



PINEHURST PRIMARY SCHOOL

AFTERCARE REGISTRATION FORM

2026

PLEASE RETURN COMPLETED AND SIGNED FORM TO HEAD OF AFTERCARE
Mrs Couperthwaite - Phone: 021 531 2783 / 083 740 3580 - Email: yvecou@phps.org.za

DATE OF APPLICATION:

Applying for full- / part-time aftercare (tick)	Full-time		Part-time	
---	-----------	--	-----------	--

DETAILS OF CHILD

Child's surname					Current Grade
Child's first name			Preferred name		
Date of birth	Year		Month		Day
Home language					
Gender (tick)	Male		Female		
Address at where the child resides					

If currently Grade R, applying for Gr 1 aftercare next year, please provide details of pre-primary attended:

MEDICAL DETAILS

Name of Doctor	
Contact number	
Allergies (details)	

DETAILS OF PARENTS / GUARDIANS

DETAILS OF FATHER / GUARDIAN

Mr/Dr/Prof/Rev/___				
Surname				
First Name				
Occupation				
Contact details	Cell	Home		
	Work	Email		

DETAILS OF MOTHER / GUARDIAN

Mrs/Ms/Dr/Prof/Rev/___				
Surname				
First name				
Occupation				
Contact details	Cell	Home		
	Work	Email		

DETAILS OF STEP-FATHER (IF APPLICABLE)

Mr/Dr/Prof/Rev/___				
Surname and Name				
Contact details	Cell	Home		
	Work	Email		

DETAILS OF STEP-MOTHER (IF APPLICABLE)

Mrs/Ms/Dr/Prof/Rev/___				
Surname and Name				
Contact details	Cell	Home		
	Work	Email		

CONDITIONS OF ACCEPTANCE:

We / I have read the Prospectus for the Pinehurst Aftercare Centre and understand the conditions set out therein. We / I undertake to abide by these conditions.

INDEMNITY:

We/I give permission for my child to swim in the Pinehurst pool under the supervision of the Centre's staff. We / I undertake not to hold either the Principal, Governing Body, school staff or Centre staff responsible for any injury to my child or damage/loss of his/her property.

COLLECTION OF CHILDREN:

The Centre closes at **17:00 sharp**, please note there will be a late fee added to your school account, should you be late. (R30 per 5 minutes)

My child may be collected by:

	Tel:
	Tel:
	Tel:

We/I will advise the Head of AC if the child is to be collected by someone other than the persons specified above, otherwise my child will not be permitted to leave the Centre.

Head of Aftercare - Mrs Yvette Couperthwaite, Cell: 083 740 3580

FEES AND NOTICE PERIOD:

Aftercare Centre fees are compulsory and payable by debit order. We / I understand that should I default on my school fee account, or my Aftercare fees, my child will not be allowed to continue at the Aftercare Centre.

We/I understand that cancellation of Aftercare requires notice in writing of 1 (one) calendar month. Written notice is to be given to the Head of Aftercare by the 7th calendar day of the month.

We/I, _____

_____ (full names),

the undersigned, have read and understood the Prospectus for the Pinehurst Aftercare Centre. We/I understand the conditions pertaining to the acceptance of my child

_____ (child full name) at the Aftercare Centre

and we/I agree to abide by all the conditions.

We/I declare that all of the above information is, to the best of my knowledge, true and correct and understand that should any false information be supplied, the application will be rendered invalid.

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____