

ADMISSION CONTRACT

IRENE AFTERCARE CENTRE

(hereinafter referred to as the "Aftercare")



1 Bruce Street, Irene, Centurion
 (c) 082 415 6906 / (o) 012 664 2206
 Email: ireneaftercare@gmail.com (Principal: (Ms) Tracy Gibson)
 Alternative email: ireneaftercare2@gmail.com
 Website: www.ireneaftercare.co.za

HOW TO COMPLETE THE CONTRACT:

1. Complete **all** required information.
2. Each parent / guardian, witness and person responsible for payment (if / where applicable) must initial **each page** of the Contract and sign in full where indicated (i.e. where the word "signature" appears). Witnesses must be identified by writing out their **full name(s) and surname** wherever their full signature is required.
3. Attach **clear copies** of the required documentation as per the list at the end of the Contract.
4. The **original** duly completed, dated and initialled / signed Contract, together with the required documentation, must be handed **to the Principal, (Ms) Tracy Gibson** by no later than:
 - (i) **by / before 30 November 2019** for Learners already enrolled in the Aftercare; and
 - (ii) **by / before 15 January 2020** for new enrolments.

N.B.: THE AFTERCARE CANNOT TAKE CARE OF YOUR CHILD / CHILDREN WITHOUT THE DULY COMPLETED, DATED AND INITIALED / SIGNED COVERING INFORMATION LETTER, CONSENT FORM AND CONTRACT (TOGETHER WITH REQUIRED DOCUMENTATION THERETO) HAVING BEEN RECEIVED TIMEOUSLY BY / BEFORE 30 NOVEMBER 2019 / 15 JANUARY 2020. KINDLY FORWARD THE REQUIRED INFORMATION / DOCUMENTATION TO: ireneaftercare@gmail.com AS SOON AS POSSIBLE AND ENSURE THAT THE ORIGINAL DOCUMENTATION IS HANDED TO THE PRINCIPAL (TRACY GIBSON) BY / BEFORE 30 NOVEMBER 2019 / 15 JANUARY 2020.

1. INFORMATION OF EACH LEARNER THAT WILL ATTEND IRENE AFTERCARE CENTRE:

LEARNER 1			
Surname		Name in full	
Preferred name		ID/Passport number	
Previous School		Attending Irene Aftercare Centre from / since	
Physical address where Learner currently resides			

 Father / Guardian: Initials

 Mother / Guardian: Initials

LEARNER 2			
Surname		Name in full	
Preferred name		ID/Passport number	
Previous School		Attending Irene Aftercare Centre from / since	
Physical address where Learner currently resides			

LEARNER 3			
Surname		Name in full	
Preferred name		ID/Passport number	
Previous School		Attending Irene Aftercare Centre from / since	
Physical address where Learner currently resides			

2. INFORMATION OF PARENT(S) / GUARDIAN(S) OF LEARNER / LEARNERS:

	Father / Guardian	Mother/ Guardian
Title (Dr/Mr/Mrs/Miss/Ms)		
Relationship to Learner(s)	(If Guardian, state relationship with Learner(s))	(If Guardian, state relationship with Learner(s))
Surname		
Full name(s)		
ID / Passport numbers		
Marital status		
Occupation		
Name of Employer / Company		
Work address		
Residential address		
Postal address		
Contact numbers (c) (w) (h)		
Postal address		

Father / Guardian: Initials

Mother / Guardian: Initials

E-mail addresses (w) (h)		
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N.B.: ATTACH A COPY OF EACH PARENT(S) / GUARDIAN(S) IDENTITY DOCUMENT / PASSPORT AND PROOF OF CURRENT RESIDENTIAL ADDRESS (NOT OLDER THAN 3 MONTHS AS AT 15 JANUARY OF THE RELEVANT YEAR).

