



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.

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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 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 R1100.00 each []
- 2. **Full Time** until 3.30pm - I will pay annually [] ; quarterly [] ; in 10 instalments of R1260.00 each . []
- 3. **Full time** until 5.30pm - I will pay annually [] ; quarterly [] ; in 10 instalments of R1576.00 each []

N.B. The monthly instalment is only applicable if aftercare enrolment is at the beginning of the school year or half year, otherwise the quarterly rate applies. Monthly instalments are payable Feb. to Nov. incl. (including July) as per school fees.

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 R55.00 per hour (No lunch included) []
- 5. Ad hoc: 12h30 -13h45 at R75.00 including lunch []
- 6. Ad hoc: 0 -2 hours at R105.00 including lunch []
- 7. Ad hoc: 0 – 3 or more at R55.00 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: _____