

**Alphabet Kids Aftercare Enrollment Application Form 2024**

Personal Information:

1. Child's Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Parent/Guardian Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Contact Number (Parent/Guardian):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Email Address (Parent/Guardian):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information:

1. Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Emergency Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Information:

1. Physician's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Physician's Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Does the child have any known medical conditions? (If yes, please provide details):

 - [ ] Yes

 - [ ] No

 - Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Preferred Ambulance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Is the child currently taking any medication? (If yes, please provide details):

 - [ ] Yes

 - [ ] No

 - If YES kindly inform when the child needs to take the medication including the dosage

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Allergies:

 - [ ] Yes

 - [ ] No

 - If yes, please specify the allergies and any necessary precautions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aftercare Program Preferences:

1. Preferred Enrollment Type:

 - [ ] Full- afternoon – Time 13:00 – 17:30

 - [ ] Half- afternoon – Time 13:00 – 15:00

General Information

1. Aftercare provides a light lunch and a snack.

2. The aftercare closes strictly at **17:30**

3. Please mark all belongings clearly.

4. We follow the same calendar as the school and will thus not be open during

public holidays or school holidays. Furthermore, if the school is not open for

any other reason the aftercare will also be closed.

6. Learners are not allowed to wait at the gate for parents. Please come and

sign out your child at the class.

Dear aftercare parents

Please note that all new and existing aftercare learners have to fill-in a new

application form. Application form along with a registration fee of R100 per learner

needs to be handed in before acceptance in 2024. Please make sure that

application form is signed and dated.

 Payment

1. Fees for 2024 will be
* Full- afternoon R680 per month.
* Half- afternoon R370 per month.
* Registration fee = R100.

5% discount, on the 2nd child in same household

10% discount, on the 3rd child in same household

2. Fees are strictly payable in advance.

3. No more cash payments will be accepted.

4. All payments have to be made electronically into the following account:

**Name: *M S Gama***

**Bank name: *FNB***

**Bank Acc. Nr: *6307 8549 062***

**Branch code: *250655***

**(Savings account)**

**Reference: *Childs Name and Surname***

5. An amount of R 680 / R 370 per month must be paid to the aftercare account number before the **3rd of each month** for eleven months starting from January to November.

6. If no payment is received, you will receive a confirmation message that the

aftercare will no longer make provision for your child.

7. 10% handling fee will be effective if we need to refund you for any reason.

 Code of conduct

1. All learners must report to the aftercare after school.

2. No learner is allowed to play outside if homework is not finished.

3. No learner will be allowed to use the gym.

4. No swearing/hitting/bullying.

5. No playing between classes while the older children are still busy with

classes.

6. No learner allowed to leave school grounds.

Homework

1. All learners are required to do homework before they go outside and play.

2.We require written consent from parents if learner is allowed to do other homework at home.

3. It is still the sole responsibility of parents to ensure that all homework is

done and up to date.

 Additional Information or Special Requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Terms and Conditions:

I, the undersigned parent/guardian, hereby confirm that the information provided in this application form is accurate and complete to the best of my knowledge. I understand that Alphabet Kids Aftercare will take all reasonable precautions for the safety and well-being of my child during their enrollment in the program. I agree to inform the center promptly of any changes to the information provided.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submission Instructions:

Please submit this **completed form and copy of a medical aid card** to the Alphabet Kids Aftercare office or email it to: Sylviagama7@gmail.com

Our staff will contact you to confirm your child's enrollment and discuss further details. Thank you for choosing Alphabet Kids Aftercare!

Thank you

Syliva Gama

073 456 8225

Sylviagama7@gmail.com