3. INFORMATION OF PERSON(S) RESPONSIBLE FOR COLLECTING LEARNER / LEARNERS:

Relationship to Learner(s)	(If Guardian, state relationship with Learner(s))	(If Guardian, state relationship with Learner(s))
Surname		
Full name(s)		
Contact numbers (c) (w) (h)		

4. EMERGENCY CONTACT INFORMATION FOR LEARNER / LEARNERS:

i.e. Person to contact in case of Medical and / or other emergency when parent(s) / guardian(s) are not available.

Relationship to Learner(s)	(If Guardian, state relationship with Learner(s))	(If Guardian, state relationship with Learner(s))
Surname		
Full name(s)		
Contact numbers (c) (w) (h)		

5. GENERAL PRACTITIONER (GP DOCTOR) INFORMATION:

Name		
Address		
Contact number(s)		

6. MEDICAL AID INFORMATION:

Fund name	
Membership number	
Principal member: Full name(s) and surname	
Principal member: Identity / Passport number	

Father / Guardian: Initials

Mother / Guardian: Initials

7. MEDICAL CONSENT:

The parties acknowledge that whilst Irene Aftercare Centre will make every effort to ensure the safety and security of the Learners attending the Aftercare, circumstances may arise where the parent(s) / guardian(s) of a Learner cannot be reached telephonically and an emergency in respect of a Learner has arisen.

In the event of an emergency where I, the parent(s) / guardian(s) cannot be reached telephonically, I hereby give permission that my child may be taken to the nearest Doctor and / or Hospital for treatment, which treatment will be for my account.

I furthermore indemnify Irene Aftercare Centre and the Staff of Irene Aftercare Centre of any claim(s) in the event of an emergency arising for which treatment is required.

I furthermore acknowledge that no medication will be administered to a Learner by the Staff of Irene Aftercare Centre unless written permission has been granted by the parent(s) / guardian(s) to the contrary.

By signing hereunder, I agree that the Staff of Irene Aftercare Centre will administer medication to my child / children when required and as supplied by me only.

I, the undersigned, _____

the parent(s) / guardian(s) of _____

in Grade(s) _____ hereby grant Irene Aftercare Centre permission to administer medication supplied by me only, as and when needed.

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

Father/Guardian: Signature	
Mother/Guardian: Signature	

8. HEALTH AND WELLBEING QUESTIONNAIRE:

Please let us know if anything of significance is happening in your child / children's life. We would like to support each Learner as and when we can.

Please tick all applicable conditions / diseases / allergies and provide additional information on a separate sheet where applicable.

Father / Guardian: Initials

Mother / Guardian: Initials

Question	Learner 1:		Learner 2:		Learner 3:	
	Yes	No	Yes	No	Yes	No
Are immunizations up to date?						
Has the Learner had measles?						
Has the Learner had mumps?						
Has the Learner had chicken pox?						
Has the Learner had German measles?						
Has the Learner had whooping cough?						
Has the Learner had scarlet fever?						
Has the Learner had any operations / accidents?						
Has the Learner had asthma?						
Has the Learner had rheumatic fever?						
Has the Learner had heart trouble?						
Has the Learner had epileptic seizures?						
Has the Learner had behavioural (e.g. ADHD, etc.), visual, speech or motor neuron disorders?						
Has the Learner had fever-related convulsions with or without seizures?						
Other conditions / diseases (please specify):						

9. FEES:

9.1 The Aftercare Fees, payable from January to December of each year, are reflected in the covering information letter hereto.

9.2 The set Aftercare Fees are subject to an annual increase in January of each year. The notification of the annual increase will be published towards the end of each year.

9.3 Payment terms and conditions:

9.3.1 Aftercare Fees are **payable in advance by / before the 7th day of each month**, with the exception of January.

(a) Payment of Aftercare Fees for January is payable **by / before the first day of school**; and

(b) Payment of Aftercare Fees is payable thereafter **by / before the 7th day of the following months**, i.e. by / before the 7th of February, by / before the 7th of March, etc.

