

RAINBOW



CLUB at



Daily: 12.30pm to 5.30pm, Mon to Fri, during term time only.
email: admin@valleyprimary.co.za

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.

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 and the date from which you wish your child to start attending: Effective I would like my child to attend as follows:

- 1. Full time until 2.30pm - I will pay annually [ ] ; quarterly [ ] ; in 10 instalments of R1050.00 each [ ]
2. Full Time until 3.30pm - I will pay annually [ ] ; quarterly [ ] ; in 10 instalments of R1200.00 each . [ ]
3. Full time until 5.30pm - I will pay annually [ ] ; quarterly [ ] ; in 10 instalments of R1500.00 each [ ]

I WOULD LIKE TO MAKE USE OF AD HOC AFTERCARE AND AGREE TO LODGE A DEPOSIT OF R AND TO REPLENISH SAME UPON RECEIPT OF A STATEMENT AND REQUEST TO DO SO.

- 4. Ad hoc: 0 - 1 hour at R50.00 per hour (No lunch included) [ ]
5. Ad hoc: 12h30 -13h45 at R70.00 including lunch [ ]
6. Ad hoc: 0 -2 hours at R100.00 including lunch [ ]
7. Ad hoc: 0 - 3 or more at R50.00 per hour or part thereof (including lunch and snack) [ ]

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 upon 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: