





APPLICATION FOR ADMISSION TO AFTERCARE

Details of Prospective Pupil	
Please tick one of these options Pre-Primary School 12h00 14h00 12h00 17h00	Primary School 13h00 15h30 13h00 17h00
PARTICULARS OF CHILD:	
Name of Child:	Teacher:
Date of Birth:	Grade:
Home Address:	
PARTICULARS OF PARENT/GUARDIAN:	Mother's Name:
i attiet s ivallie.	
Occupation:	Occupation:
Telephone (Work):	Telephone (Work):
(Home) (Cell):	(Home) (Cell):
EMERGENCIES: (Contact Person other than parent/guardi	an)
Name:	
Relationship to child:	
Telephone (Work):	
(Home) (Cell):	



MEDICAL INFORMATION GP: Telephone: Paediatrician: Telephone: Dentist: Telephone: Hospital of choice: Telephone: Medical Aid: Med. Aid Number: Allergies: Medication: Medical Conditions: I acknowledge that I have read and fully understand the Aftercare indemnity pertaining to the Theodor Herzl Schools Aftercare Facility and am aware that my child/ren will be under supervision until 17h00. It is my responsibility to PERSONALLY collect my child/ren from the Aftercare by this time. I accept that I must give the school one month's notice should I wish to withdraw my child/ren from Aftercare, or should I make a change to the attendance frequency. Signature of Parent: Date: Full name: Fees - payable in advance. (Kindly note that fees are administered and collected by Mrs. Ingrid Carter-Raine, the school bursar - based at the High School) Please select option:

Pre-	Primary School	Prima	ary School		
Cası	ual	Casua	al		
	R40.00/day (12h00 until 14h00)		R40.00/day (half day until 15h30)		
	R100.00/day (12h00 until 17h00)		R60.00/day (full day until 17h00)		
			R250.00/week (full day until 17h00)		
Termly rate for 2022		Term	Termly rate for 2022		
	R1500 (12h00 until 14h00)		R1200 (half day until 15h30)		
	R3200 (12h00 until 17h00)		R1950 (full day until 17h00)		

Late collection fee:

For every 10 minutes you are late you will be charged a collection fee of R100

Person responsible for	or account:			
Full name:				
Address:				
Tel No's: (H)	(C)		(W)	
Identity Number:				
Signature:			Date:	
INDEMNITY	FOR AFTERCA	ARE		
1.004	2			
to the conditions belo	& ow and herewith apply fo &	or the admission of	my/our child/children	n
Schools Aftercare pro			to the meda	or rierzi
School acting in good Hebrew Institutions & accident or injury to, nature) to the person whilst he/she/they at occur whilst on school activity or visit away The Head of Campus loco parentis & at all exercise such control of Campus or Staff, a Hebrew Institutions & result of a breach of second	old harmless & absolve to defaith as agents of the Tale Board of Trustees again or from any loss or dama of, or to the property of tend(s) the Theodor Herol premises or which may from the school premise & Staff of the Theodor Harmes will exercise such that as is consistent with that cting as agents of the Theodor It is Board of Trustees, caschool guidelines, rules &	heodor Herzl Schonst all claims whatsage (including confithe above named rzl Schools Aftercary occur as part of as, or arising therefore the service of a reasonable product of a reasonable product of the service of t	ol Board; as well as the oever as may arise from sequential or special of child/children that make the programme which, an official Aftercare solution, or in consequence case may be, will act the above name child parent. No responsibility of Board, as well as by arry & accident which of the oever the control of the second of the control of the second	e United om any lamages of any ay be sustained may either hool function, e thereof. t in /children & ty by the Head the United
emergency medical a an operation by a sui may in such instances authorised so to do. S	d, agree that in the event ittention which may, or n table qualified medical p s, be given by the Head o Such a decision will be m ary consent is acting in lo	nay not, involve the ractitioner/special of Campus or Staff nade on the clear u	e administration of an ist, due permission and of the Theodor Herzl nderstanding that the	anaesthetic & d authorisation Schools person
Thus done & signed a	t	on the	day of	20
Signed:	Name:		Date:	
Signed:	Name:		Date:	