Application form for Holiday Care 2024 Kindergarten to Grade 4



I wish to en	rol my child						
		First Name	First Name		Surname		
Class	5						
for Holiday	Care at the DSJ:						
	January Holidays Applications close:	02.01.2024 - 12.01.2024 01.12.2023		Spring Holidays Applications close:	23.09.2024-04.10 16.09.2024	0.2024	
	Easter Holidays Applications close:	22.03.2024 - 05.04.2024 15.03.2024		December Holidays Applications close:	09.12.2024-13.1 02.12.2024	2.2024	
	Winter Holidays Applications close:	18.06.2024-17.07.2024 10.06.2024					
There is no Costs per c Half-day Ca Full-day Ca Sibling reba	Please note that Holiday Care dates for January 2025 will be announced in the third term of 2024. There is no Holiday Care during Public Holidays. Costs per child (as from 01.01.2024) – Payable in advance: Half-day Care (from 07h00 until 14h30, lunch included) Full-day Care (from 07h00 until 17h30, lunch included) R395.00 per day Sibling rebate - Applicable for siblings of the same family. My child requires half-day Holiday Care for the following dates - please provide exact dates:						
My child re	quires <u>full-day</u> Holiday	Care for the following dates	- please pi	rovide exact dates:			
The enrolment will only be valid once you have received a confirmation from the school that a place is available and once the fee for the Holiday Care has been paid in advance. We regret that amounts paid are non-refundable, unless a written cancellation notice is received one week before your child should start with Holiday Care.							
The registration is valid for the stipulated period. No money will be refunded due to your child being absent for whatever reason including illness from a registered day. The DSJ reserves the right to deny any participation should your child not adhere to the school rules.							
The parent is obliged to inform the holiday care team timeously and in writing should the child fall ill on any of the registered days.							
the school. after 17h30 undertake guardian(s)	The school takes no li D. After 17h30, the chil to inform the Holiday	child <u>timeously either before</u> ability and responsibility for d remains the sole responsibility for demains the sole responsibility for the collect of the	supervision of the depth of the	on of children of the Holid e parent/legal guardian. T other than them as paren	ay Care group he parent(s)	Initial	
Should an Holiday Care staff member be requested and in turn agree to supervise your child after 17h30, a charge of R150 will be added to your school fee account for every additional half hour or part thereof.						Initial	
Parents/Gu	ardians:						
		First Name		Su	rname		
Tel:	Home	Woi	rk		Cell		
E-mail:	E-mail:						
Date:			guardian(s	s):	nature(s)		

Please also complete the attached internal information sheet and hand in <u>both</u> forms to Mrs Scheffler-Klynsmith (Email <u>schefflerj@dsjmail.co.za</u>) at reception.

Internes Informationsblatt für Ferienbetreuung Internal Information Sheet for Holiday Care



Name des Kindes Name of Child	(Vorname / First N						
Vlassa / Class	(VOITIAIIIE / FIISLIN	ame) (Nacilialite / Surfialite)					
Klasse / Class							
Geburtsdatum / Date of Birt	th						
Erziehungsberechtigte/r Legal Guardian	E-Mail	Telefonnummer / Telephone number Privat / Home - Arbeit/Work* - Handy/Cell					
Mutter/Mother							
Vater/Father							
Spnstige/Other							
(*) nur im Notfall zu benutze	en / only to be used in case of em	nergency					
 Die folgenden Personen dürfen mein Kind von der Ferienbetreuung abholen: The following persons may collect my child from Holiday Care: 							
Name	Beziehung zum Kind Relationship to Child	Telefonnummer Telephone number					
Eltern/Erziehungsberechtigt The Holiday Care Team mus guardian(s) or persons previ DIE PERSONEN, DIE DAS KIN	ten oder die oben angegebenen F st be informed in writing or telepl iously nominated by them, collec ND ABHOLEN, MÜSSEN SICH AUS	nisch informiert werden, falls jemand anderes als die Personen Ihr(e) Kind(er) abholen. honically, should persons other than the parent(s)/legal at the child(ren) from the DSJ. SWEISEN KÖNNEN (Personalausweis, Pass, Führerschein) ENTIFY THEMSELVES (ID, Passport, Driver's Licence)					
2. Krankenkasse: Medical Aid:							
Krankenkasse Medical Aid	Hauptversicherte Main member	Mitgliedsnummer Member number					
	ļ						

3. Zusätzliche Information (falls zutreffend) Additional information (if applicable)

Hat Ihr Kind irgendwelche Ängste? Does your child experience any anxieties, have any fears?	Ja/Yes Nein/No
Wenn ja, welche? If yes, please elaborate:	
Kann Ihr Kind sich selber an-und ausziehen? Can your child undress and dress themselves?	Ja/Yes Nein/No
Was isst Ihr Kind gerne? What does your child like to eat?	
Hat Ihr Kind irgendwelche Allergien? Does your child have any allergies?	Ja/Yes Nein/No
Falls ja, bitte Einzelheiten angeben. If yes, please elaborate:	
Welche Kinderkrankheiten hatte Ihr Kind? Which childhood illnesses has your child already had?	
Geht Ihr Kind zu irgendwelchen Therapien, usw.? Is your child going to any therapies, etc?	
Benötigt Ihr Kind Medikamente? Does your child require any medication?	Ja/Yes Nein/No
Falls ja, welche und Dosierung? If yes, what is the medication and its dosage?	
Mit wem lebt Ihr Kind? With whom does the child live?	
Weitere wesentliche Infos an den Lehrer Anything else the teacher should know?	