



LLANDUDNO PRIMARY SCHOOL AFTERCARE APPLICATION FORM AND AGREEMENT

CHILD'S NAME: _____

GRADE: _____

PERSONAL DETAILS:

MOTHER: NAME AND SURNAME _____

ADDRESS: _____

EMAIL: _____

TEL NO: (w) _____ **(h)** _____ **(cell)** _____

FATHER: NAME AND SURNAME _____

ADDRESS: _____

EMAIL: _____

TEL NO: (w) _____ **(h)** _____ **(cell)** _____

With whom does the child reside (please tick) Mom ☐ Dad ☐ Both ☐

Who will be fetching your child from aftercare? _____

Name _____ Tel No (h) _____ (Cell) _____

Name _____ Tel No (h) _____ (Cell) _____

MEDICAL DETAILS:

FAMILY DOCTOR: _____ **TEL:** _____

MEDICAL HISTORY OF CHILD e.g. Diabetes, Food Allergies, Asthma etc. _____

OTHER DETAILS OF IMPORTANCE PERTAINING TO THE CHILD: _____

Please tick the Aftercare option for which you wish to apply and the date from which you wish your child to start attending: Effective _____ I would like my child to attend as follows:

	Monthly	Quarterly	Annually
1. Full Time 5 hours per week - I will pay	R1 030.00 X 10 []	R2 510.00 X 4 []	R 9 785.00 []
2. Full Time 10 hours per week - I will pay	R1 590.00 X 10 []	R3 880.00 X 4 []	R15 105.00 []
3. Full Time 15 hours per week - I will pay	R1 720.00 X 10 []	R4 190.00 X 4 []	R16 340.00 []
4. Full Time >15 hours per week - I will pay	R2 150.00 X10 []	R5 240.00 X 4 []	R20 425.00 []

5. **Ad Hoc:** < 2 hours – R125.00 including lunch
6. **Ad Hoc:** > 2 hours – R210.00 including lunch

Discount	
Quarterly	Annual
2.5%	5%

I am in receipt of the Aftercare Fee Schedule. I acknowledge that the terms of payment are via EFT, Sagepay or cash, either on a monthly basis for full time or upon receipt of an invoice for ad hoc care. I agree that should any fees owing to the school be outstanding, the School Governing Body may terminate the right of my child to attend aftercare and any outstanding aftercare fees may be recovered through a debt collection agency for which I agree to pay all costs. I understand that there is a late payment charge of R30.00 if I have not paid my ad hoc care by the 12th of each month or my full-time care instalment by the 7th of each month. I agree to give one month's written notice to withdraw my child from aftercare or to pay the fees in lieu of thereof.

SIGNATURE OF BOTH PARENTS

(DAD) Signature _____ **Date:** _____

(MOM) Signature _____ **Date:** _____