

AFTERCARE
@
South Coast Academy

RAMONA SMAL

073 572 7962

Supervision until collection
Assistance with Homework

	Halfday 13:00 - 15:00 (R25 p.d. R500 p.m.)	Full Day 13:00 - 16:15 (R30 p.d R600 p.m.)
Jan (11)	R275	R330
Feb (21)	R500	R600
Mar (18)	R450	540
Apr (15)	R375	R450
May (23)	R500	R600
June (20)	R500	R600
July (6)	R150	R180
Aug (22)	R500	R600
Sept (20)	R500	R600
Oct (22)	R500	R600
Nov (21)	R500	R600

All fees are payable in advance on the first (1st) day of each month.

R100 fine will be added if paid after the 2nd of each month.

Please don't pay any aftercare fees into the school account.

If your account is not kept up to date we have the right to notify the parent that the child may not return immediately.

The casual fee is R40.00 per afternoon per child. Please ensure that payment is sent in an envelope clearly marked **AFTERCARE**, with the child on the day.

R100 off per additional child per household.

Please note R50 penalty fee per half hour for late pick up.

NO AFTERCARE THE LAST DAY OF EACH TERM AND NO AFTERCARE ON PUBLIC HOLIDAYS OR HOSTEL WEEKENDS.

Banking Details:

RL Smal

Capitec Bank 1511061632 Branch Code:470010

Ref: Childs name and surname (NO PAYMENTS TO SCHOOL ACCOUNT)

NOTICE OF WITHDRAWAL- ONE calendar month notice must be given by either party, on permanent withdrawal of any child from the aftercare. Alternatively a full months fee is payable in lieu of notice.

SECURITY - UNLESS PRIOR AUTHORISATION IS GIVEN IN WRITING BY THE LEGAL CUSTODIAN – NO CHILD WILL BE REMOVED FROM THE CONFINES OF THE AFTERCARE BY ANY OTHER PERSON THAN THE REGISTERED PARENT/GUARDIAN.

Nominated collectors:

1. _____ TEL NO: _____

2. _____ TEL NO: _____

INDEMNITY FORM:

AS PARENT/GUARDIAN OF THIS/THESE CHILD/CHILDREN I AGREE TO ABIDE BY THE CONDITIONS OF ENROLLMENT- WHICH I FULLY COMPREHEND AND ACCEPT. I UNDERTAKE TO INDEMNIFY- HOLD HARMLESS AND ABSOLVE THE TEACHERS AND ASSISTANTS FROM ALL CLAIMS WHATSOEVER THAT MAY ARISE IN CONNECTION WITH ANY INJURY TO THE PERSON OF MY CHILD/CHILDREN – OR ANY LOSS OR DAMAGE TO THE PROPERTY OF SAID CHILD/CHILDREN – IN THE KNOWLEDGE THAT THE AFTERCARE WILL ENSURE THAT ALL REASONABLE PRECAUTIONS FOR THE SAFETY AND WELFARE OF MY CHILD/CHILDREN WILL BE TAKEN AT ALL TIMES. I FURTHER AGREE THAT SHOULD I DEFAULT IN PAYMENT OF ANY MONIES OWING TO THE AFTERCARE – THE AFTERCARE SHALL BE ENTITLED TO RECOVER IN ADDITION TO ANY AMOUNTS DUE- ALL COSTS DISBURSED BY ITSELF TO ITS ATTORNEYS IN SECURING MY COMPLIANCE.

PERSONAL DETAILS

NAME & SURNAME OF CHILD: _____ GRADE: _____

CONTACT INFORMATION:

MOTHER: _____ CELL: _____

FATHER: _____ CELL: _____

IN CASE OF EMERGENCY CONTACT: _____

SIGNITURE OF PARENT NAME OF PARENT