

CONSENT FORM

I, the undersigned,

the parent(s) / guardian(s) of

in Grade(s) _____ have read, understood and acknowledge the contents of the covering information letter, Contract and annexure(s) to the Contract received from Irene Aftercare Centre, and commit to maintain all requirements. I furthermore undertake to pay the monthly Aftercare Fee in advance by / before the 7th day of a month over a twelve (12) month period, and to give one (1) calendar months' notice in advance as required, should I wish to remove my child / children from Irene Aftercare Centre.

SIGNED and DATED at _____ on this ____ day of _____ 20____.

Father/Guardian: Signature	
Father/Guardian: Full name(s) & surname	
Father/Guardian: Identity number	
Father/Guardian: (c) number	
Father/Guardian: (w) number	
Father/Guardian: (h) number	
Father/Guardian: (w) Email address	
Father/Guardian: (h) Email address	
Mother/Guardian: Signature	
Mother/Guardian: Signature	
Mother/Guardian: Full name(s) & surname	
Mother/Guardian: Identity number	
Mother/Guardian: (c) number	
Mother/Guardian: (w) number	
Mother/Guardian: (h) number	
Mother/Guardian: (w) Email address	
Mother/Guardian: (h) Email address	

Father / Guardian: Initials

Mother / Guardian: Initials