

# GRAYSTON PREPARATORY SCHOOL

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*Holding the Hand that Holds the*

## Aftercare facility enrolment form

### 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? \_\_\_\_\_



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## Aftercare facility enrolment form (continued)

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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 month's 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.

R10 500,00 per annum of ELEVEN monthly payments of R955,00 from 01 January 2012 to 30 November 2012.

**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.

R8980,00 per annum or ELEVEN monthly payments of R820,00 from 01 January 2012 to 30 November 2012.

**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: | <b>MORE</b> than 12 days per month | R955,00 per month |
|                 | <b>LESS</b> than 12 days per month | R80,00 per day    |
|                 | <b>DAILY HOLIDAY RATE</b>          | R135,00 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 9 January 2012.

### 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: \_\_\_\_\_