



PRE-PRIMARY / PRIMARY AFTERCARE ENROLMENT FORM – 2025

**PUPILS INFORMATION**

Surname: \_\_\_\_\_ Grade: \_\_\_\_\_

First Names: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Language: \_\_\_\_\_

Religion: \_\_\_\_\_ Religious Dietary requirements: \_\_\_\_\_

Medical history of pupil: ie diabetes, food, disorders, etc. \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Medical Aid: \_\_\_\_\_ Medical Aid No: \_\_\_\_\_

Family friend's name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Other details of importance pertaining to the child: \_\_\_\_\_

Who will collect your child: \_\_\_\_\_ Normal time collection: \_\_\_\_\_

Residential address: \_\_\_\_\_

IMPORTANT: If divorced, whom is the child living with? \_\_\_\_\_

**MOTHER'S INFORMATION**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Name: \_\_\_\_\_ Marital status: \_\_\_\_\_

Residential address: \_\_\_\_\_

Tel No's (H) \_\_\_\_\_ (C) \_\_\_\_\_

Occupation: \_\_\_\_\_ (W) \_\_\_\_\_

Email address: \_\_\_\_\_

**FATHER'S INFORMATION**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Name: \_\_\_\_\_ Marital status: \_\_\_\_\_

Residential address: \_\_\_\_\_

Tel No's (H) \_\_\_\_\_ (C) \_\_\_\_\_

Occupation: \_\_\_\_\_ (W) \_\_\_\_\_

Email address: \_\_\_\_\_



I acknowledge that I have read and fully understand the Aftercare Indemnity form pertaining to the Theodor Herzl's 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 circle option***

	PRIMARY SCHOOL	PRE-PRIMARY SCHOOL
Casual	R 45.00/day (Half Day until 15h30) R 65.00/day (Full Day until 17h00) R 265.00/week (Full Day until 17h00)	R 45.00/day (12:00 until 14:00) R 100.00/day (12:00 until 17h00)
Termly rate for 2025	R 1300.00 (Half Day until 15h30) R 2100.00 (Full Day until 17h00)	R 1590.00 (12:00 until 14:00) R 3500.00 (12:00 until 17:00)

**Late collection fee:**

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

Person responsible for account:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No's: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_