

Emmanuel Christian Academy Aftercare Centre

Tel: 021 592 2349 Fax: 021 592 1140

e-mail: eca009@telkomsa.net



20 November 2023

Dear Parents / Guardians

The year is drawing to an end and we would like to bring the following matters to your attention:

- a. <u>Aftercare Closure for December school holidays</u>. Learners will be finishing their exams / assessments on Thursday 23 November. This will be the last official school day for the year; learners will only come and collect their reports at school on Thursday 30 November 2023 from 08:00 11:00. <u>The last day for Aftercare will be on Friday 24 November 2023, at 17:30</u> for those parents who need this. Please indicate below for planning purposes.
 - The Aftercare will be closed as from Monday 27 November and will re-open on Thursday 18 January 2024.
- b. <u>Christmas Party.</u> We will be having an Aftercare Christmas party on Thursday 23 November 2023 and would like all aftercare learners to attend. If you would like to purchase a small gift for your child and wrap it, we will be happy to hand this out to them. Please limit the cost to R100.00 and ensure that your child's name is clearly written on the gift. We will provide the eats / cold drinks for the party. The party should be finished by 14:30 so we request parents not to collect their children before this time as past experience has shown that they don't like missing this event.
- c. <u>Re-enrolment for 2024.</u> Please indicate on the below reply slip if your child will be attending Aftercare next year and complete the attached form if you reply "Yes". This form must be returned to school as soon as possible, alternatively it can be emailed to **oliviayoung009@gmail.com**.
- d. <u>Aftercare fees.</u> Please ensure that your Aftercare account is paid up for the year. Learners who have outstanding fees will not be allowed to attend Aftercare in 2024 until such time that all fees have been paid. The School reserves the right to hand any overdue accounts over for collection. Fees relating to this action will be for the parent/s.

Please complete the reply slip below and return to school tomorrow, alternatively reply to this email.

We would like to thank you for your support over the past year and look forward to welcoming our learners back in the New Year.

Kind regards

Dlivia Young Reply Slip:									
== , _		, parent / guardian of							
		in Grade, hereby confirm the following (please circle your reply):							
	a. b. c.	My child / children will partake in the Christmas party on Thursday 23 November: My child will attend Aftercare on Friday, 24 November My child will be returning to Aftercare in 2024	Yes Yes Yes	/ /	No No No				
a	arent / Guardian Signature Date								



ECA AFTERCARE

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PERMISSION AND EXEMPTION - Year: 2024

		PERIVISSION AND EXEIVIPTION	- Teal . 2024			
that m	y child/ren may participate	e in the activities of the Aftercare Cen	.(Full name & Surname) hereby grant permission tre. I fully realize and accept that these activities as & Conditions and Rules of the Aftercare and			
I under	ee choice and initial)					
a. c.	R1200.00 (Full time – Gra R550.00 (Part time – exc		b. R1100.00 (Full time – Grade 4 upwards d. R850.00 (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 mount in notice must be given one month in advance should I wish to take my/our child/ren out of the Centre, otherwise the full amount for the month will be payable. No deductions may be made in reaffercare fees. Aftercare fees will be reviewed on an annual basis. Fees i.r.o. late collection to the amount per 15 minutes or part thereof will be paid to the Aftercare staff on duty, immediately upon collection of / children.						
Hours	for Aftercare are as follow	s:				
	or any other school h • 12:35 – 17:30 on Frid and	noliday;	during ECA's school terms, excl. Public Holidays Public Holidays or any other School holiday;			
	juice is included, unless (same time, part-time lea not have lunch at the Aft etc. The part-time After	Option D is chosen which includes lur Irners who take the lunch option can tercare do not attend Aftercare durin	during normal school hours (a light snack and nch). Whenever all learners come out at the attend Aftercare until 14:00. Learners who do ng these times, e.g. exams, last day of school, nose transport arrives at 14:50 onwards or			
behalf connec	of myself, my executors, nation with any loss or dama	my husband/wife and my child/ren, a	principal and staff of the Aftercare Centre on is mentioned, of any or all claims whatsoever, in ren, or of any injury of the person of the said			
and we	ell-being of my child/ren.	I hereby grant permission that my	ake reasonable precautions regarding the safety child/ren may receive medical treatment and responsibility for all medical costs incurred.			
Signatu	re of parent / guardian: _					
Name			Date ·			

Witness: _____ Witness Name: ____

APPLICATION FOR LEARNER ENROLMENT: ECA AFTERCARE

APPLICATION FOR YEAR			
OPTION (Mark choice with "X")	FULL TIME	PART-TIME WITH LUNCH	PART-TIME WITHOUT LUNCH
STARTING DATE (DD/MM/YY)			
NAME & SURNAME OF LEARNER			
DATE OF BIRTH		GRADE:	
F	ATHER'S / MALE GU	IARDIAN'S DETAILS	
FIRST NAMES			
SURNAME			
ADDRESS			
ID / PASSPORT NUMBER			
EMAIL			
CONTACT PHONE NUMBER/S	WORK:	HOME:	
	CELLPHONE:		
MC	OTHER'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 AFTER	CARE
NAME AND SURNAME			
CONTACT PHONE NUMBER			
RELATIONSHIP TO CHILD			
CONTACT DETAILS	OF ALTERNATIVE F	PERSON IN CASE OF AN EM	IERGENCY
NAME AND SURNAME			
CONTACT PHONE NUMBER			
RELATIONSHIP TO CHILD			
	MEDICAL	DETAILS	
ALLERGIES			
NAME & CONTACT NO. OF DR.			
MEDICAL AID NAME & NO.			
	NAME OF ACCOUN	T: Emmanuel Christian Acade	amy
BANKING DETAILS	BANK: NEDBANK	11. Lillilander Christian Acade	anty
DANKING DETAILS		Century City - 198765	
	ACCOUNT NUMBER		
PLEASE REMEMBER TO REFERENCE PAYMENT!	BENEFICIARY REF	ERENCE: NAME & SURNAME	OF LEARNER - AFTERCARE
PERSON RESPONSIBLE FOR PAYING ACCOU	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
NAME AND SURNAME			
ID / PASSPORT NUMBER			
CONTACT PHONE NUMBER			
RELATIONSHIP TO CHILD			
E-MAIL ADDRESS			

^{**}PLEASE ATTACH A COPY OF YOUR ID / PASSPORT IF YOU ARE NOT THE LEARNER'S PARENT / GUARDIAN