9.4 Aftercare Fees are payable to:

Account name	Tracy Gibson
Bank	First National Bank
Branch	Centurion
ACB / Branch code	25 06 55
Account number	623 468 371 83
Payment Reference	Name(s) and Surname of Learner(s)

N.B.: PLEASE USE THE NAME(S) AND SURNAME OF THE LEARNER / LEARNERS AS THE PAYMENT REFERENCE TO AVOID PAYMENTS BEING MISALLOCATED AND YOUR ACCOUNT BEING HANDED OVER TO THE ATTORNEY FOR COLLECTION. THE ONUS LIES WITH THE PARENT(S) / GUARDIAN(S) TO PROVIDE PROOF OF PAYMENT(S) MADE AS AND WHEN AN ACCOUNT IS QUERIED.

9.5 Please note that Irene Aftercare Centre may do a Credit Check of the person(s) responsible for payment of the Aftercare Fees at their discretion.

10. OVERDUE ACCOUNTS:

- 10.1 If fees have not been paid by the 8th of the month, the child(ren) will not be permitted to attend the Aftercare;
- 10.2 If fees have been in arrears for more than 30 (thirty) days, the child(ren) will be deregistered from the Aftercare. In the event fees from the previous year are in arrears, re-registration for the following year will not be permitted;
- 10.3 Any accounts which are in arrears for a period of more than 30 (thirty) days will be handed over for collection and the person responsible for payment of the account (hereinafter referred to as “*the account payer*”) will be liable for all legal costs associated with the collection on an attorney-and-own client scale;
- 10.4 Before commencing any court process in respect of an account in arrears, the account payer shall be notified in writing of their default in payment in terms of this agreement. Such written notice may be sent via email and registered mail to the addresses reflected below. The account payer specifically agrees to such method of delivery of the written notice by placing his/her signature hereon.
- 10.5 It remains the responsibility of the account payer to check the statements and notify the finance department of any discrepancies.**

11. DETAILS OF THE ACCOUNT PAYER:

N.B. If the Account Payer is not the parent(s) / guardian(s) of the Learner / Learners, a copy of the Account Payer’s Identity document / Passport must be provided, together with proof of current residential address (not older than 3 months as at 15 January of the relevant year).

	Account Payer 1	Account Payer 2
Relation to Learner / Learners		
Title (e.g. Dr, Mr, Mrs, Miss, Ms)		
Full name(s)		
Surname		
Identity / Passport number		
Contact numbers (c) (w) (h)		
Email address(es) (h) (w)		
Occupation		
Name of Employer / Company		
Persal / Payroll number		
Work address		
Residential address		
Postal address		

N.B. * ALL CONTRACTS MUST BE ACCOMPANIED BY AN IDENTITY DOCUMENT / PASSPORT AND MOST RECENT PAY SLIP OF THE PERSON(S) RESPONSIBLE FOR PAYMENT OF THE AFTERCARE FEES. NO CONTRACT WILL BE ACCEPTED WITHOUT THIS REQUIRED DOCUMENTATION.
*** THE PAY SLIP MUST REFLECT THE ACCOUNT PAYER’S NAME(S), SURNAME AND EMPLOYEE NUMBER, AS WELL AS THE EMPLOYER’S NAME AND ADDRESS.**

By signing this Contract as the Account Payer, I agree that I am jointly and severally liable, together with any other Account Payer, to pay the prescribed Aftercare Fees according to the terms and conditions as set out in this Contract.

I furthermore agree that, prior to the Learner / Learners being enrolled and at any time thereafter, Irene Aftercare Centre and / or its Agents may conduct a Credit check to confirm my ability to pay the Aftercare and related Fees as and when required.

