SKILPADLAND AFTERCARE

Zurich Street 30 | UITZICHT | (021) 975 6556 | skilpadland@telkomsa.net
PO BOX 1663 | BRACKENFELL | 7561
PRINCIPAL: LYNN-MARIÉ SMIT | 083 4460 733

AFTERCARE LEARNER DETAILS:

FULL NAME AND SURNAME: _____ SEX: M F

DATE OF BIRTH: _____ LANGUAGE: AFRIKAANS ENGLISH

DATE ADMITTED TO SKILPADLAND AFTERCARE: _____ GRADE: _____

LEARNER'S PRIMARY SCHOOL: _____

WHAT KIND OF TRANSPORT WILL YOUR CHILD MAKE USE OF? MORNINGS AND AFTERNOONS ONLY AFTERNOONS

ADDRESS OF LEARNER: _____

_____ POSTAL CODE: _____

WHERE DID YOU HEAR ABOUT US? _____

FATHER DETAILS: (A copy of your ID document must be submitted with this application form please)

FULL NAME AND SURNAME: _____ ID NR: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____ TEL NR WORK: _____

_____ TEL NR CELL: _____

WORK E-MAIL ADDRESS: _____

PERSONAL E-MAIL ADDRESS: _____

MOTHER DETAILS: (A copy of your ID document must be submitted with this application form please)

FULL NAME AND SURNAME: _____ ID NR: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____ TEL NR WORK: _____

_____ TEL NR CELL: _____

WORK E-MAIL ADDRESS: _____

PERSONAL E-MAIL ADDRESS: _____

MARRIAGE STATUS:

MARRIED | DIVORCED | SINGLE

POSITION OF LEARNER IN FAMILY:

ONLY CHILD | FIRST CHILD | SECOND CHILD | THIRD CHILD | FOURTH CHILD | TWINS

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FIRST NEXT OF KIN IN CASE OF EMERGENCY – NOT LIVING AT THE SAME ADDRESS AS AFTERCARE LEARNER

FULL NAME AND SURNAME: _____ ID NR: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____ TEL NR WORK: _____

_____ TEL NR CELL: _____

WORK AND PERSONAL E-MAIL ADDRESSES: _____

RELATIONSHIP TO LEARNER: _____

SECOND NEXT OF KIN IN CASE OF EMERGENCY – NOT LIVING AT THE SAME ADDRESS AS AFTERCARE LEARNER

FULL NAME AND SURNAME: _____ ID NR: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____ TEL NR WORK: _____

_____ TEL NR CELL: _____

WORK AND PERSONAL E-MAIL ADDRESSES: _____

RELATIONSHIP TO LEARNER: _____

PLEASE MARK ON A SCALE OF 1 – 10 (1 LESS AND 10 MOST)

MY CHILD IS AGGRESSIVE:	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
MY CHILD IS EMOTIONAL:	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
MY CHILD IS INDEPENDENT:	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
MY CHILD IS SHY AND UNSURE:	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

ANY OTHER INFORMATION ABOUT YOUR CHILD YOU WOULD LIKE TO BRING UNDER OUR ATTENION?

_____

_____

_____

_____

_____

_____

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ACCOUNTEE

Please note that these details are requested for the financial office as an indication who should be contacted regarding any payment details or overdue accounts. BOTH PARENTS ARE RESPONSIBLE FOR THE PUNCTUAL PAYMENT OF YOUR CHILD'S AFTERCARE FEES AND ANY OTHER FEES.

ACCOUNT HOLDER DETAILS:

FULL NAME AND SURNAME: _____ ID. NR: _____
EMPLOYER: _____ OCCUPATION: _____
EMPLOYER ADDRESS: _____ TEL. NR. WORK: _____
_____ TEL. NR. CELL: _____
WORK AND PERSONAL E-MAIL ADDRESSES: _____

FINANCIAL TERMS AND CONDITIONS:

