 6) We elect the following options and undertake to pay the relevant fees.

6.1 Homework Club – Monthly (over 11 months)

6.2 Homework Club - Daily (casual day rate)

6.3 Waiting Class – Monthly (over 11 months)

6.4 waiting Class – Daily (casual day rate)

6.5 Holiday Club – Daily (casual day rate)

7) this document is binding on us (Parent/s) until terminated by ONE CALENDAR MONTH's written notice and the payment of ONE MONTH's FEES in lieu of the said termination notice.

Signed at _____ this _____ Day of _____ 202_

Signature of Parent 1

Signature of Parent 2

TERMS AND CONDITIONS

- 1) Aftercare fees are payable in advance over 11 months (January to November). They must be paid by the 1st of each month, preferably by internet transfer or credit card (except for Diners Club and American Express). Failure to pay fees and/or any portion thereof by the date stipulated above will result in the child being refused admission to Aftercare in addition to the further terms and conditions set out below. The exemption policy applicable to school fees does not apply to Aftercare fees.
- 2) Should you wish to change from being a Monthly to Daily member of the Aftercare, or should you wish to leave the Aftercare one month's written notice is required.
- 3) In the event of your child being absent from school, Aftercare Fees will not be refunded.4)
- 4) A R60 (Sixty Rand) fine will be imposed for any pupil collected between 17:00 and 17:30. Thereafter (17h30 onwards) it will increase to R100 (one hundred rand) per hour or part thereof. All fines are payable within 48 hours of such fine being issued.
- 5) Please make use of the Norman Drive Gate when fetching your child as all other gates on the school property are locked. This applies to term-time and holiday club.
- 6) Please ensure that all relevant information is kept up to date specifically regarding phone numbers. The school office closes at 14h30; therefore, the Aftercare MUST have this information on file.
- 7) You hereby agree and consent that in certain instances and/or circumstances where we are unable to contact you, in a medical emergency, the Aftercare person on duty is hereby authorised to request such assistance as he/she may in his/her discretion deem necessary.
Medical treatment may be administered to a pupil by a medical practitioner, paramedic or like person. Such emergency medical treatment will be for the account of the parent (yourself).
Please Initial: Parent 1 _____ Parent 2 _____

8) Fees:

- a. In the event of failure to pay fees or any/all portion due to the Aftercare on or before the date agreed herein, then the Aftercare reserves the right to refuse the pupil access and/or admission to the Aftercare from the 2nd day of the month for which payment of said fees are due and payable.
- b. The nonpayment of Fees will result in a pupil forfeiting their position at the Aftercare.
- c. In the event of the Aftercare and/or Cliffview Primary School being obliged to engage the services of an attorney to recover any amounts due and payable, we (Parent/s) agree to pay all costs so incurred, on the scale as between attorney and own client.

- d. A certificate signed by the administrator of the Aftercare as to the amount due and payable to Cliffview Primary School in terms of this agreement shall be prima facia proof for all purposes of your (Parent/s) indebtedness to the Aftercare including but not limited to it being a liquid document for the purpose of summary judgment proceedings.

I have read and understand the contents of this document and agree to abide by all the terms and conditions therein.

Parent 1 Signature: _____

Parent 2 Signature: _____

Date: _____

Date: _____

For Aftercare: _____

Date _____

AFTERCARE INDEMNITY FORM

We, the undersigned

Parent 1 full name

Parent 2 full name

being the parent/s and guardian/s of:

1st child's full name

2nd child's full name

do hereby, irrevocably and unconditionally:

Consent to my/our child/children taking part in all the activities of the Cliffview Primary Aftercare facility, which activities may from time to time include sport and other physical activities, unless specifically instructed by me/us in writing to the contrary.

Confirm and agree that all activities in which my/our child/children engage or undertake at the Aftercare will be at his/her own risk and that neither my/our child/children nor I/us will have any claim of whatsoever nature against Cliffview Primary School ("the School"), the Governing Body of the School, the Aftercare or any of their members, employees, contractors or agents ("the Indemnified Parties"): for any loss and/or damage to property owned by me/us or my/our child/children from whatsoever cause arising; and/or for any loss or damage or compensation arising from or in respect of any injury of whatsoever nature and from whatsoever cause arising which my/our child/children might sustain whilst at the Aftercare;

Indemnify, hold harmless and absolve the Indemnified Parties against any and all claims of whatsoever nature which may arise in respect of any of the aforementioned matters.

Parent 1 Signature

Parent 2 Signature

Date

Date