Enrolment Form – Aftercare 2024 KG0 - VS



I wish to enr	ol my child								
First Name				Surname					
Class from2024									
for aftercare at the DSJ: KG0 - VS from 12.50 to 17.30									
	Monday		Tuesday		Wednesday		Thursday		Friday
	ivioliday		ruesuay		Wednesday		mursuay		Triudy
CHILDREN MUST BE ENROLLED IN AFTERCARE FOR A MINIUM OF 2 DAYS. Cost per month per child (as from 01 January 2024, lunch included):									
	R2 530.00 per month for 5 days per week R2 185.00 per month for 4 days per week R1 865.00 per month for 3 days per week R1 495.00 per month for 2 days per week								
Sibling rebat	te - Applicabl	le for sik	olings of the sam	e family:	2nd Child 3rd Child 4th Child and add	ditiona	5% 15% al 25%		
Enrolment forms must be handed in at least one week prior to the child starting aftercare. The enrolment will only be valid once you have received a confirmation from the school that a place is available. The aftercare programme will only run during school terms and not during the school holidays. Enrolment is valid for a school year and is payable monthly in advance. A new application has to be completed annually.									
Should you wish to withdraw your child, 1 Calendar months written notice is required. Aftercare is charged over 12 months and no cancellation is accepted for Holiday Months.						Initial			
The days selected for aftercare must be determined above at the time of enrolment. No monies will be refunded due to absenteeism from a selected day.									
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.									
The parent i	For a child to benefit most from the aftercare group, regular attendance is vital. The parent is obliged to inform the supervisor timeously, either in writing or telephonically each time if the child is ill or absent.						Initial		
We herewith commit to pick up my/our child/children timeously by 17h30 from the school. The school takes no liability and responsibility for supervision of children of the aftercare group after 17h30. After 17h30 this remains the sole responsibility of the parent/logal guardian. Lundostake to inform the									
After 17h30 this remains the sole responsibility of the parent/legal guardian. I undertake to inform the Aftercare Team personally, should persons other than us as parent(s)/legal guardian(s) or persons previously nominated by us collect my/our child/children from the DSJ. This is vital for security reasons.									
Should an Aftercare staff member be requested and in turn agree to supervise your child / children after 17h30, a charge of R150 will be added to your school fee account for every additional half hour or part thereof.									
Parents/Guardians:									
Tel:			FI	rst Name			Surna	ime	
E-mail:	Hom	е	. -	V	Vork			Cell	
Date:		Ν	Nother	l es	gal guardian(s):		Fath	ier	

Signature(s)

Internes Informationsblatt für Nachmittagsbetreuung Internal Information Sheet for Aftercare



Name des Kindes Name of Child				
Name of Cilia	(Vorname / First N	Name) (Nachname / Surname)		
Klasse / Class				
Geburtsdatum / Date of Bir	rth	·		
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 benutz	zen / only to be used in case of er	mergency		
_	Personen dürfen mein Kind von opersons may collect my child from	der Nachmittagsbetreuung abholen: m Aftercare:		
Name	Beziehung zum Kind Relationship to Child	Telefonnummer Telephone number		
Eltern/Erziehungsberechtig The Aftercare Team must b	gten oder die oben angegebenen	r telefonisch informiert werden, falls jemand anderes als die Personen Ihr(e) Kind(er) abholen. Inically, should persons other than the parent(s)/legal guardian(s) (ren) from the DSJ.		
		JSWEISEN KÖNNEN (Personalausweis, Pass, Führerschein) DENTIFY THEMSELVES (ID, Passport, Driver's Licence)		
2. Krankenkasse: Medical Aid:				
Krankenkasse Medical Aid	Hauptversicherte Main member	Mitgliedsnummer Member number		

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 briefly describe.	
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 name.	
Welche Kinderkrankheiten hatte Ihr Kind? Which childrens illnesses did your child have?	
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, please name and Dosage?	
Mit wem lebt Ihr Kind? With whom does the child live?	
Weitere wesentliche Infos an den Lehrer Anything else the teacher should know?	
Mahlzeiten während der Nachmittagsbetreuun Maals served during Aftercare:	g:

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 Extra-mural Activity	Wochentag Weekday	Zeit - Schulstunde Time - Period