1. All payments are strictly payable in advance and may not be paid later than the third day of each month.
2. If you receive your salary on any other date, please make the necessary arrangements at the financial office.
3. Aftercare fees or any other payments may only be made in cash at the school itself of via EFT. Please provide a clear breakdown of your payment only when any other fees, e.g. doctor, tuck shop or activities are included with the aftercare fees payment. A breakdown can also be submitted at reception.
4. No cheques accepted.
5. No cash may be paid into a bank, if so, you'll be held liable for the bank charges.
6. An administrative fee of R100 per month will be charged on all late payments if the account is in arrears.
7. Should your child's fees become in arrears, Skilpadland reserves the right to refuse your child access to the aftercare and submit your account to their attorneys for collection.
8. Fees are fully payable even if your child is absent due to illness or parental leave.
9. Single Parents: No split accounts. The parent is whose care the child is placed remains responsible for the payment of the aftercare fees, as well as any other debts occurred.
10. A discount of R100 per child will be given if there are 2 children from the same household in the Aftercare. The discount will be forfeited if your monthly payments are late or if any money is outstanding. Parents with 3 children or more please inquire at the financial office for rates.
11. Aftercare fees increases will occur every year in January and payable immediately from January.
12. Aftercare fees are payable over 12 months of the year from January till December.
13. Please note that NO discount is given on December aftercare fees, even if your child attends aftercare only 1 or 2 weeks. If your child returns to Skilpadland Aftercare the next year and you leave early for the December holidays, you're still responsible for the December aftercare fees to secure their place for the next year. No administration or registration fees are charged.
14. One calendar month's written notice is required when your child leaves Skilpadland Aftercare. You'll be held responsible for the notice month's fees if you fail to do so.

DECLARATION:

I, the undersigned, _____,
hereby declare that the information provided by the account holder in this application is true and correct. I accept responsibility for the prompt payment of aftercare fees to Skilpadland Aftercare.

Signature of Account Holder: _____ Date: _____

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MEDICAL INFORMATION OF AFTERCARE LEARNER:

BLOOD GROUP OF CHILD:

INFECTIOUS DISEASES ALREADY HAD:

CHICKENPOX	:	
MEASLES	:	
GERMAN MEASLES	:	
MUMPS	:	

ANY OTHER DISEASES FOR EXAMPLE:

JAUNDICE	:	
MENINGITIS	:	
OTHER	:	

ALLERGIES: _____

_____

ANY OTHER ILLNESSES WE SHOULD BE AWARE OF FOR EXAMPLE EPILEPSY, DIABETES OR PRESCRIBED MEDICINE?

_____

_____

MEDICAL INFORMATION:

FAMILY DOCTOR: NAME AND SURNAME: _____ TEL NR: _____

MAIN MEMBER: INITIALS AND SURNAME: _____ ID. NR OF MAIN MEMBER: _____

NAME OF MEDICAL FUND: _____ MEMBER NUMBER: _____

OPTION: _____

DECLARATION:

I, the undersigned, _____,
hereby declare that my child, up to the date of this application and admission to Skilpadland Aftercare, had all the necessary immunization against e.g. smallpox, tetanus, measles, whooping cough, diphtheria, etc. I assume that Skilpadland Aftercare will take the necessary precaution to prevent contagious diseases and cannot be held liable should my child get injured or fall ill during his/her stay at the aftercare. If circumstances require, and in case of emergency, I hereby authorize Skilpadland Aftercare to call a physician and make use of the fastest medical service. I also authorize a medical practitioner to administer essential medical treatment as needed. I hereby accept that I will be responsible for all medical expenses incurred.

Signature of Parent: _____ Date: _____

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GENERAL DISCLAIMER:

1. Hereby Skilpadland Aftercare is exempted against any claims or expenses that may result from any injury(s), accidents and/or loss of personal belongings of the learner during school and aftercare hours.
2. The above exemption also applies during weekends and after hours as well as when functions are held by Skilpadland Aftercare and your child's respective Primary Schools, for example the school's fair.
3. The drivers of the vehicles with which your child is transported are also hereby released and exempted from nay personal claims against him or her against Skilpadland Aftercare in the event of an accident or any other incident involving your child while transporting your child.

DECLARATION:

I, the undersigned, _____,
hereby indemnifies Skilpadland Aftercare from any losses, damage or injuries that may occur in general.

Signed at _____ on ____/____/20___ (date).

Signature of Father: _____

Signature of Mother: _____

SOCIAL MEDIA:

Please mark your choice regarding posting photos of your child/ren on the following social media platforms used by Skilpadland Aftercare: Skilpadland Crèche's Facebook and Instagram pages, Skilpadland Crèche's website and the Aftercare WhatsApp group.

