



AFTERCARE APPLICATION

Date of enrolment: _____

1.1 LEARNER DETAILS

Surname: _____

Full names: _____

Given name: _____

Date of birth: _____ Age: _____ Gr: _____

1st child / 2nd child / 3rd child (underline)

Teacher: _____

1.2 PARENT DETAILS

3.2.1 Father/Guardian

Title: _____

Surname: _____

Full names: _____

ID No: _____

Residential address: _____

Postal address: _____

TEL: (H) _____

W) _____

Occupation: _____

Cell no: _____



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Work address: _____

Marital status: _____

3.2.2 Mother/Guardian Title: _____ Surname: _____

Full names: _____

ID No: _____

Residential address: _____

Postal address: _____

TEL: (H) _____

(W) _____

Occupation: _____ Cell no: _____

Work address: _____ Marital
status: _____

3.3 MEDICAL BACKGROUND

General health of the child: _____

Allergies: _____

Does your child take any chronic medication? _____

If yes, please state the name(s) of such medication: _____

Dosage: _____

Time(s) of administration: _____

(Medication must be provided)

Name of Medical Aid Fund: _____

Medical Aid Fund No: _____

Authorization No: _____

(Only in case of hospitalization or emergency medical procedures)

Family doctor: _____



Address: _____

Tel no: _____ Any

other problems the staff should be aware of regarding your child's health

I herewith give my permission that the personnel may administer medication and treatment to my child in case of an emergency (headache, fever, skin injury, insect bites).

No staff member of the Aftercare Centre can be held responsible for any injuries sustained by learners during times of supervision.

3.4 EXTRA MURAL ACTIVITIES

Activities in which my child may participate:

Activity: _____ Time: _____ Day: _____

Activity: _____ Time: _____ Day: _____

Activity: _____ Time: _____ Day: _____

Activity: _____ Time: _____ Day: _____ Activity: _____

_____ Time: _____ Day: _____

3.5 PERSONS AUTHORISED TO COLLECT CHILD/REN

We take security very seriously. Therefore, even though the below persons may collect my child I will still notify the Aftercare Centre if I will be sending them in my stead. The following persons may collect and sign off my child/ren at the Aftercare centre:

Name: _____ Relationship _____



Name: _____ Relationship _____

Name: _____ Relationship _____

SIGNATURE OF PARENT/GUARDIAN

DATE

“Home and school – we need to work together if we are to help your child”

3.6 SIGN OFF OF LEARNER

I, _____

parent/guardian of _____

in Gr. _____ hereby agree:

1. To accept and abide by all terms and conditions governing the Aftercare centre, with which I declare myself fully acquainted.
2. That while the person in charge of Aftercare will care for my child to the best of their ability, neither they nor any person connected to the Aftercare centre will accept any liability for any claims arising from any accident or injury incurred whilst in the care or on the premises the Aftercare Centre.
3. That as far as I am aware, my child is physically capable of participating in the activities and is in good health.
4. I herewith give my permission that the personnel may administer medication and treatment to my child in case of an emergency (headache, fever, skin injury, insect bites).



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5. That I will be liable to pay the R1500 monthly fee. This will include lunch after school at the Aftercare centre.
6. That if I decide to terminate my child/ren's attendance at the Aftercare centre, I will provide a calendar months' notice in advance.
7. That I or the persons authorised to collect my child/ren will sign out my child/ren daily
8. Take note that a fine of R80-00 is imposed for the first 10 minutes and a further R40-00 for each consecutive five minutes per child after that and that I will contact the Aftercare centre when I am running late.

THANK YOU FOR YOUR CO-OPERATION IN THIS REGARD.

Parent signature

Date

Please initial each page of this document and sign in full above.

ROOTED IN FAITH