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STEP AHEAD AFTERCARE ENROLEMENT FORM

LEARNER DETAILS

Learner's Name and Surname: _____

Learner's Name: Date of Birth: _____

Gender : Male / Female

Grade: _____

Enrolement Date: _____

Sibling Details: Sibling 1: _____ Sibling 2: _____

PARENT DETAILS

Fathers Name and Surname: _____

Contact Details: Work _____ Home _____ Cell _____

Physical Address: _____

Postal Address:

E-mail Address:

Mothers Name and Surname:

Contact Details: Work _____ Home _____ Cell _____

Physical Address: _____

Postal Address: _____

E-mail Address: _____

If parents are divorced, please advise which parent the learner resides with. _____

Should you personally not be collecting the learner from Step Ahead Aftercare, please provide the details of the person who will be collecting the learner:

Name and Surname: _____

Relation to learner: _____

Contact Details: Work _____ Home _____ Cell _____

<u>AFTERCARE OPTIONS:</u>	<u>PAYMENT OPTIONS:</u>
Full Afternoon (13:00 pm to 17:30 pm)	Annual in full _____
Half Afternoon (13:00 pm to 16:00 pm)	Termly x 4 _____
High School (14:00 pm to 17:30 pm)	Monthly x 11 _____

CONDITIONS OF ENROLMENT

1. This contract will continue from year to year subject to the following conditions.
 - 1.1 It may be terminated provided that:
 - 1.1.1 All amounts then outstanding have been paid in full; and
 - 1.1.2 1 (one) full months' notice has been given in writing (unless otherwise agreed between the two parties. Not applicable to casuals / daily).
 - 1.2 It is understood that the annual contract amount will increase from year to year.
2. The signatory is personally liable for the total amount in force for the academic year.
3. The AFTERCARE reserves the right to terminate this contract, without any liability on its part, if the pupil's conduct in the sole discretion of the AFTERCARE is deemed to be unsatisfactory.
4. The Contract of Enrolment may only be changed or cancelled in writing and must be signed by both parties.
5. If payments remain unpaid for a period of one month after the due date then the AFTERCARE has the right to:
 - Suspend the pupil from the attendance of the AFTERCARE without prejudice to its rights under this contract,
 - Instruct Attorneys to recover the outstanding amounts, and all costs and collection charges will be for the account of the signatory.
6. The signatory agrees that the Pre-primary and High School rules, as amplified by the School rules, shall in every respect apply to the AFTERCARE as well.

7. The signatory consents to the jurisdiction of the Magistrate's Court in terms of Section 45 of the Magistrate 's Court Act, in regard to any action arising out of this contract.

I/We _____ ID No _____ Agree to the conditions of enrolment as detailed above.

Signed at Ranpark Ridge on this _____ day of _____ 20_____.

Father (or Legal Guardian): _____

Mother (or Legal Guardian): _____

Witness: _____

STEP AHEAD AGREEMENT IN RESPECT OF AFTERCARE FEES

I / we the undersigned

(Full names of Father and/or Legal Guardian)

ID Number: _____ and

(Full names of Mother and/or Legal Guardian)

ID Number: _____

1. Hereby agree to pay STEP AHEAD (hereinafter "Aftercare") the annual aftercare fees in respect of each and every year that the minor learner/s _____ are enrolled at the AFTERCARE.
2. I/We agree that as of date of this signature of the Agreement, until date of payment in full of all aftercare fees debited by the AFTERCARE to my/our aftercare account as well as all and/or any additional costs debited thereto, my account with the AFTERCARE shall be in nature of a running account.
3. A certificate issued by the AFTERCARE, signed by a representative thereof, shall constitute prima facie proof of the total amount outstanding as at date of the aforesaid certificate for all purposes arising from this agreement.
4. The total amount of aftercare fees for any specific academic year will be due and payable on the first day of the specific academic year, in which the child is enrolled with the AFTERCARE; alternatively:
 - 4.1 The full amount of the aftercare fees are to be paid to the AFTERCARE in 11 (eleven) equal monthly instalments,

