



PINEHURST PRIMARY SCHOOL AFTERCARE REGISTRATION FORM

2022

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:					
DETAILS OF CHILD					
CHILD SURNAME:					Current Grade:
CHILD FIRST NAME:					Full-time:
PREFERRED NAME:					Part-time:
DATE OF BIRTH:	YEAR:		MONTH:		DAY:
HOME LANGUAGE:					
GENDER:					
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):					
Please tick if you are willing for us to administer Panado to your child, when they are sick.					
Panado tablet:		Panado syrup:			

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 (AC) 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.

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: _____