

GRAYSTON PREPARATORY SCHOOL

Private Bag X1 Benmore 2010 Tel: (011) 884 1234 Fax: (011) 884 3918

AFTERCARE FACILITY ENROLMENT FORM



Holding the Hand that Holds the Future

PUPILS INFORMATION

Surname: _____

First Names: _____

Date of Birth: _____ Home Language: _____ Sex: MALE FEMALE

Class: _____ Religion: _____ Religious Dietary Requirements: _____

Residential address: _____

Medical history of pupil: e.g. Diabetes, allergies, food, disorders, etc. _____

Doctor's name: _____ Tel. No: _____

Medical Aid: _____ Medical Aid No.: _____

Family friend's name: _____ Tel. No.: _____

Other details of importance pertaining to the child: _____

Who will normally collect your child: _____ What time will you collect your child? _____

1ST PARENT'S INFORMATION

Title: _____ I.D. No.: _____ Marital Status: _____

Surname: _____ Name: _____

Residential address: _____

Postal address: _____

Tel. No's.:(H) _____ (W) _____ (C) _____

Occupation: _____

Email address: _____

2ND PARENT'S INFORMATION

Title: _____ I.D. No.: _____ Marital Status: _____

Surname: _____ Name: _____

Residential address: _____

Postal address: _____

Tel. No's.:(H) _____ (W) _____ (C) _____

Occupation: _____

Email address: _____

IMPORTANT: If divorced, whom is the child living with? _____



AFTERCARE FACILITY ENROLMENT FORM (CONTINUED)

I have read, acknowledged and understand the Code of Conduct pertaining to the Grayston Preparatory School Aftercare Facility and am aware that my child/ren will be under supervision until 17:30. It is my responsibility to PERSONALLY collect my child/ren from the Aftercare by this time. I acknowledge receipt of the Aftercare Policy and Code of Conduct and agree to abide by its conditions. I accept that I must give the school 1 months notice should I wish to withdraw my child from Aftercare.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

AFTERCARE FEES

With regard to option 1 and 2, the guardian shall give the school one calendar month's notice of intention to withdraw a learner from the school's aftercare enrolment.

OPTION 1 (Including school holidays)

The charge is calculated for a period of ELEVEN MONTHS. The total cost is divided into ELEVEN equal monthly payments and added to your monthly debit order.

R9900,00 per annum of ELEVEN monthly payments of R900,00 from 01 January 2010 to 30 November 2010.

OPTION 2 (Excluding school holidays)

The charge is calculated for a period of NINE MONTHS. The total cost is divided into ELEVEN equal monthly payments and added to your monthly debit order.

R8470,00 per annum or ELEVEN monthly payments of R770,00 from 01 January 2010 to 30 November 2010.

OPTION 3 (Daily or Casual rate)

This option is to accommodate parents who may wish to use the facility on a more flexible or casual basis:

The charge for:	MORE than 10 days per month	R900,00 per month
	LESS than 10 days per month	R100,00 per day
	DAILY HOLIDAY RATE	R130,00 per day

PLEASE CHOOSE YOUR OPTION: OPTION 1 OPTION 2 OPTION 3 (Please tick your choice in the box)

Should you choose Option 1 (Including School Holidays), Aftercare will resume on 13 January 2010.

PERSON RESPONSIBLE FOR ACCOUNT:

Surname: _____ Name: _____

Postal address: _____

_____ Code: _____

Physical address: _____

_____ Code: _____

Tel. Nos.: (H) _____ (W) _____ (C) _____

I.D. No.: _____

Signature of Parent/Guardian: _____ Date: _____