

**GLENOAKS SCHOOL
Aftercare Agreement – 2018**

I, the undersigned, _____
(full name of parent/guardian responsible for fees)

of _____
(residential address)

hereby apply for the enrolment of:

Learner Name	Full Time (14h00 to 17h30)	Homework Club (14h00 to 15h00)	Ad-hoc when required

at Glenoaks School Aftercare for 2018. (Please enter the full name/s of each of your children whom it is your intention to have at the aftercare for the 2018 school year).

	Homework	Lunch	Supervision till 17h30
Full Time	✓	✓	✓
Homework Club *	✓	x	x
Ad-hoc	✓	✓	✓

Homework Club is from 14h00 to 15h00, Monday to Thursday. Please collect learners at 15h00. Learners that enroll for Homework Club, but do an extra-curricular activity on certain days, will be accommodated in the second homework session from 15h30 to 16h30.

Aftercare fees will be invoiced as follows and are payable in advance by the 7th of the month.

Month	Full Time	Homework Club
January	R770	R450
February	R1,400	R800
March	R1,190	R650
April	R280	R150
May	R1,540	R900
June	R1,120	R400
July	R1,540	R850
September	R1,260	R700
October	R1,400	R850
November	R1,540	R850

Ad-hoc attendance will be invoiced at the end of each month at a rate of R90-00 per afternoon.

An additional fee of R50/hour or part thereof will be invoiced if a learner is collected after 17h30.

Please be aware of the following:

- accounts will be flagged as overdue if not settled by the 7th of each month.
- learners will be refused access to Aftercare if their account is flagged as overdue.
- interest will be levied at a rate of prime plus 1 % on any overdue amounts.
- learners and their parents/guardians are expected to abide by the School's ethos, policy, rules and regulations, including the School's standards of discipline, dress, behavior, extramural involvement and social values.

Signature of parent responsible for
Payment

Name

Date: _____

Aftercare Learner Contact Details

Learner Name			
Grade			
Parent/Guardian 1		Parent/Guardian 2	
Name		Name	
Mobile Number		Mobile Number	
Work Number		Work Number	
Additional Emergency Contact			
Name			
Mobile Number			
Work Number			
Medical Aid Details			
Name			
Membership Number			
Main Member			