

Shree Pretoria Hindu Seva Samaj



Samaj After Hours Care Centre

known as

SAHCC

264 13th Avenue, Laudium, 0037

Tel: 012 374 6354 / 065 840 9293

Email: mmc@sphss108.co.za

Website: www.sphss108.co.za

APPLICATION FOR ADMISSION

YEAR: 2019

DETAILS OF PUPIL

Surname: _____

First Name(s): _____

Date of Birth: _____ Present Age: _____ Years _____ Months _____

Gender: _____ Birth Certificate Number: _____
(Copy of birth certificate to be attached)

ID / Passport Number: _____

Nationality: _____ Home Language: _____

Residential Address: _____
_____ Code: _____

Home Telephone Number: _____

DETAILS OF PARENTS

1. Father

Title: _____ Surname: _____

First Name(s): _____

Marital Status: Single Married Divorced Widower

If divorced, who has legal custody of the child? _____

ID Number: _____
(Copy to be attached)

Residential Address: _____
_____ Code: _____

Postal Address: _____
_____ Code: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Email: _____ Occupation: _____

Name of Employer: _____

Address of Employer: _____

Position Held: _____ No. of years with Employer: _____

2. Mother

Title: _____ Surname: _____

First Name(s): _____

Marital Status: Single Married Divorced Widower

If divorced, who has legal custody of the child? _____

ID Number: _____

(Copy to be attached)

Residential Address: _____

_____ Code: _____

Postal Address: _____

_____ Code: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Email: _____ Occupation: _____

Name of Employer: _____

Address of Employer: _____

Position Held: _____ No. of years with Employer: _____

Who will bring your child to the Samaj After Hours Care Centre (SAHCC)?

Contact number of person bringing your child to school: _____

Who will fetch your child from the SAHCC? _____

Contact number of person fetching your child from school after care regularly: -

1. Guardian's Details (if child is not in care of Parents)

Title: _____ Surname: _____

First Name(s): _____

Residential Address: _____

_____ Code: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Email: _____ Occupation: _____

FEES STRUCTURE FOR 2019

1. **Annual Fee: (10% discount) Paid within the month of January**

$$500 \times 11 = 5500$$

$$R 5500 - 10\% = R 4950$$

Total contribution R 4950

2. **Termly Fee: (5% discount) Payment at beginning of each Term (1st seven days)**

Payment made after 8th of the month will be charged an admin fee of R50 and interest will be charged at the rate of 12%p.a. on the outstanding fee.

$$500 \times 11 = 5500$$

$$5500 \div \text{by } 4 - 5\% = \mathbf{R 1310} \text{ per term}$$

Total contribution $1310 \times 4 = R 5240$

3. **Monthly Fee: Payment during the 1st seven days of the month (11 Monthly Payments)**

Payment made after 8th of the month will be charged an admin fee of R50 and interest will be charged at the rate of 12%p.a. on the outstanding fee.

Monthly fee over 11 months = **R 500** per month

Total contribution $R500 \times 11 \text{ months} = R5 500$

SECURITY

For the purpose of security, only persons listed in the admission form will be allowed to pick up a child from the SAHCC. Should parents find it necessary to send a person not listed, the office must be informed of such an arrangement before time.

OPERATIONAL TIMES

The Samaj After Hours Care Centre will operate from 12:30pm to 5:30pm.

Parents are requested to ensure that their child is picked up before the 5:30pm deadline time. Children not collected by 5:30pm will be left in the care of the caretaker. However, should this occur more than twice, the parent will be asked to remove the child from the After-Hours Care Centre (SAHCC) as the caretaker is not trained to look after children.

MEAL POLICY

The parents are requested to pack lunches as the SAHCC will not provide meals. Please make sure that the children carry a healthy meal for lunch at 12:30. Also, dry snacks should be provided, which the children will have at 2pm.

DECLARATION BY PARENTS/GUARDIANS

1. I/We declare that all particulars furnished by me/us on and attached to this form are true and correct.
2. I/We hereby certify that I/we have legal custody and/or guardianship in respect of the above-mentioned child.
3. I/We hereby agree to:
 - Accept and support the ethos of the school after care;
 - Acknowledge the authority of the Board of Management, Principal, the teachers, and the Care Giver.
 - Accept responsibility for my child’s transport to and from School After Care
 - Pay the stipulated SAHCC fees as agreed above (Monthly/Termly/Annually). The School fees will be reviewed from time to time. Learners whose Parent/Guardian fails to pay the fees as required, or who fail to make an acceptable arrangement for the payment of fees in arrears, or who fail to adhere strictly to the terms of arrangements made for the payment of fees in arrears, will be given notice in writing that this contract will be cancelled and after one month’s notice in writing, the Learner concerned will unfortunately not be allowed to return to the SAHCC.
 - If the pick-up and drop-off rules are breached more than once, the learner will not be allowed to return to the SAHCC.
 - A R 50 monthly admin fee will be charged on late payments along with interest at the rate of 12%p.a. on outstanding fee.
 - Notify the Care Giver/Teachers/Principal/Administration Official, in writing, at least one (1) term in advance, in the event of my child leaving the school after care.

I, _____ (full name of person responsible for payment), Identity Number _____, hereby agree and take responsibility of settling the annual school after care fees of the agreed amount in full settlement for the year 2019, final payment to be made on or before 7th November 2019 and made due to the Shree Pretoria Hindu Seva Samaj.

ALL THE ABOVE INFORMATION GIVEN IN THE ENROLMENT FORM IS TRUE AND CORRECT.

Signed at _____ this ____ day of _____ 20____

Signature of Father: _____

Signature of Mother: _____

Signature of Guardian (if applicable): _____

Signature of name of person responsible for account: _____

The applicant is required to initial each general information page relating to rules and regulations of the Samaj After Hours Care Centre.

Signature of Father: _____

Signature of Mother: _____

Signature of Guardian (if applicable): _____

For administrative purposes

Enrolment forms collected by (Name & Signature): _____

1. Received by school on (Date): _____	_____ Admin Fee
R100.00 (non-refundable)	