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

Account Payer 1 Signature	
Account Payer 2 Signature	
Witness Signature	
Witness Signature	

12. TERMINATION OF THIS CONTRACT / WITHDRAWAL OF A LEARNER / LEARNERS:

- 12.1 The Contract may be terminated at the instance of the Aftercare:
 - (a) for non-payment as described in this Contract, without further notice;
 - (b) for any other reason with 1 (one) month’s written notice.
- 12.2 The Contract may be terminated at the instance of any of the other Parties by means of written notice to the Principal, (Ms) Tracy Gibson, via email: ireneaftercare@gmail.com by giving:
 - (a) 1 (One) months’ notice if the Contract is cancelled in January to October; and
 - (b) 2 (Two) months’ notice if the Contract is cancelled in November or December.
- 12.3 If the other Parties do not give the Aftercare notice in writing or timeously, they shall be liable for payment of the aforementioned notice period, in advance, if they cannot show good cause as to why they did not provide the required notice / did not provide the required notice timeously.
- 12.4 Notice that a Learner / Learners will not attend the Aftercare in December must be received **by no later than 1 October**, failing which the Aftercare Fees for December will be due and payable in advance.

13. DAILY PROGRAM:

- 13.1 **Aftercare hours:**
 - Monday to Thursday - 14h00 to 17h30
 - Friday - 13h30 to 17h30
- 13.2 **In the event that Irene Primary School closes early, the Aftercare will start at the same time that the School closes and end at 17h30.**
- 13.3 No Aftercare service is provided during School holidays, on public holidays or over long weekends.

13.4 Daily program:

Monday to Thursday: 14h00 to 14h30	For lunch we serve:
Friday: Playtime starts at 13h30	<ul style="list-style-type: none"> ❖ milk ❖ fruit or vegetables ❖ sandwiches: <ul style="list-style-type: none"> ➤ jam ➤ Marmite ➤ Fish Paste ➤ special protein filling
14h30 to 15h30	<ul style="list-style-type: none"> ❖ Homework time for ALL Aftercare Learners. ❖ During this time our Grade R Learners will be kept busy with educational activities. ❖ All Grades are given individual supervision in their respective classrooms. ❖ Learners attending extramural activities MUST excuse themselves personally from the Staff Member appointed. ❖ A separate supervised homework class will be made available at 15h30.
15h30 to 17h30	<ul style="list-style-type: none"> ❖ Supervised play time. ❖ We have: <ul style="list-style-type: none"> ➤ skipping ropes ➤ soccer balls ➤ netball balls ➤ equipment for numerous other games ❖ Provision is also made for rainy days.
15h30	Fruit juice and sandwiches will be served.
17h00	Prepare Learners for collection.
17h30	AFTERCARE ENDS.

N.B.: LEARNERS ARE TO BE COLLECTED BY 17H30 TO AVOID LATE COLLECTION FINES.**14. RULES & REGULATIONS:**

- 14.1 To ensure the safety of the Learners we will not allow them to leave Aftercare unless the person(s) responsible for collecting the Learner / Learners have personally come to sign the Learner / Learners out. The person(s) responsible for collecting the Learner / Learners may not, under any circumstances, hoot at the gate, nor may they call the Learner / Learners on their cell phones to meet them outside the School gate. This practice is irresponsible and unacceptable.
- 14.2 Please note that no Learner will be allowed to leave the School grounds during Aftercare hours with a person other than the person(s) responsible for collection, unless we have written advices to the contrary from a parent / guardian. Such person must sign the Learner / Learners out and ensure that the Learner / Learners must inform the relevant Staff Member responsible for them before leaving the School grounds.
- 14.3 Should you have a problem collecting your child / children timeously, please arrange for a responsible adult to assist and let us know who they are. The parent(s) / guardian(s) will be liable to pay a fine of R100.00 per Learner per half hour (or part thereof) after 17h45. **This is payable to the relevant Staff Member on duty at the time of collection of the Learner / Learners. If the fine is not paid at the time of collection, it will be added to your Aftercare Account and interest will be charged.**
- 14.4 Should the Aftercare find that a child is repeatedly collected late, we will take appropriate action, which may include (but is not limited to) reporting the matter to Social Services. Should you know that you are going to be late collecting your child / children, **please** inform the Principal, (Ms) Tracy Gibson, as soon as possible.

