



**ENROLMENT FORM
AFTERCARE**

Child's Details:

Surname: _____ Gender: _____

First Names: _____

Date of Birth: _____

Residential Address: _____

Parent's Details

Father's Full Names: _____

Telephone Numbers: Work _____ Home _____

Mother's Full Names: _____

Telephone Numbers: Work _____ Home _____

Cell Numbers: Father _____ Mother _____

E-mail Address: _____

Child's Allergies: _____

Fee Structure:

- Registration Fee of R500.00 which includes stationary, art materials and a hat
- R1 950.00 per month x 10 January – October. Fees are to be paid in advance by NO LATER than the 1st of every month starting on the first of January.
- Should your child register for Aftercare after the month of June, a November fee will be applicable.
- Ad Hoc rate of R100.00
- Late Collection: R25.00 for every 5mins that the child is picked up late, will apply

I _____ hereby indemnify Bryandale Aftercare and its staff from any liability for injury to my/our child/ren, any guardian or parent thereof, on the school premises. I hereby give permission to the staff of Bryandale Aftercare to act in my stead to give first aid and/or obtain other emergency medical treatment which may be deemed necessary for my/our child/ren at my/our personal or Medical Aid's expense.

I undertake to pay the prescribed fees at the start of each month (January – October) as well as any late fines and abide by the conditions of Bryandale Aftercare.

I accept that Aftercare services will be terminated should payment of fees be in arrears.

Parents Signature: _____ Date: _____