

BELLPARK PRIMARY

AFTERCARE

ADMISSION APPLICATION

CODE:

APPLICATION FOR 20__	GRADE		LANGUAGE	AFR / ENG
OPTION (CLEARLY INDICATE WHICH OPTION)				
MORNING CARE Only Gr R - Gr 7 <input type="checkbox"/>	FULL DAY Gr R <input type="checkbox"/>		Gr 1 - 7 <input type="checkbox"/>	

LEARNER DETAILS

SURNAME		NAME	
FULL NAMES			
DATE OF BIRTH		GENDER	MALE FEMALE

MEDICAL INFORMATION

DOCTOR		CONTACT NO	
MEDICAL AID		MEMBERSHIP NO	
ILLNESSESS		MEDICATION	
STATE 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			

SIBLINGS IN AFTERCARE

NAME		GRADE	
NAME		GRADE	

CHILD IS RESIDING WITH?

BOTH PARENTS	FATHER	MOTHER	GUARDIAN	OTHER :
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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 :

1. The information provided by us on this form, is true and correct.
2. We take note and understand the admission policy and rules of the Aftercare.
3. We undertake to abide by the code of conduct of this school & aftercare.
4. 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.
5. Should we wish to cancel aftercare, we will give **one calender month's written notice** .
6. We acknowledge that **aftercare closes at 17:30** and will collect our child on time.
7. **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)