

Tel: 082 336 8768  
Tel: 076 818 9039  
Fax: 086 723 8751

# Aftercare



Reg no: 2015/414027/07

Email: [eduactivekidz@gmail.com](mailto:eduactivekidz@gmail.com)

**Enrollment Form & Contract**  
**(Please complete ONE form for each child)**

<b>FAMILY DETAILS</b>	
<b>CHILD'S DETAILS</b>	
Surname:	Nickname:
First Names:	
Date of Birth:	Age:
Home Language:	
Grade:	Boy/Girl:
<b>MOTHERS DETAILS:</b>	
Surname:	First Names:
Physical Address:	
Postal Address:	
Work Address:	
Home No:	Work No:
Cell No:	Occupation:
Email Address:	
<b>FATHERS DETAILS:</b>	
Surname:	First Names:
Physical Address:	
Postal Address:	
Work Address:	
Home No:	Work No:

Cell No:		Occupation:		
Email Address:				
<b>MARITAL STATUS:</b>				
Married		Divorced	Widowed	Single
<b>CHILD LIVES WITH:</b>				
Mother		Father	Both	Guardian
<b>Who is responsible for the Aftercare fees:</b>				
<b>MEDICAL DETAILS</b>				
The following information is essential in case of medical treatment or hospitalisation. In the case of a serious medical condition or hospitalisation, the aftercare reserves the right to use its discretion in taking the necessary action.				
Name of Family Doctor:			Phone No:	
Medical Aid Name:			Membership No:	
Principal Member:				
<b>CURRENT MEDICATION:</b> (Please indicate all medication your child is taking)				
Medication:	Dosage:	Time/s Given:		
		Home	School	Aftercare
Known existing condition/syndrome:				
Allergies: (Food/Plaster/Other)				
Reaction to Allergy /Medication and Dose Administered:				
Should your child need to be rushed to hospital, please indicate your preference:		Government	Private	
I give the aftercare (Eduactive Kidz) permission to administer over-the-counter medication (Panado / Calpol / Tums / Strepisils / Allergex)		Yes	No	
Any funds disbursed by the Aftercare Centre (Eduactive Kidz) will be fully refunded by me.		Yes	No	
In the event of non-acceptance of the above, I fully indemnify the Aftercare Centre (Eduactive Kidz)		Yes	No	

from any legal action which may result from the Aftercare Centre's inability to act on my behalf.			
<b>Emergency Contact :</b> (in the case of an emergency and not being able to contact either parent, please nominate a friend or family member we should contact)			
Surname:		First Names:	
Relationship:		Home No:	
Work No:		Cell No:	
<b>Please give us any other information that will be beneficial to your child's wellbeing:</b> (a difficulty, preferences, likes and dislikes foods they can't eat etc...)			
Will you require aftercare on a:		Regular	Casual
If Regular (full time), Preferred payment period		10 months	12 months
If Casual which days?			
<b>Who is Authorised to collect your child:</b>			
Name& Surname:		Cell No:	
<b>I undertake to pay the monthly fees timeously, no later than the 1<sup>st</sup> of the month.</b>			
I will ensure that my child is collected from the Aftercare Centre no later than 17h30. The school gates will be locked at 17h30 sharp. I acknowledge that there is a R150.00 (one hundred and fifty rand) penalty fee for every 30 minutes or part thereof after 17h30 and should I be late that I will fetch my child my from 88-8 <sup>th</sup> Street, Parkhurst.			
To terminate membership, I will give one full terms notice in writing.			
My child and I have read through and discussed the rules, the Crossroads School building positive outcomes and disciplinary procedure and code for pupils on the D6 communicator and discussed issues of appropriate behaviour and manners during his/her time at the Aftercare Centre.			
Full Name & Surname:			
Signature:			
Date:			

By their signatures hereto, the Parent acknowledges that the statements and particulars given in the Enrolment information form, in particular those in respect of the child are true and complete and that no material facts have been omitted. If any of the information given alters after the commencement date of this contract of service, the Eduactive Kidz Aftercare Centre will immediately be given written notice thereof.

Full Name & Surname:			
Signature:		Date:	

By their signatures hereto, the Parent acknowledges that they have read and understood the information given in the 'Parents information document' and agree to all the terms and conditions there in.

**CONSENT AND INDEMNITY FORM**

I \_\_\_\_\_ (full name and surname) parent / guardian  
of \_\_\_\_\_ (full name and surname of child) hereby give consent  
to Joanne Harrison, employees of Eduactive Kidz or anyone Joanne Harrison duly appoints in her  
capacity as supervisor of Eduactive Kidz for the following:

- transport my child should the need arise or in the event that necessary emergency care  
be required
- transport my child to and from aftercare
- transport my child to and from sports, academic and cultural outings
- perform any first aid that may be deemed necessary
- make use of medical aid details as supplied in “general information”
- administer medication upon my instruction and when supplied (*in which case the parent  
will be required to sign a daily medication administration record*)

I waive any right which I or my child may have to claim compensation against Eduactive Kidz, Joanne  
Harrison, the employees or agents in respect of any loss, injury or damage which my child may sustain  
in the course of their stay at the Centre, and indemnify Eduactive Kidz, Joanne Harrison, the employees  
or agents against all claims.

\_\_\_\_\_  
Signature of Parent/ Guardian:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Witness:

\_\_\_\_\_  
Witness: