



AFTERCARE ENROLLMENT FORM:

CONTRACT OF ENROLLMENT:

- Monday to Friday Afternoon
- Pick up only at Selpark Primary School
- Transportation from other schools (Extra cost/ other transport)
- Fee: R700.00 per month R1200.00 x2 children
- Registration Fee: R100.00
- All Fees must please be paid by the 1st of each month.
- December you will be charged R25.00 per day
- Open During School holidays, only R30.00 levy fee per holiday week.
- Close at 5:30 Monday to Thursday.
- Close Every Friday at 5:00
- BANKING DETAILS: N.T. White, Standard Bank, Selcourt, Springs, Cheque account, Account number: 025514555, please show proof of payment!

What we Offer:

- Homework supervision
- Help with projects
- Snack and cooldrink provided

Snacks:

- Fruit
- Biscuits
- Sandwiches
- Sausage Rolls
- Hotdogs
- Chips

CHILD'S DETAILS:

NAME & SURNAME:

DATE OF BIRTH:

HOME LANGUAGE:

HOME ADDRESS:

GENDER: _____ FULL DAY OR HALF DAY:

FATHER'S DETAILS:

NAME & SURNAME:

I.D. NUMBER:

HOME ADDRESS:

POSTAL ADDRESS:

HOME TEL. NO. _____ WORK:

CELL: _____

OCCUPATION:

EMPLOYER:

E-MAIL ADDRESS:

MOTHERS DETAILS:

NAME & SURNAME:

I.D. NUMBER:

HOME ADDRESS:

POSTAL ADDRESS:

HOME TEL. NO. _____ WORK:

CELL: _____

OCCUPATION:

EMPLOYER:

E-MAIL ADDRESS:

GUARDIANS DETAILS:

NAME & SURNAME:

I.D. NUMBER:

HOME ADDRESS:

HOME TEL. NO. _____

WORK: _____

CELL: _____ RELATIONSHIP:

OCCUPATION: _____ EMPLOYER:

E-MAIL ADDRESS:

PERSON RESPONSIBLE FOR PAYING SCHOOL FEES:

NAME & SURNAME: _____

WORK TEL. NO. _____ CELL: _____

E-MAIL ADDRESS: _____

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES OR ILLNESSES?

PLEASE SPECIFY:

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WHO WILL DROP OFF YOUR CHILD AT SCHOOL?

NAME:

WHO WILL PICK UP YOUR CHILD FROM SCHOOL?

NAME:

TELEPHONE NUMBERS:

OTHER CHILDREN IN THE FAMILY, THEIR AGE & GENDER:

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PLEASE ATTACH THE FOLLOWING:

- PROOF OF RESIDENCE.
- COPY OF PARENTS/GAURDIANS I.D.
- CHILD'S BIRTH CERTIFICATE.

I REQUEST THAT MY CHILD.....
BE ENROLLED AT TODDLERS CORNER, I AGREE TO ABIDE WITH THE RULES AND
REGULATIONS OF THE EDUCARE/AFTERCARE.

I UNDERSTAND, ACCEPT AND AGREE TO UPHOLD AND MEET ALL FINANCIAL AND MORAL
TERMS AND OR CONDITIONS OF THIS AGREEMENT.

I AGREE TO GIVE 1 MONTH / 1 TERM/1 YEAR, NOTICE IF I WISH TO TAKE MY CHILD OUT OF
THE SCHOOL:

PARENT SIGNATURE:

DATE OF ENROLLMENT: