

**Addnum Global School offers an after-care service till  
17:00h for R1100 p/m**

**LEARNER INFORMATION**

|  |  |
|--|--|
| Learner's Name   |  |
| Learner's Surname  |  |
| Learner's Grade  |  |
| Date of Birth  |  |
| Home Address   |  |
| Health & Allergies   |  |
| Family Dr name   |  |
| Contact details  |  |
| Adress   |  |
| Medical Aid name<br>Main member:<br>Identity Number<br>Member Code |  |

**PARENT INFORMATION**

|                         |  |
|-------------------------|--|
| Name                    |  |
| Surname                 |  |
| ID number               |  |
| Home language           |  |
| Relationship to learner |  |
| Contact number          |  |
| Work number             |  |
| Email address           |  |

**EMERGENCY CONTACT**

|                         |  |
|-------------------------|--|
| Name                    |  |
| Surname                 |  |
| Relationship to learner |  |
| Contact Number          |  |
| Address                 |  |

- In a critical situation, please bear in mind that there may not be time to refer to the learners records.
- The school therefore reserves the right to utilize the quickest medical service available.
- It is understood that every effort will be made to contact my spouse, myself or the alternative contact before such action is taken.
- The person liable for aftercare payments will be responsible for the payment of such care or treatment.

I hereby agree that a medical practitioner / the quickest medical service available may provide emergency treatment as may be necessary

**Signed by: Full Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

## **PAYMENT TERMS & CONDITIONS**

- Registration for aftercare is annual
- The minimum registration period is 1 (one) term (Jan to Mar/Apr to Jun/July to Sept/ Oct to Dec.
- Notice of cancellation will only be accepted on a quarterly basis, at least 30 (thirty) days before the end of the term. The necessary
- cancellation notice is only valid if signed by both the parent/legal
- guardian and an authorized aftercare representative.

- In the case of a learner not making use of the after-care for a full term, the person liable for payment will still be liable for the full amount for that term. This excludes learners leaving the school.
- Re-registration may only be done at the beginning of the term. This excludes new applicants.

**Signed by: Full Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**DECLARATION: PARENT / GUARDIAN**

I \_\_\_\_\_ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the School the designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me is found to be false, action may be taken against me.

**Signed on** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_