AFTER CARE / HOMEWORK CENTRE
APPLICATION/ENROLMENT FORM

Pupil-First Name/s……Surname:……..……..

Date of birth (yyyy/mm/dd)..... Gender: Male ☐ Female ☐

Childs "calling" name…… First day of attendance:…….....

Home Language:……..

Holiday Care: Yes OR No…_____(optional)

Home language……..... Home Tel. No. ……
HOME ADDRESS: Townhouse Complex Name and unit number/

Street number/name…….

Suburb……

(Proof of Residence is required by law)

Current school attended by pupil…….....
Immunisations up to date Y/N - It is a requirement that all immunisations are up to date at the time of admission.
List any Allergies/medical problems?
.....

Name and Surname of Father …….....

ID no:…….....

Work address …….....Work Tel No: ……..... ……

Occupation.....Company Name:……..

Cell:…….....

E-mail address .....

Name and Surname of Mother …….....

ID no: …….…….....

Work address ……..... Work tel. …….....

Occupation..... Company Name:…….

Cell No: ……E-mail address .....

Status: Married…..Single…..Divorced…..Remarried…..Widow…..Widower…..
Other children in the family

Name 1…….....…… Age……...…

Name2…….....…… Age……...……

Medical Aid:.....

Membership Number:.....

Doctor…… Telephone No.……..…….……

Who will be transporting/collecting the child to/from Alpha Step?

……

Nobody else but listed persons will be allowed to collect your child from school unless very specific arrangements are made.

If your child should be ill at school who else could we contact in an emergency?

1. Name……..... Telephone No…….....
   Relation (e.g. grandmother?)…….……

We require copies of the following: Parents ID, Child's birth certificate, Medical aid card(if applicable) and vaccination card/clinic card/Proof of Residence.

FEES - Payable in advance. No child will be permitted to attend if fees have not been paid.
I undertake to pay the fee on or before the last day of each month for the following month.
A non-refundable application fee of R250.00 must accompany this APPLICATION FORM.
ANNUAL FEE: R300.00 payable prior to commencement – Annual fee. This covers items of an incidental nature.
After Care is available on a full time basis (Including or excluding Holiday Club) or casual basis.
I undertake to pay the fee as per the agreement entered into.

**I undertake to give a 'school terms' written notice and understand that I will be liable for payments for the notice period in the event of removing my child without giving notice as per the agreement entered into.
Please check the Dept. of Education calendar for laid down term dates.

***Not applicable for casual attendance. Casual attendance is R20.00 per hour - Minimum charge R60.00 .*

If pupils arrive late in the term after a prolonged holiday, parents will still be responsible for the full-term fee if booked in full time as space has been allocated.

…… …….
***SIGNATURE** ***SIGNATURE**
DATE ……..… **DATE** ……..…

Person/s responsible for payment to sign as well if different from parent/guardian.

Bank Details
Bank: Capitec
Branch: Walmer Branch Code: 470010
Account Name: Alpha Kids
Account Number: 1506928135
Beneficiary Reference: Childs Name and Surname