

# BELLPARK PRIMARY

# AFTERCARE

## ADMISSION APPLICATION

CODE:

APPLICATION FOR 20_____	GRADE		LANGUAGE	AFR / ENG
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OPTION (CLEARLY INDICATE WHICH OPTION)					
<b>MORNING CARE</b> Only Gr R - Gr 2	<input type="checkbox"/>	<b>HOUR OPTION</b> Only Gr R - Gr 2	<input type="checkbox"/>	<b>FULL DAY</b> Gr R - Gr 7	<input type="checkbox"/>

### LEARNER DETAILS

SURNAME		NAME	
FULL NAMES			
DATE OF BIRTH		GENDER	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

### MEDICAL INFORMATION

DOCTOR		CONTACT NO	
MEDICAL AID		MEMBERSHIP NO	
ILLNESSESS		MEDICATION	
STATE ANY INFORMATION WHICH COULD INFLUENCE THE CHILD'S BEHAVIOUR			

### DETAILS OF FATHER

SURNAME		NAME	
ID NUMBER		OCCUPATION	
PHYSICAL ADDRESS			
TELEPHONE	HOME NO		WORK NO
	CELL		
E-MAIL ADDRESS			

### DETAILS OF MOTHER

SURNAME		NAME	
ID NUMBER		OCCUPATION	
PHYSICAL ADDRESS			
TELEPHONE	HOME NO		WORK NO
	CELL		
E-MAIL ADDRESS			

**CHILD IS RESIDING WITH?**

BOTH PARENTS	FATHER	MOTHER	GUARDIAN	OTHER :
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**SIBLINGS IN AFTERCARE**

NAME		GRADE	
NAME		GRADE	

**PERSON RESPONSIBLE FOR PAYMENT OF AFTERCARE FEES**

SURNAME		NAME	
ID NUMBER			
PHYSICAL ADDRESS			
EMPLOYER			
ADDRESS			
TELEPHONE	HOME NO		WORK NO
	CELL		
E-MAIL ADDRESS			

**NEXT OF KIN (not living at your residential address)**

NAME & SURNAME		RELATIONSHIP	
ADDRESS			
TELEPHONE		CELL NO	

**WE THE UNDERSIGNED, DECLARE THAT :**

- The information provided by us on this form, is true and correct.
- We take note and understand the admission policy and rules of the Aftercare.
- We undertake to abide by the code of conduct of this school & aftercare.
- We undertake to settle the aftercare fees, as determined annually, **monthly in advance** (end Jan - end Oct).  
Should the fees reflect as unpaid, the child will be prohibited from aftercare with immediate effect. Outstanding fees will be handed over for collection.
- Should we wish to cancel aftercare, we will give **one calender month's written notice** .
- We acknowledge that **aftercare closes at 17:30** and will collect our child on time.
- Payment method** : Only via EFT / debit order (**NO CASH**).

SIGNATURE - PARENT / GUARDIAN :	DATE :
FULL NAME & SURNAME	

**CONTACT DETAILS**

E-mail address	nasorg@bellpark.co.za
Linda Oellrich	064 683 9133 (available from 12:00 - 18:00)
Colleen de Beer (Only Gr R)	084 687 4148 (available from 12:30 - 17:30)