

# PNPS Early Care



For Office Use Only	
Finance Dept. Informed	
Added to Morning Register	
Added to Care Leader List	
Added to Stats	
Added to Mailing List	
Proxy Signatory Form Provided	

•Tel: 021 531 3172 •Email: [aftercare@pnps.co.za](mailto:aftercare@pnps.co.za)

DETAILS OF CHILD															
Surname:			Full Time (Max 5 days per 2 weeks) <input type="checkbox"/>												
First names:			Or Fixed Part Time (Circle days)												
Preferred name:			<table border="1"> <tr> <td>Week 1</td> <td>M</td> <td>T</td> <td>W</td> <td>TH</td> <td>F</td> </tr> <tr> <td>Week 2</td> <td>M</td> <td>T</td> <td>W</td> <td>T</td> <td>F</td> </tr> </table>	Week 1	M	T	W	TH	F	Week 2	M	T	W	T	F
Week 1	M	T	W	TH	F										
Week 2	M	T	W	T	F										
Date of birth:	__/__/__	Home Language:													
Grade at time of Application:		Do you attend Aftercare?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No										
Yes	No														
Gender:															
Address/es at which child resides:															

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

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

**DETAILS OF FATHER/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)**

Mrs/Ms/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:**

**INDEMNITY**

I give permission for my child to use the Early Care facilities under the supervision of Early Care staff. I undertake not to hold either the principal or the governing body of PNPS or the Early Care staff, responsible for any injury to my child or any damage to his/her property.

**CONDITIONS OF DROP OFF**

I accept that, in order to attend Early Care, I will need to drop my child off at 07h30, accepting that thereafter, staff will be unavailable to admit my child until the school Drop and Go system opens at 08h30.

If my child is to be dropped off by someone other than me/us, I/we will inform the school that the drop off person has permission to fill out the Health Risk Questionnaire on my/our behalf.

If my child is to be dropped off by someone other than me/us, I will ensure that I have provided that person with the up to date information required to fill out the compulsory Health Risk Questionnaire.

**CODE OF CONDUCT**

On acceptance of my child to Early Care, I undertake to abide by the Code of Conduct of Pinelands North Primary School as displayed on the school website.

**PAYMENT EXPECTATIONS**

I am aware that the payment of Early Care fees is compulsory. I understand that should I not pay fees, per month, as expected, my child will not be allowed to continue Early Care. I understand that this is an additional service at the school, and that I choose to pay a fee for said service.

I understand that should I apply for a school fee reduction that this reduction does not apply to Early Care fees.

**NOTICE OF TERMINATION**

I accept that, if I wish to discontinue using Early Care, I will give the Aftercare Manager a full month's notice in writing, or fees will need to be paid in lieu of notice.

I, \_\_\_\_\_, the undersigned, have read the conditions pertaining to the acceptance of my child \_\_\_\_\_ at PNPS Early Care 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 mother/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of father/guardian \_\_\_\_\_ Date \_\_\_\_\_