DECLARATION:

☐ As a parent, I consent to the posting of photos of my child/ren as listed above.

☐ As a parent, I DO NOT consent to the posting of photos of my child/ren as listed above.

The above permission is for the child for whom this application for admission is completed.

Signature of Father: _____

Signature of Mother: _____

WE THE UNDERSIGNED, _____ AND _____

HEREBY DECLARE THAT ALL INFORMATION COMPLETED IN THIS APPLICATION FOR ADMISSION COMPLETED BY US IS COMPLETE AND CORRECT. WE ALSO AGREE TO ALL THE CONDITIONS AND RULES SPECIFIED HEREIN.

SIGNATURE OF FATHER: _____ DATE: _____

SIGNATURE OF MOTHER: _____ DATE: _____

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GENERAL RULES OF SKILPADLAND AFTERCARE

1. **BUSINESS HOURS:** 06H15 – 18H15
   You're requested to collect your child on time. Should you for some reason be unable to collect your child, please contact Skilpadland Aftercare as soon as possible. If your child will be collected by anybody other than yourself, the aftercare must be notified in time.
2. **DEPARTING TIMES:** NB: THE BUSSES DEPART STRICTLY AT 06h40 TO ARRIVE AT THE SCHOOL IN TIME.
   It is of utmost importance if your child does not travel with the bus in the morning from Skilpadland due to illness or any other reason, to phone Lynn-Marié half an hour before the busses depart to inform her accordingly. The same will account for the afternoons. If your child is sitting detention, and comes out later than usual, or for any other reason not travelling with the bus, you should also inform Lynn-Marié before the school finishes. (MORNING TRANSPORT ONLY AVAILABLE FOR BRACKENFELL PRIMARY)
3. **AFTERCARE:** Children receive lunch (cooked meal) on their arrival and cool drink. Under supervision of personnel, they will start with their homework. Ultimately it remains the responsibility of the parent to ensure that all the homework is done – at times there are just too little time – especially if the children attend sport practices as well. Letters from the primary school should be signed by yourself and all school projects should be done at home.
4. **TECHNOLOGY:** NO CELL PHONES OR ANY FORM OF TECHNOLOGY MAY BE USED DURING HOMEWORK TIME. ONLY ONCE FINALIZED, THEY MAY SWITCH ON THEIR DEVICES. If this rule is disobeyed, their devices will be taken away and only handed back to their parents when they are picked up. Skilpadland Aftercare takes no responsibility for the use and / or damage of any device, it is used at your and your child's own responsibility.
5. **AFTERCARE FEES:** 1 AFTERCARE LEARNER: R2 300-00 PER MONTH FOR 12 MONTHS OF THE YEAR.
   Bank details of the aftercare can be obtained at the office / reception. Please also refer to the Terms and Conditions contained in this application form.
6. **TUCK SHOP:** Children may shop at the tuck shop from 15h00 – 16h00 daily. Purchases can be made in cash or on account with the permission of their parents. Tuck shop money can be paid in advance and will then be placed as a credit against your child's name. The use of the tuck shop is under no circumstances compulsory and remains the parent's choice.
7. **TOILET PAPER:** Each child is responsible for 12 rolls of toilet paper per year, preferably given once off during the first term of the year and 4 boxes of tissues.
8. **GENERAL:** One calendar months' notice is applicable when your child will be leaving Skilpadland Aftercare permanently. Failure to do so, you'll still be held responsible for one month's aftercare fees. All personal items e.g. clothes, bags, sport clothes, etc. must be clearly marked. Children with contagious diseases may not attend aftercare until they are completely healthy or can provide written proof (doctor's certificate) confirming that the infectious stage are over. No aftercare pupil may stay at the aftercare during school hours (for example if they are booked off sick or because they do not want to attend school. Aftercare staff only begin their shifts at 13h:00.

THE MOST IMPORTANT RULE IS THAT YOU AS PARENT, BUT ESPECIALY YOUR CHILD MUST BE HAPPY AT SKILPADLAND. PLEASE LET US KNOW IF THERE ARE ANY PROBLEMS. TALK TO US, WE CAN ONLY FIX IT IF WE KNOW ABOUT IT, WE'LL APPRECIATE IT.

LYNN-MARIÉ