



PRE-PRIMARY / PRIMARY AFTERCARE ENROLMENT FORM – 2026

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 tick option*

| | PRE-PRIMARY SCHOOL | ✓ | PRIMARY SCHOOL | ✓ |
|-------------|---------------------------|---|-------------------------------|---|
| CASUAL | R 48.00/day (12:00-14:00) | | R48.00/day (Half Day - 15:30) | |
| | R100.00/day (12:00-17:00) | | R70.00/day (Full Day - 17:00) | |
| TERMLY RATE | R1685.00 (12:00-14:00) | | R1378.00 (Half Day - 15:30) | |
| | R3710.00 (12:00 -17:00) | | R2226.00 (Full Day - 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: _____