

RAINBOW
P.O. Box 26178, Hout Bay, 7872.



CLUB at
Ph. 021 790-1540 e-mail: admin@valleypreprimary.co.za



Daily: 12.30pm to 5.30pm, Mon to Fri, during term time only.

APPLICATION FORM AND AGREEMENT

CHILD'S NAME: _____ **CLASS:** _____

PERSONAL DETAILS :

MOTHER : NAME :

ADDRESS : **e-mail:**

TEL NO. (w)..... **(h)**..... **(cell)**

FATHER : NAME :

ADDRESS : **e-mail:**.....

TEL NO. (w)..... **(h)**..... **(cell)**.....

MEDICAL DETAILS :

FAMILY DOCTOR :..... **Tel No.**

Please state any medical condition I should be made aware of, e.g. food allergies, asthma, etc.

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Who will be fetching your child from aftercare ?

Name..... **Tel No (h)**..... **(cell)**

Name..... **Tel No (h)**..... **(cell)**

Please tick the aftercare option for which you wish to apply:

Full Time until 3.30pm - I will pay annually []; quarterly []; in 10 instalments of R900.00 each . []

Full time until 5.30pm - I will pay annually []; quarterly []; in 10 instalments of R1200.00 each []

Ad hoc usage at R25.00 per hour or part thereof []

I am in receipt of the Aftercare Fee Schedule. I acknowledge that the terms of payment are via EFT or cash, either on a monthly basis for full time care or on receipt of an invoice for ad hoc care. I agree that should the fees, as stipulated, not be paid, the Governing Body may terminate the right of my child to attend aftercare and any outstanding fees may be recovered through a debt collection agency for which I agree to pay all costs. I understand that there is a late payment charge of R30 if I have not paid my ad hoc care by the 12th of each month or my full time care instalment by the 7th of each month. I agree to give one month's written notice to withdraw my child from aftercare or to pay the fees in lieu thereof.

Signature: _____ Date: _____

Witness: _____ Date: _____