



## ECA AFTERCARE

Tel : 021 592 2349

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### APPLICATION & EXEMPTION – Year : 2024

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 Terms & Conditions and Rules of the Aftercare and agree to abide by them.

I undertake to pay the monthly amount of: **(please circle applicable fee choice and initial)**

- |  |   |
|--|---|
| a. R1200.00 (Full time – Grades 1 – 3) | b. R1100.00 (Full time – Grade 4 upwards) |
| c. R550.00 (Part time – excl. lunch)   | 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 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 R75.00 per 15 minutes or part thereof will be paid to the Aftercare staff on duty, immediately upon collection of my child / children. If fees have not been paid by the 4th of each month the learner will not be allowed at the Aftercare.

Consent Clause: The Applicant / debtor consents to and authorises Emmanuel Christian Academy to:

- Contact, request and obtain information at any time from any supplier, service or credit provider (or potential credit provider) or registered credit bureau in order to assess the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the applicant/ debtor; and
- Provide information about the the behaviour, profile, payment patterns, indebtedness, whereabouts and creditworthiness of the parent / debtor to any registered credit bureau or to any supplier, service or credit provider (or potential credit provider) seeking a trade reference regarding the consumer's / debtor's dealings with the supplier, service and / or credit provider.

Hours for Aftercare are as follows:

- Full-time learners: 13:30 – 17:30 Mondays to Thursdays during ECA's school terms, excl. Public Holidays or any other school holiday;
  - 12:35 – 17:30 on Fridays during ECA's school terms, excl. Public Holidays or any other School holiday; and
  - 10:00 / 11:00 – 17:30 on the last day of each term.
- Part-time learners: 13:30 – 14:50 Mondays to Thursdays during normal school hours (a light snack and juice is included, unless Option D is chosen which includes lunch). Whenever all learners come out at the same time, part-time learners who take the lunch option can attend Aftercare until 14:00. Learners who do not have lunch at the Aftercare do not attend Aftercare during these times, e.g. exams, last day of school, etc. The part-time Aftercare option is mainly for learners whose transport arrives at 14:50 onwards or learners who wait for their siblings in higher grades.

I/We undertake to exempt the Department of Education (WCED), the principal 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: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name & Surname : \_\_\_\_\_ Signature : \_\_\_\_\_

**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 : <input type="text"/>
<b>FATHER'S / MALE GUARDIAN'S DETAILS</b>		
FIRST NAMES		
SURNAME		
ADDRESS		
ID / PASSPORT NUMBER		
EMAIL		
CONTACT PHONE NUMBER/S	WORK:	HOME:
	CELLPHONE:	
<b>MOTHER'S / FEMALE GUARDIAN'S DETAILS</b>		
FIRST NAMES		
SURNAME		
ADDRESS		
ID / PASSPORT NUMBER		
EMAIL		
CONTACT PHONE NUMBER/S	WORK:	HOME:
	CELLPHONE:	
<b>INDIVIDUAL/S WHO MAY FETCH YOUR CHILD FROM AFTERCARE</b>		
NAME AND SURNAME		
CONTACT PHONE NUMBER		
RELATIONSHIP TO CHILD		
<b>CONTACT DETAILS OF ALTERNATIVE PERSON IN CASE OF AN EMERGENCY</b>		
NAME AND SURNAME		
CONTACT PHONE NUMBER		
RELATIONSHIP TO CHILD		
<b>MEDICAL DETAILS</b>		
ALLERGIES		
NAME & CONTACT NO. OF DR.		
MEDICAL AID NAME & NO.		
<b>BANKING DETAILS</b>	<b>NAME OF ACCOUNT:</b> Emmanuel Christian Academy	
	<b>BANK:</b> NEDBANK	
	<b>BRANCH &amp; CODE:</b> Century City - 198765	
	<b>ACCOUNT NUMBER:</b> 1044004223	
<b>PLEASE REMEMBER TO REFERENCE PAYMENT!</b>	<b>BENEFICIARY REFERENCE:</b> NAME & SURNAME OF LEARNER - AFTERCARE	
<b>PERSON RESPONSIBLE FOR PAYING ACCOUNT **</b>		
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