



La Garderie

La Rochelle

Aftercare

NAME OF LEARNER (full) _____

Date of birth: _____ Grade in 2017 : _____

ENROLMENT / FEES:

Indicate your choice please:

Full day = R490.00 per month

Fees per day = R 50.00

Date of admission to After Care: _____

INFORMATION OF PARENT/GUARDIAN:

FATHER: (Full name) _____

Occupation: _____ Employer: _____

Tel: (h) _____ (w) _____ (Cell) _____

Residential address: _____

Work address: _____

MOTHER: (Full name) _____

Occupation: _____ Employer: _____

Tel: (h) _____ (w) _____ (Cell) _____

Residential address: _____

Work address: _____

NAME OF DOCTOR: _____ **TEL:** _____

NAME OF MEDICAL AID: _____ **TEL:** _____

ADDRESS OF MEDICAL AID: _____

MEDICAL AID NUMBER: _____

MAIN MEMBER OF MEDICAL AID: _____

Any illnesses, physical disabilities or allergies?: _____

Please specify: _____

Special requests / arrangements regarding transport / extra mural _____

INDEMNITY AND PERMISSION:

I, the undersigned (parent/guardian) of _____
hereby give permission that my daughter(s) may partake in all activities organized by the After Care with regard to excursions with available transport, as well as swimming.

Furthermore we undertake never to hold the staff of the La Rochelle Girls' Primary School or the La Rochelle Aftercare Centre responsible for any damage or injuries suffered by the above-mentioned pupil during her stay at the La Rochelle After Care Centre. We will make no claims, of any kind whatsoever, from the mentioned bodies or persons.

FINANCIAL OBLIGATIONS:

I hereby undertake to pay the After Care Fees in advance with the first payment being on or before end of January and the final payment being on or before end of October (10 months). All payments must be made at the office only. I also understand that should fees be outstanding for 2 (two) successive months without any written arrangements, my daughter/s will no longer be accommodated.

WITHDRAWAL / CHANGES - AFTER CARE SERVICE:

I hereby understand that 1 (one) month's notice is required if I want to withdraw my daughter/s from the service or changer her hours, unless personally arranged with the After Care Supervisor. (Letters for withdrawal are available at the After Care Centre).

PARENT/GUARDIAN:

(Title, Initials and Surname) _____

Address: _____

METHOD OF PAYMENT:

Monthly

Monthly debit order

Internet Banking (Nedbank B/Code 149821, Account no. 1470051419)

SIGNATURE: PARENT/GUARDIAN

DATE