

**AFTERCARE**  
FOR LEARNERS UP TO GRADE 7



**ADMISSION FORM**

DATE WHEN CHILD WILL BEGIN AT AFTERCARE \_\_\_\_\_

CHILD'S NAME AND SURNAME \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ BOY  GIRL

HOME ADDRESS \_\_\_\_\_

HOME LANGUAGE \_\_\_\_\_ RELIGION \_\_\_\_\_

ATTENDANCE DAYS TILL 14h30  TILL 17h30

INCLUDING HOLIDAYS YES  NO

WHO WILL FETCH THE CHILD? \_\_\_\_\_

**FATHER/LEGAL GUARDIAN**

NAME AND SURNAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

TEL (h) \_\_\_\_\_ TEL (w) \_\_\_\_\_ CELL NO \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ID NUMBER \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
(Please attach copy to this admission form)

**MOTHER/LEGAL GUARDIAN**

NAME AND SURNAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

TEL (h) \_\_\_\_\_ TEL (w) \_\_\_\_\_ CELL NO \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ID NUMBER \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
(Please attach copy to this admission form)

WOULD YOU LIKE YOUR MONTHLY STATEMENTS TO BE EMAILED? YES  NO

E-MAIL ADDRESS TO WHERE STATEMENTS CAN BE SENT \_\_\_\_\_

PREVIOUS AFTERCARE ATTENDED \_\_\_\_\_

CITY/TOWN OF PREVIOUS AFTERCARE AND TEL \_\_\_\_\_

**OTHER CHILDREN IN FAMILY**

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

**NAME OF DOCTOR** \_\_\_\_\_ **TEL** \_\_\_\_\_

**TWO PEOPLE TO CONTACT IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED**

NAME 1 \_\_\_\_\_ TEL \_\_\_\_\_

NAME 2 \_\_\_\_\_ TEL \_\_\_\_\_

**ANY PROBLEMS BEFORE AND/OR AFTER BIRTH?** \_\_\_\_\_

**HAD ANY CONTAGIOUS DISEASES?** \_\_\_\_\_

**HAD ANY OPERATIONS?** \_\_\_\_\_

**HAVE ANY ALLERGIES?** \_\_\_\_\_

**ANY OTHER ILLNESSES OR PROBLEMS YOU WOULD LIKE TO MENTION?** \_\_\_\_\_

\_\_\_\_\_

**FROM TIME TO TIME WE WILL BE TAKING PHOTO'S/VIDEO CLIPS OF THE CHILDREN AND TELL KAMMALAND NEWS WHICH WE WOULD LIKE TO POST ON OUR FACEBOOK PAGE OR OUR WEBSITE. PLEASE INDICATE IF YOU APPROVE THAT WE MAY PUBLISH YOUR CHILD'S PHOTOS?**

YES  NO

\_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO INFORM KAMMALAND LORRAINE IF ANY OF THE ABOVE INFORMATION CHANGES.**

1. I/we undertake to pay the aftercare fees monthly in advance over 12 months by either EFT or direct deposit.
2. I/we agree that fees are payable irrespective of absenteeism due to vacation, illness or any other reason and to give 1 (one) calendar month notice in writing of termination of aftercare. I/We understand that payments are still due within this notice period and do understand that no notice can be given after the 1st (first) of October of the corresponding year.
3. I/we agree that FULL fees depicted on the invoice will be paid by the 1st (first) or by no later than the 7th (seventh) of every month and failing to do so, am liable to be charged with a late payment penalty of 5% (five) of the total invoice amount. I/we understand that Kammaland reserves the right to terminate the enrolment with immediate effect of my child/children if payment of account is unpaid by the 15th (fifteenth) of the month.
4. I/we understand that each January aftercare fees are reviewable and notification of this change will be provided before December the preceding year.
5. I/we understand that FULL fees will be paid for December and January even though the aftercare closes for a period of 3 weeks during this time.
6. I/we understand that Kammaland shall be entitled to recover all/any costs from me/us incurred in legal proceedings instituted against us by Kammaland to recover any outstanding amounts owed in respect to aftercare fees.
7. I/we understand that the home address set out above is my/our domicilium citandi et executandi and it's my/our responsibility to advise Kammaland in writing of any changes.

\_\_\_\_\_

**SIGNATURE OF PARENT/LEGAL GUARDIAN**

\_\_\_\_\_

**DATE**

ONE FOR EACH CHILD



**INDEMNITY FORM**

**CHILD'S NAME AND SURNAME** \_\_\_\_\_

**WE, THE FATHER/MOTHER/LEGAL GUARDIAN OF THE CHILD HEREBY AGREE**

1. To accept and abide by all rules and regulations of Kammaland. I/we declare that I/we are fully acquainted with these rules and regulations.
2. That Kammaland will care for my child to the best of their ability and Kammaland, any staff member or any other entity connected to the School will not accept liability for any claim/s arising from any accident or injury happening to my child while he/she is in the care of Kammaland on or outside their premises or any other claim/s of whatsoever nature that I/we or my child may have, and do waive any claim/s which may, at any time arise as aforesaid, both in my/our/my child's personal capacity and in my/our capacity as parent or guardian of my child.
3. Not to hold Kammaland or any staff member liable for lost, stolen, damage and/or injuries to property of my child or any natural person who is directly or indirectly related to my child.
4. To ensure that my child has been properly immunised against whooping cough, diphtheria, tetanus, and polio and vaccinated against tuberculosis, and will furnish proof of this on request.
5. For the staff at Kammaland to give medical attention in the case of any accident or injury.
6. That Kammaland has the right to send home or refuse receipt of my child during the time that my child is sick to protect the safe being of other children until the condition has been diagnosed, stabilised and/or a medical certificate is issued by a medical professional.
7. To contact Kammaland immediately if my child contracts a contagious disease so that other parents can be informed.
8. And give Kammaland permission to take my child to a surrounding medical centre for emergency treatment should any emergency arise and I/we are unreachable during such an emergency. I/we do acknowledge that all medical expenses are liable to me/us if an event like this arises.
9. That Kammaland reserves the right to terminate the enrolment of my child on two weeks' notice if any behaviour of my child is deemed intolerable by Kammaland to any of our staff, other parents or to the safety and well-being of other children at Kammaland.
10. That Kammaland reserves the right to terminate the enrolment of my child with immediate effect if any behaviour is deemed intolerable by Kammaland of any natural person who is directly or indirectly related to the child.
11. That Kammaland reserves the right to terminate the enrolment of my child on two weeks' notice in the event of a breach of any terms and conditions set out in this or any other document.

\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN**

\_\_\_\_\_  
**DATE**