| Enrolment Form – Aftercare 2024<br>Grade 1 - 4   |  |  | deutsche<br>Nternationale<br>schule<br>ohannesburg |
|--|--|--|--|
| I wish to enrol my child   |  |  |  |
| First Name<br>Class from   |  | Surnar   | ne   |
| Class from from for aftercare at the DSJ:  | 2024   |  |  |
| Grade 1 - 4 from 12.40 to 17.30  |  |  |  |
| Monday Tuesday   | Wednesday                                      | Thursday   | Friday   |
| CHILDREN MUST BE ENROLLED IN AFTERCARE FOR A MIN<br>Cost per month per child (as from 01 January 2024):  | IUM OF 2 DAYS.                                 |  |  |
|  | R1 530.00 per mo<br>R1 380.00 per mo           | nth for 5 days per we<br>nth for 4 days per we<br>nth for 3 days per we<br>nth for 2 days per we | ek<br>ek   |
| Sibling rebate - Applicable for siblings of the same family  | 2nd Child<br>3rd Child<br>4th Child and additi | 5%<br>15%<br>onal 25%  |  |
| Enrolment forms must be handed in at least one week prior<br><b>The enrolment will only be valid once you have received</b><br><b>available.</b> The aftercare programme will only run during so<br>Enrolment is valid for a school year and is payable monthly<br>annually.   | a confirmation from the chool terms and not du | he school that a place<br>uring the school holida  | ays.   |
| Should you wish to withdraw your child, 1 Calendar months written notice is required.<br>Aftercare is charged over 12 months and no cancellation is accepted for Holiday Months.   |  |  | Initial  |
| The days selected for aftercare must be determined above<br>No monies will be refunded due to absenteeism from a se  |  | nent.  | Initial  |
| Should you wish to cancel the aftercare for the period booked, only amounts after the 1 months notice period will be refundable, should you have paid annually or quarterly in advance. The school reserves the right to cancel this application for financial, disciplinary or other reasons, such as repeatedly not being picked up on time. |  |  | ht to  |
| For a child to benefit most from the aftercare group, regul<br><b>The parent is obliged to inform the supervisor timeously</b> ,<br>child is ill or absent.  |  | lephonically each time   | e if the   |
| We herewith commit to pick up my/our child/children <u>tir</u><br>The school takes no liability and responsibility for superv<br>After 17h30 this remains the sole responsibility of the pa  | sion of children of the                        | e aftercare group afte   |  |
| Aftercare Team personally, should persons other than us<br>nominated by us collect my/our child/children from the D<br>This is vital for security reasons.   |  | ardian(s) or persons p   | reviously  |
| Should an Aftercare staff member be requested and in tur<br>17h30, a charge of R150 will be added to your school fee a   |  |  | Initial  |
|  |  |  |  |
| Tel:   |  | Surnar   | ne   |
|  | Work   |  | Cell   |
| E-mail: Mother   |  | Fathe  | er   |
| Date: Le   | gal guardian(s):                               |  |  |

Signature(s)

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

## Internes Informationsblatt für Nachmittagsbetreuung Internal Information Sheet for Aftercare



DEUTSCHE INTERNATIONALE SCHULE JOHANNESBURG

| Name des Kindes<br>Name of Child          |                    |   |
|---|--------------------|---|
|   | (Vorname / First N | lame) (Nachname / Surname)  |
| Klasse / Class                            |                    |   |
| Geburtsdatum / Date of Bir                | rth                |   |
| Erziehungsberechtigte/r<br>Legal Guardian | E-Mail             | Telefonnummer / Telephone number<br>Privat / Home - Arbeit/Work* - Handy/Cell |
| Mutter/Mother                             |                    |   |
| Vater/Father                              |                    |   |
| Spnstige/Other                            |                    |   |

(\*) nur im Notfall zu benutzen / only to be used in case of emergency

1. Die folgenden Personen dürfen mein Kind von der Nachmittagsbetreuung abholen: The following persons may collect my child from Aftercare:

| Name | Beziehung zum Kind<br>Relationship to Child | Telefonnummer<br>Telephone number |
|------|---|-----------------------------------|
|      |   |                                   |
|      |   |                                   |
|      |   |                                   |

Die Leitung der Nachmittagsbetreuung muss schriftlich oder telefonisch informiert werden, falls jemand anderes als die Eltern/Erziehungsberechtigten oder die oben angegebenen Personen Ihr(e) Kind(er) abholen. The Aftercare Team must be informed in writing or telephonically, should persons other than the parent(s)/legal guardian(s) or persons previously nominated by them, collect the child(ren) from the DSJ.

## DIE PERSONEN, DIE DAS KIND ABHOLEN, MÜSSEN SICH AUSWEISEN KÖNNEN (Personalausweis, Pass, Führerschein) THE PERSONS COLLECTING THE CHILD MUST BE ABLE TO IDENTIFY THEMSELVES (ID, Passport, Driver's Licence)

2. Krankenkasse: Medical Aid:

| Krankenkasse | Hauptversicherte | Mitgliedsnummer |
|--------------|------------------|-----------------|
| Medical Aid  | Main member      | Member number   |
|              |                  |                 |

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

| Hat Ihr Kind irgendwelche Ängste?<br>Does your child experience any anxieties, have any fears? | Ja/Yes Nein/No |
|--|----------------|
| Wenn ja, welche?<br>If yes please briefly describe.  |                |
| Was isst Ihr Kind gerne?<br>What does your child like to eat?                                  |                |
| Hat Ihr Kind irgendwelche Allergien?<br>Does your child have any allergies?                    | Ja/Yes Nein/No |
| Falls ja, bitte Einzelheiten angeben.<br>If yes please name.                                   |                |
| Welche Kinderkrankheiten hatte Ihr Kind?<br>Which childrens illnesses did your child have?     |                |
| Geht Ihr Kind zu irgendwelchen Therapien usw.?<br>Is your child going to any therapies etc?    |                |
| Benötigt Ihr Kind Medikamente?<br>Does your child require any medication?                      | Ja/Yes Nein/No |
| Falls ja, welche und Dosierung?<br>If yes, please name and Dosage?                             |                |
| Mit wem lebt Ihr Kind?<br>With whom does the child live?                                       |                |
| Weitere wesentliche Infos an den Lehrer<br>Anything else the teacher should know?              |                |

 Mahlzeiten während der Nachmittagsbetreuung: Meals served during Aftercare:

Mein Kind bekommt Mittagessen vom DSJ Café My child receives lunch from the DSJ Café Ja/Yes

Nein/No

5. Mein Kind nimmt an den folgenden Arbeitsgemeinschaften teil: My child takes part in the following extra-mural activities:

| Arbeitsgemeinschaft<br>Extra-mural Activity | Wochentag<br>Weekday | Zeit - Schulstunde<br>Time - Period |
|---|----------------------|-------------------------------------|
|   |                      |                                     |
|   |                      |                                     |
|   |                      |                                     |
|   |                      |                                     |

3.