



ECA AFTERCARE

Tel : 021 592 2349 Fax : 021 592 1140

E-mail: eca009@telkomsa.net



PERMISSION AND EXEMPTION – Year : 2021

I/We(Full name & Surname) hereby grant permission that my child/ren may participate in the activities of the Aftercare Centre. I fully realize and accept that these activities will be undertaken at my child/ren's own risk. I have read the General Information leaflet about the Aftercare and am aware of the contents.

I undertake to pay the monthly amount of

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|--|--------------------------------------|
| a. R850.00 (Full time)
(please circle applicable fee and initial) | b. R320.00 (Part time – excl. lunch) |
| | c. R580.00 (Part time – incl. lunch) |

i.r.o. the Aftercare fees, payable over 12 months. This amount is payable in advance, by the 3rd of the month, and written notice must be given one month in advance should I wish to take my/our child/ren out of the Aftercare Centre, otherwise the full amount for the month will be payable. No deductions may be made in respect of aftercare fees. Aftercare fees will be reviewed on an annual basis. Fees i.r.o. late collection to the amount of R50.00 per 15 minutes or part thereof will be paid immediately upon collection of my child / children.

Hours for Aftercare are as follows:

- a. Fulltime learners: 13:30 – 18:00 Mondays to Thursdays during ECA's school terms, excl. Public Holidays or any other school holiday;
 - 12:35 – 18:00 on Fridays during ECA's school terms, excl. Public Holidays or any other School holiday; and
 - 10:00 – 18:00 on the last day of each term.
- b. Part time learners: 13:30 – 14:50 Mondays to Thursdays during normal school hours (no lunch included unless Option C chosen to include lunch). Whenever all learners come out at the same time, part-time learners do not attend the Aftercare. This service is mainly for learners whose transport arrives at 14:50 onwards or learners who wait for their siblings.

I/We undertake to exempt the Department of Education (WCED), the headmaster and staff of the Aftercare Centre on behalf of myself, my executors, my husband/wife and my child/ren, as mentioned, of any or all claims whatsoever, in connection with any loss or damage of the property of the said child/ren, or of any injury of the person of the said child/ren, whilst participating in the activities of this centre.

I/We accept that the staff of the Aftercare Centre will at all times take reasonable precautions regarding the safety and well-being of my child/ren. I hereby grant permission that my child/ren may receive medical treatment and hospitalisation in the case of a serious injury and that I will accept full responsibility for all medical costs incurred.

Signature of parent / guardian: _____

Name : _____ Date : _____

ECA AFTERCARE APPLICATION FORM

TELEPHONE: 021-592-2349 / FAX: 021-592-1140

APPLICATION FOR YEAR	FULL TIME PART TIME (circle applicable choice)
STARTING DATE (DD/MM/YY)	
NAME OF LEARNER	
DATE OF BIRTH	GRADE : <input style="width: 50px;" type="text"/>
FATHER'S / MALE GUARDIAN'S DETAILS	
FIRST NAMES	
SURNAME	
ADDRESS	
ID / PASSPORT NUMBER	
EMAIL	
CONTACT PHONE NUMBER/S	WORK: _____ HOME: _____
	CELLPHONE: _____
MOTHER'S / FEMALE GUARDIAN'S DETAILS	
FIRST NAMES	
SURNAME	
ADDRESS	
ID / PASSPORT NUMBER	
EMAIL	
CONTACT PHONE NUMBER/S	WORK: _____ HOME: _____
	CELLPHONE: _____
INDIVIDUAL/S WHO MAY FETCH YOUR CHILD FROM AFTERCARE	
NAME AND SURNAME	
CONTACT PHONE NUMBER	
RELATIONSHIP TO CHILD	
CONTACT DETAILS OF ALTERNATIVE PERSON IN CASE OF AN EMERGENCY	
NAME AND SURNAME	
CONTACT PHONE NUMBER	
RELATIONSHIP TO CHILD	
MEDICAL DETAILS	
ALLERGIES	
NAME & CONTACT NO. OF DR.	
MEDICAL AID & NO.	
BANKING DETAILS	NAME OF ACCOUNT: Emmanuel Christian Academy
	BANK: NEDBANK
	BRANCH & CODE: Goodwood Mall - 10441000
	ACCOUNT NUMBER: 1044004223
PLEASE REMEMBER TO REFERENCE PAYMENT	REFERENCE: NAME OF LEARNER + SURNAME - AFTERCARE

PERSON RESPONSIBLE FOR PAYING ACCOUNT

NAME AND SURNAME	
IDENTITY NUMBER	
CONTACT PHONE NUMBER	
RELATIONSHIP TO CHILD	ENROLMENT FORM - ECA