## **APPLICATION FOR LEARNER ENROLMENT: ECA AFTERCARE**

APPLICATION FOR YEAR	FULL TIME PART TIME (circle applicable choice)
STARTING DATE (DD/MM/YY)	
NAME OF LEARNER	
DATE OF BIRTH	GRADE:
The second secon	IER'S / MALE GUARDIAN'S DETAILS
FIRST NAMES	
SURNAME	
ADDRESS	
ID / PASSPORT NUMBER	
EMAIL	
CONTACT PHONE NUMBER/S	WORK: HOME:
	CELLPHONE:
MOTH	ER'S / FEMALE GUARDIAN'S DETAILS
FIRST NAMES	
SURNAME	
ADDRESS	
ID / PASSPORT NUMBER	
EMAIL	
CONTACT PHONE NUMBER/S	WORK: HOME:
	CELLPHONE:
INDIVIDUAL/S WE	O 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.	
	NAME OF ACCOUNT: Emmanuel Christian Academy
BANKING DETAILS	BANK: NEDBANK
	BRANCH & CODE: Goodwood Mall - 198765
	ACCOUNT NUMBER: 1044004223
PLEASE REMEMBER TO REFERENCE PAYMENT	REFERENCE: NAME & SURNAME OF LEARNER - AFTERCARE
PERSON RESPONSIBLE FOR PAYING ACCOUNT	
NAME AND SURNAME	
IDENTITY NUMBER	
CONTACT PHONE NUMBER	
RELATIONSHIP TO CHILD	
E-MAIL ADDRESS	



## **ECA AFTERCARE**

Tel: 021 592 2349 Fax: 021 592 1140

E-mail: eca009@telkomsa.net



## **PERMISSION AND EXEMPTION – 2022**

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

I undertake to pay the monthly amount of

- a. R950.00 (Full time)
  (please circle applicable fee choice and initial)
- b. R400.00 (Part time excl. lunch)
- c. R650.00 (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 to the Aftercare staff on duty, immediately upon collection of my child / children.

Hours for Aftercare are as follows:

- a. <u>Fulltime learners</u>: 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. <u>Part time learners</u>: 13:30 14:50 Mondays to Thursdays during normal school hours (a light snack is included, unless Option C is chosen which includes 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 :	