



Name of Learner (full) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade in 2024 \_\_\_\_\_

**Enrolment / Fees:**

Indicate your choice please:

Full day = R800.00 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 Aftercare with regards 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 Aftercare Centre. We will make no claims, of any kind whatsoever, from the mentioned bodies or persons.

**Financial obligations:**

I hereby undertake to pay the Aftercare 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 - Aftercare service:**

I hereby understand that **1 (one) calendar month's written notice** is required if I want to withdraw my daughter/s from the service

**Parent / Guardian:**

(Title, Initials and Surname) \_\_\_\_\_

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

\_\_\_\_\_

**Method of payment:**

- Monthly D6 App / card
- Monthly debit order (available on our website)
- Internet Banking (Nedbank B/Code 149821, Account no. 1470051419)

\_\_\_\_\_  
**SIGNATURE: PARENT/GUARDIAN**

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