15. SCHOOL HOLIDAYS:

- 15.1 There is no Aftercare during the School holidays.
- 15.2 Aftercare Fees are still payable during School holidays.

16. CLOTHING:

- 16.1 Please mark all your child's / children's clothing in such a way that we can clearly identify who it belongs to.
- 16.2 Please do not mark the clothing tags, as these often get cut off.
- 16.3 During Winter, please make sure that you pack warm clothing and closed children for your child / children.
- 16.4 During Summer, please pack cool clothing and sandals and a cap / sunscreen.

17. INSURANCE:

It is the responsibility of the parent(s) / guardian(s) to ensure that all personal belongings of a Learner / Learners are adequately insured against loss, as Irene Aftercare Centre cannot be held responsible for loss or damage to the personal property of any Learner.

18. INDEMNITY:

I/We, the parent(s) / guardian(s) of the Learner / Learners hereby agree that while the said Learner / Learners is / are enrolled at Irene Aftercare Centre and is transported at any time for any purpose whatsoever, it shall be at our and the Learner / Learners' own risk.

I / We confirm that I / we agree to allow the Learner / Learners to be transported on the understanding that, while all reasonable care shall be taken to ensure the safety of the Learner / Learners by the Aftercare and / or parent(s) / guardian(s) who are acting for the Aftercare or individual employee(s) of the Aftercare, they shall not be liable in Law to the said Learner / Learners for any damages arising from any bodily injury to the Learner / Learners. Likewise, should I / we become liable to pay medical or other expenses to any third party as a result of bodily injuries suffered by the said Learner / Learners as aforesaid, I / we understand that I / we will have no claim against Irene Aftercare Centre or any individual as aforementioned.

I/we, the undersigned, hereby Indemnify and agree to hold harmless Irene Primary School, its Headmaster and Staff, or their authorized agents or representatives, against any and all claims, howsoever arising, arising out of any injury, death, loss, damage, costs or expense, including legal costs suffered as a result. Without limiting the generality of the foregoing, Irene Primary School, its Headmaster and/or staff shall not be liable to the student and/or his/her parents and/or legal guardians for any loss or damage of whatsoever nature and/or howsoever arising, (including consequential or incidental loss or damage) or for any costs, claims or demands of any nature, whether arising directly or indirectly from the conduct of the Irene Aftercare Centre, its Headmaster and/or staff.

19. CONTACT DETAILS:

In the event that a parent(s) / guardian(s) / Account Payer(s) contact details, including but not limited to cell phone number(s), email address(es), employer, residential or postal address(es), etc. change, such parent(s) / guardian(s) / Account Payer(s) are responsible to immediately inform Irene Aftercare thereof in writing via email: ireneaftercare@gmail.com.

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

Father / Guardian Signature	
Mother / Guardian Signature	

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

Account Payer 1 Signature	
Account Payer 2 Signature	
Witness Signature	
Witness Signature	

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

Irene Aftercare Centre: Principal Signature	
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N.B. DOCUMENTS TO ACCOMPANY THIS CONTRACT:

1. CLEAR COPY: EACH LEARNER'S IDENTITY DOCUMENT / PASSPORT.
2. CLEAR COPY: EACH PARENT(S) / GUARDIAN(S) / ACCOUNT PAYER(S) IDENTITY DOCUMENT / PASSPORT.
3. CLEAR COPY: EACH PARENT(S) / GUARDIAN(S) / ACCOUNT PAYER(S) PROOF OF CURRENT RESIDENTIAL ADDRESS (NOT OLDER THAN 3 MONTHS AS AT 15 JANUARY), E.G. MUNICIPAL SERVICES ACCOUNT, LEVY ACCOUNT, LEASE AGREEMENT OR LANDLORD'S SWORN AFFIDAVIT.
4. CLEAR COPY: ACCOUNT PAYER(S) SALARY ADVICE SLIP.
5. CLEAR COPY: BOTH SIDES OF THE MEDICAL AID CARD.

Father / Guardian: Initials

Mother / Guardian: Initials