

McAuley House

AFTERCARE REGISTRATION FORM – 2024

Student's Surname: _____ Student's Name: _____

Acc Ref: _____ Grade In 2024: _____ Start Date: DD/MM/2024

1. PARENT/GUARDIAN DETAILS:

Full Name of Mother/Guardian 1: _____

Tel No Work: _____ Cell No: _____

WhatsApp No. (if different from above): _____

Email Address: _____

Full Name of Father/Guardian 1: _____

Tel No Work: _____ Cell No: _____

WhatsApp No. (if different from above): _____

Email Address: _____

2. EMERGENCY CONTACT PERSON- In case parents are unreachable- (*Please inform the person that they are the emergency contact*).

Full Name _____ Cell No: _____

Land line Tel. No: _____ Cell No: _____

Email Address: _____

3. MEDICAL INFORMATION:

Name of Medical Aid: _____ Medical Aid No: _____

Name of Main Member: _____ Allergies: _____

4. ASSIGNED/NOMINATED PERSON/S COLLECTING STUDENT FROM AFTERCARE

Transport Company: Yes / No. If Yes, please include details of Taxi Driver as well as additional nominated persons:

Transport Drivers Name _____ Cell No: _____

Nominated Person 1: Full Name: _____ Cell No: _____

Nominated Person 2: Full Name: _____ Cell No: _____

I/We, the undersigned parent(s)/guardian(s) of _____, hereby acknowledge and expressly agree to comply with the 2024 Aftercare Terms and Conditions governing the McAuley House After Care Centre. As parents, we affirm our wholehearted support for the Aftercare's endeavours to establish and maintain a disciplined and secure environment for the benefit and well-being of our child(ren).

Mother/Guardian 1 Signature: _____ Date: _____

Father/Guardian 2 Signature: _____ Date: _____

McAuley House
AFTERCARE CENTRE
CONSENT FORM & FINANCIAL AGREEMENT 2024

I/we, (full name(s) & Surname _____,

parent (s)/guardian(s) of _____ (full name & surname of student),

Hereby give permission for the above-mentioned student to participate in McAuley House Aftercare Centre activities as from
____ DD/MM/YYYY (Insert start date).

1. I/we accept that all reasonable precautions will be taken to ensure the safety and welfare of my/our child and I/we shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained which cannot be ascribed to negligence on the part of the staff responsible.
2. I/we give permission to the Principal of the school or her representative to act in loco parentis should medical treatment/surgery be deemed necessary for my/our child.
3. Please attach a certified copy of your Medical Aid Membership Card (both sides), plus a certified copy of the Identity Document of the main member.
4. Should there not be Medical Aid, your child will be taken to a Provincial Hospital.
5. I/we give permission for my/our child to be transported to a hospital if it should be necessary. I/we accept that the Aftercare staff cannot be held responsible for any injury sustained from an accident related to the above.
6. I/we understand and accept that the Aftercare has the right to ask me/us to remove my/our child due to behavioral/discipline problems as well as nonpayment of fees.
7. I/we undertake to pay the Aftercare fees of R800.00 at the beginning of each month as set in the Terms & Condition.
8. I/we am/are aware that the Aftercare Centre closes at 17h30 and that my/our child must be collected by this time.
9. I/we undertake to pay all late penalty collection fee which may be billed to my account, as a result of my/our failure to collect my/our child by 17:30 at any given time.
10. I/we am/are aware that a late penalty fee is R150.00 per 15min or part thereof is issued until 18:00pm and R300.00 per 15 minutes or part thereof after 18h00pm.
11. I/we understand that it is our duty and responsibility to check our statements and to address any billing queries in the month that the billing occurred, or within one month of receiving my/our statement.
12. I/we understand that the Accounts Department will not entertain or address any queries regarding billing after the period stipulated in point 11 above.
13. I/we understand and accept that no reduction in fees due or paid will be allowed in respect of days on which a child does not attend the Aftercare for any reason whatsoever.
14. I/we understand that I/we must give ONE CALENDAR MONTH'S WRITTEN NOTICE to remove my/our child from the Aftercare.
15. I/we understand and accept that should I/we default on my/our payments; my/our account will be handed over to Debt Collectors for the collection thereof.

MOTHER/GUARDIAN 1 FULL NAMES: _____

IDENTITY NUMBER: _____

SIGNATURE: _____

FATHER/GUARDIAN 2 FULL NAMES: _____

IDENTITY NUMBER: _____

SIGNATURE: _____
