Little Oaks

A planting of the Lord

3 Barrow Street, Monte Vista

hellolittleoaksecd@gmail.com

APPLICATION FOR AFTERCARE

SECTION A: PERSONAL INFORMATION

Child's personal details:

Full names: _____ Surname: _____

Preferred name: _____ ID Number: _____

Date of Birth: _____ Age: Gender: ☐ Boy ☐ Girl

Home and other spoken languages: Home _____ Other: _____

Holiday Programme:

Please tick if your child would be joining our holiday program: An Additional fee of R100 per day would be charged. ☐ Yes ☐ No

Child's medical details:

Blood type: _____

Doctor's name: _____ Telephone number: _____

Adress: _____

Medical Aid Name: _____ Member number: _____

Main member initials and surname:

Main member ID number: _____ Option: _____

Does your child suffer from any allergies? If yes, please provide details.

☐ No ☐ Yes, details: _____

Does your child require any special medical needs? If yes, please provide details.

☐ No ☐ Yes, details: _____

Does your child suffer from any other illnesses or have any disabilities? If yes, please provide details.

☐ No ☐ Yes, details: _____

Medical consent:

In a medical emergency, the school may use the nearest available medical service.

I, _____, parent/guardian of _____, consent to emergency treatment by a medical practitioner if needed.

_____ _____

Signature of parent/ legal guardian **Date**

Family details:

Person collecting child at school: Name: _____ Relationship: _____

Details of Mother/legal guardian:

Full names: _____ Surname: _____

Title: _____ ID number: _____

Relationship: _____ Marital status: _____

Occupation: _____ Employer: _____

Home address: _____

Postal address: _____

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

Email address: _____

Parental status:

☐ Child living with parents ☐ Child's legal guardian ☐ Access rights to child

Details of father/legal guardian:

Full names: _____ Surname: _____

Title: _____ ID number: _____

Relationship: _____ Marital status: _____

Occupation: _____ Employer: _____

Home address: _____

Postal address: _____

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

Email address: _____

Parental status:

☐ Child living with parents ☐ Child's legal guardian ☐ Access rights to child

Additional contact:

Surname: _____ Full names: _____

Relationship: _____ Email address: _____

SECTION B: DETAILS OF THE ACCOUNT HOLDER

Details and declaration of account holder:

Title: _____ Full names: _____ Surname: _____

ID number: _____ Relationship: _____

Please note the following payment terms:

- Fees must be paid monthly, in advance, by the 1st of each month.
- The school may charge interest on accounts overdue by 30 days or more.
- Fees are reviewed annually and may increase in January.
- If the account holder fails to settle the account, the school reserves the right to deny the child entry.
- Notice Required: A written notice of 30 days is needed to withdraw a child from the school. If not provided, the account holder will be responsible for the next month's full fees.

- No withdrawal notices will be accepted for the final term of the year. If notice is given in October or November, you will be responsible for paying the full term's fees through to the end of December.

I, the undersigned, _____, confirm that the information provided by the account holder in this application for admission is complete and accurate.

I accept full responsibility and liability for the **punctual monthly payment of Little Oaks Aftercare fees of R 500.00 x per month (not including food or transport).**

_____ _____

Signature of account holder **Date**

BANKING DETAILS

FNB

Account name: Aftercare Little Oaks

Account number: 63050481224

Branch code: 250655

Reference: Your child's name

SECTION C: GENERAL INDEMNITY

At Little Oaks, we are dedicated to ensuring the safety and well-being of everyone on our campus. However, we cannot be held responsible for accidents that occur in the classroom, on school grounds, or taking kids to the field.

I, _____, parent/guardian of _____, hereby indemnify Little Oaks against any losses or damage incurred while participating in school activities.

_____ _____

Signature of parent/ legal guardian **Date**

SECTION D: PERMISSION TO USE PHOTOS (POPIA)

I, _____, hereby give consent for the school to share and publish photos of learners on social media platforms.