- 4.2 The first instalment will be due and payable on 14 January of that specific academic year and every subsequent instalment shall be due and payable on the 1st day of each consecutive month thereafter,
- 4.3 The last instalment shall be due and payable on 1 November of the specific academic year.
- 4.4 Should any one instalment not be paid on due date, the full outstanding balance shall immediately become due and payable in one sum,
5. I/we agree to pay a penalty fee on any overdue or outstanding amount at the rate of 2% above the prime bank overdraft rate charged by the AFTERCARE'S bankers from time to time during the period while the payment is outstanding on an amount (aftercare or otherwise) due by the 10th the AFTERCARE in terms of or rising out of this Agreement, including all monies disbursed by the AFTERCARE on behalf of myself /ourselves.
6. The "prime bank overdraft rate" as aforesaid shall be the rate customarily charged by the said bankers to its first class corporate customers in the private sector in respect of unsecured overdraft, as evidenced, in the event of a dispute, by a certificate under the hand of any branch manager or acting branch manager of the said bankers, whose authority and appointment it shall not be necessary to prove.
7. No indulgence granted by the AFTERCARE shall constitute a waiver of any of the AFTERCARE's rights and the AFTERCARE shall in its sole discretion and without prejudice to any of its rights, elect to instruct its Attorneys to ensure compliance with this Agreement, the undersigned parent(s) and/or legal guardian(s) being liable for all costs incurred thereby on the attorney and own client scale, including the costs of all attendances, tracing charges and collection commission.
8. I/we agree to complete in all respects and sign the attached indemnity form in favour of the AFTERCARE.
9. I/we appoint the following residential address as my/our chosen domicilium citandi et executandi for all purposes arising from this Agreement and undertake to notify the AFTERCARE in writing of any change of name and/or address, failing which I undertake liability for all tracing charges incurred:

Street Address: _____

Suburb: _____

City: _____

10. No alteration, variation and/or consensual cancellation of this Agreement shall be of any force or effect unless reduced to writing and signed by both parties or their duly authorised representatives.

II/We consent to the jurisdiction of the Magistrate's Court in terms of Section 45 of the Magistrate's Court Act 32 of 1944.

SIGNED at RANDPARK RIDGE on this _____ day of _____ 202__.

Father and/or legal guardian

Mother and/or legal guardian

STEP AHEAD AFTERCARE INDEMNITY FORM

I, the undersigned,

Being the parent and/or legal guardian of _____
hereby give consent to Step Ahead Aftercare or anyone duly appointed as Supervisor of Step Ahead Aftercare for the following:

1. Transport my child should the need arise or in the event that necessary emergency care be required;
2. Perform any first aid that may be deemed necessary;
3. Make use of medical details as supplied in "Medical information";
4. Administer medication upon my instruction and when supplied (in which case the parent will be required to sign a daily medication administration record).

I waive any right which I or my child may have to claim compensation against Step Ahead Aftercare, and the employees in respect of any loss, injury or damage which my child may sustain in the course of their stay at the Aftercare and indemnify Step Ahead Aftercare and the employees against all claims.

Dated at Randpark Ridge on the _____ day _____ of 202____.

Father and/or legal guardian

Mother and/or legal guardian

Witnesses:

1. _____

2. _____

MEDICAL INFORMATION

Learner/s name: _____ Date of birth: _____

In the event of any emergency please complete the information below for our records:

Name of Medical Aid: _____

Medical Aid Number: _____

Name of main Member of Medical Aid: _____

Family Doctor's Name: _____ Tel No: _____

Does your child have any allergies? (Panado/ Asprin, Penicillin; bee stings):

What is the reaction your child has to the allergy? _____

Is your child on any permanent medication? YES/ NO (Please circle)

What is the medication? _____ What is the dosage? _____

For what condition? .. _____

Is there any other information concerning the health of your child or medication required which the
AFTERCARE needs to know about? If so , furnish full details:

Please fill in below two alternative contact persons in case of emergency:

Name: 1) _____

Relationship to child: _____

Contact Number: _____

Name: 2) _____

Relationship to child: _____

Contact Number: _____

Parent Signature

Date