

PNPS Aftercare



For Office Use Only	
Finance Dept. Informed	
Added to Register	
Added to Care Leader List	
Extra Murals Recorded	
Added to Mailing List	
Added to Birthday Chart	
Acceptance Letter	
Wisdom Letter	
Added to Stats	

Tel: 021 531 3172 • Cell: (Mon-Fri 08h30-17h30) 072 998 3049 • Email: aftercare@pnps.co.za

DETAILS OF CHILD				Form Received: / /	
Surname:			<input type="checkbox"/> Full Time		
First names:			<input type="checkbox"/> Fixed Part Time		
Preferred name:			<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed
Date of birth:	Year:	Month:	Day:		
Home Language:		Gender:			
Grade at Time of Application:			Year in which space is needed:		
Address at which child lives:					

MEDICAL DETAILS:	
Name of Family Doctor:	
Contact Number:	
Allergies (details):	

DETAILS OF MOTHER OR GUARDIAN		
Ms/Mrs/Dr/Prof/Rev/ _____		
Surname:		
First names:		
ID Number :		
Occupation:		
Name and address of company/employer:		
Contact numbers:	Cell:	Home:
	Work:	Email:

DETAILS OF FATHER OR GUARDIAN		
Mr/Dr/Prof/Rev/		
Surname:		
First names:		
ID Number :		
Occupation:		
Name and address of company/employer:		
Contact numbers:	Cell:	Home:
	Work:	Email:

DETAILS OF STEP-MOTHER (if applicable)		
Ms/Mrs/Dr/Prof/Rev/_____		
Surname:		
First names:		
ID Number :		
Occupation:		
Name and address of company/employer:		
Contact numbers:	Cell:	Home:
	Work:	Email:

DETAILS OF STEP-FATHER (if applicable)		
Mr/Dr/Prof/Rev/		
Surname:		
First names:		
ID Number :		
Occupation:		
Name and address of company/employer:		
Contact numbers:	Cell:	Home:
	Work:	Email:

CONDITIONS OF ACCEPTANCE:

1. NOTICE OF TERMINATION

I accept that, if I wish to discontinue using Aftercare, the principal needs to receive a full term’s notice in writing, or fees need to be paid in lieu of notice.

2. INDEMNITY

I give permission for my child to use the Aftercare facilities and, in particular, to swim in the PNPS swimming pool* under the supervision of the Aftercare staff. I undertake not to hold either the principal or the governing body of PNPS or the Aftercare staff, responsible for any injury to my child or any damage to his/her property. (*N.B. Grade Rs will not be included in Aftercare swimming, except as part of an official extra mural activity.)

3. COLLECTION OF CHILDREN

My child(ren) will be collected by:

	Tel:
	Tel:
	Tel:

- 4. I will advise the school if the child is to be collected by someone other than the persons specified above, I will contact the Aftercare and inform them in advance, providing them with a “once off password”, otherwise my child will not be permitted to leave Aftercare.
- 5. If my child is in full time Aftercare, I will leave the school premises via the Aftercare Department, signing my child out on the Aftercare register daily.
- 6. On acceptance of my child to Aftercare, I undertake to abide by the Code of Conduct of Pinelands North Primary School as displayed on the school website.
- 7. I will inform Aftercare of any changes in my child’s life which may affect his/her wellbeing/academic progress and any support systems which are put in place as a result of this.
- 8. I am aware that the payment of Aftercare fees is compulsory. I understand that should I not pay fees, per month, as expected, my child will not be allowed to continue Aftercare. I understand that this is an additional service at the school, and that I choose to pay a fee for said service.
- 9. I understand that should I apply for a school fee reduction that this reduction does not apply to Aftercare fees.

MEDICATION

Please inform Aftercare if your child is prescribed **any** short term or long term medication, regardless of whether or not it is administered during school time. The effects of the medicine are experienced during school **and** Aftercare hours and knowledge of them will help us to respond in an informed way if your child is experiencing something unexpected. Also keep us up to date with any changes in dosage.

If your child is on medication during term time, he/she must stay on it whilst attending Holiday Programme. All medication should be handed in to Aftercare staff, marked with your child's name and information about dosage.

MEDICATION PERMISSION LIST

Please tick which medication you will allow your child to receive if they are ill at school or Aftercare, and sign next to each item below. Sometimes we use the generic equivalent. (Tick the block and then sign on the line)

Panado

Buscopan
(For stomach cramps)

Allergex Syrup

Panado Syrup
(For pain and fever)

Allergex Cream

Ponstan

I, _____, the undersigned, have read the conditions pertaining to the acceptance of my child _____ at PNPS Aftercare and agree to abide by all the conditions.

I declare that all of the above information is, to the best of my knowledge, true and correct and understand that should any false information be supplied, the application will be rendered invalid.

Signature of father/guardian _____

Date _____

Signature of mother/guardian _____

Date _____