



HELDERBERG

PRIMARY SCHOOL

AFTERCARE CENTRE

APPLICATION FOR AFTERCARE

(1)

- Please complete both sides of the application form.
- Complete separate forms for each child.
- All application forms must be accompanied by an administration fee of R350.

(2)

- Successful applicants will be confirmed by the Aftercare Manageress.

AFTERCARE CONTACT DETAILS

Mrs M A Fouché
Cell : 073 922 3586



Helderberg Primary School Aftercare Centre
Application Form

English		Full Care		Grade in 20__	
Afrikaans		Part Time Care		Month Starting	

Child's Information:

FIRST NAME	
SURNAME	
DATE OF BIRTH	
ALLERGIES (Medicine/ Food/ Other)	
DOCTOR'S NAME (In case of Emergency)	
DOCTOR'S TELEPHONE NUMBER	
EMOTIONAL PROBLEMS	

Mother's Information:

FIRST NAME	
SURNAME	
HOME ADDRESS	
TELEPHONE (h)	
TELEPHONE (w)	
CELL PHONE NUMBER	
E-MAIL ADDRESS	

Father's Information:

FIRST NAME	
SURNAME	
HOME ADDRESS	
TELEPHONE (h)	
TELEPHONE (w)	
CELL PHONE NUMBER	
E-MAIL ADDRESS	

Confidential Information:

Is there any other confidential information we need to know of? (e.g. Adoption / divorce / special needs / etc.)

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Part Time Aftercare:

Please tick below the days your child will be attending Part Time Aftercare:

Monday	Tuesday	Wednesday	Thursday	Friday

Date Applied: _____

Signature: _____

For Office Use Only:

Application Accepted / Denied	
Date	
All documents signed and returned?	



**AGREEMENT
BETWEEN
HELDERBERG PRIMARY SCHOOL AFTERCARE CENTRE
AND**

Father

ID Number

Physical Address

Telephone Numbers:

Home _____

Work _____

Cell _____

Mother

ID Number

Physical Address

Telephone Numbers:

Home _____

Work _____

Cell _____

Guardian

ID Number

Physical Address

Telephone Numbers:

Home _____

Work _____

Cell _____

1. I/We confirm that the particulars furnished by me/us above, are true and correct and undertake to inform Helderberg Primary Aftercare of any changes within 14 days of such change.
2. I/We confirm that I/we have acquainted myself/ourselves, and in future will keep myself/ourselves acquainted, with the rules of Helderberg Primary Aftercare. I/We undertake to abide by all the rules, including any amendments thereto or any substitutions thereof.
3. I/We understand that the aftercare fees are for school terms only. I/We also understand that a month's notice must be given if I/we decide not to make use of the services of Helderberg Primary Aftercare any longer. I/We understand that I/we will be held liable for fees for a full month if I/we fail to give appropriate notice and accept responsibility for the payment thereof.
4. Both parents/guardians, where applicable, accept responsibility, jointly and severally, for the punctual payment of all fees referred to above, which may become due and payable to Helderberg Primary Aftercare, which fees will be payable in advance. We consent that Helderberg Primary Aftercare shall at all times be at liberty to proceed with collection and excussion proceedings against any one of us, should these fees not be paid.
5. I/We undertake to pay 2% interest per month on any amount that has been outstanding for a period longer than 30 days.
6. A certificate issued by any member of the personnel of Helderberg Primary Aftercare or his duly authorized agent that purports to certify the amount due hereunder, shall be accepted as correct and prima facie proof of such indebtedness and shall have sufficient probative value to enable Helderberg Primary Aftercare to obtain summary judgement or provisional sentence against us in any competent court, for the amount stated in such certificate and we accept the onus of disproving the amount so stated as not being the amount owing.
7. Should any payment as undertaken by me/us, not be made on due date, for any reason whatsoever, Helderberg Primary Aftercare may immediately regard the total balance outstanding, which shall include fees and interest, as due and payable and may issue summons therefore in any competent court, without further notice or demand to me/us.
8. Helderberg Primary Aftercare further reserves the right to suspend their services immediately, should these fees not be paid.
9. I/We also agree that by non-payment, judgement by default can be taken against me/us.
10. If steps have to be taken against me/us to collect outstanding fees, I/we hereby agree that the costs incurred can be claimed against me/us on an attorney-and-client scale, which shall include collection commission calculated at 10% on each and every payment made in reduction of the principle debt, interest and costs. Helderberg Primary Aftercare may allocate any payment to capital, interest and costs or any other item as they deem fit, despite any allocation made or deemed to be made by us.
11. I/We agree to the jurisdiction of the Magistrate's Court in terms of section 45 of the Magistrate's Court Act. 32 of 1944, for the recovery of any amount due in terms hereof.
12. For the purpose of serving any legal process pieces that can be issued against me/us. I/we choose the residential address above as our domicilium citandi et executandi.

13. Indemnity clause

I/We _____ (full names)

being the parent/guardian of _____ (child's name)
do hereby consent to my/our child taking part in any activities of Helderberg Primary Aftercare, including outings and sporting activities, while attending Helderberg Primary Aftercare.

I/We authorize Helderberg Primary Aftercare in the event of my/our child/ren requiring urgent medical treatment to get appropriate medical assistance. I/We accept responsibility for the payment of the costs thus incurred.

I/We undertake to immediately get the necessary medical advice or treatment if I/we have reason to believe that my/our child/ren have any contagious or infectious disease capable of creating a risk for other persons, through their participation in any respect of Helderberg Primary Aftercare's activities, including, without restriction, attendance of any instructional occasion or participation in Helderberg Primary Aftercare's project, sport or recreation; and that, if in terms of such medical advice it is desirable, my/our child/ren shall withdraw from any such activity; and that I/we indemnify Helderberg Primary Aftercare against any liability of whatever nature that may directly or indirectly arise for Helderberg Primary Aftercare in consequence of my/our child/ren's failure to comply with this undertaking.

Signed at _____ on this _____ day of _____ 20_____.
(Place) (Day) (Month) (Year)

Parent / Guardian (Sir)

Parent / Guardian (Madam)

As witnesses:

1. _____ 2. _____



HELDERBERG PRIMARY SCHOOL AFTERCARE

CONSENT, WAIVER AND INDEMNITY

I, _____ (full name) of

(address) _____

_____ being the

parent/guardian of _____ (child's name) do hereby consent to my child taking part in any activities of Helderberg Primary Aftercare, including excursions, cultural and sporting activities, whilst attending Helderberg Primary Aftercare.

I fully understand and accept that all excursions and extra-mural activities shall be taken at my child's own risk and I therefore hold harmless and absolve the Cape Conference of the Seventh-day Adventist Church, Helderberg Primary School Board, Helderberg Primary Aftercare, the principal, staff and any duly authorized third parties or agents and irrevocably waive and abandon any claim or claims which I, my executors, my spouse and my aforesaid child may have or purport to have against them for damages or otherwise as a result of any harm or injury of whatever nature and however caused, as a consequence of my aforesaid child participating in any activities of the Helderberg Primary School Aftercare. This indemnity shall not include acts of gross negligence on the part of any of the above parties.

Signature of Parent / Guardian _____

Date _____ Place _____

As Witnesses:

1. _____ 2. _____