

Enrolment Form – Aftercare 2024 Regentröpfchen



DEUTSCHE
INTERNATIONALE
SCHULE
JOHANNESBURG

I wish to enrol my child _____
First Name Surname

Class _____ from _____ 2024

for aftercare at the DSJ:

RT from 14h20 to 17.30 for 5 days per week

Cost per month per child (as from 01 January 2024):

R1 985.00 per month for 5 days per week

Sibling rebate - Applicable for siblings of the same family:

2nd Child	5%
3rd Child	15%
4th Child and additional	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.

Initial

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

Aftercare is offered for 5 days per week and no monies will be refunded due to absenteeism for certain days.

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.

Initial

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/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.

Initial

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.

Initial

If your child transfers to the DSJ kindergarten during the school year, a new registration form must be completed.

Regentröpfchen Aftercare will automatically be cancelled.

Initial

Parents/Guardians: _____
First Name Surname

Tel: _____
Home Work Cell

E-mail: _____
Mother Father

Date: _____ Legal guardian(s): _____
Signature(s)

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

**Internes Informationsblatt für Nachmittagsbetreuung
Internal Information Sheet for Aftercare**



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Name des Kindes
Name of Child

(Vorname / First Name)

(Nachname / Surname)

Klasse / Class

Geburtsdatum / Date of Birth

Erziehungsberechtigte/r Legal Guardian	E-Mail	Telefonnummer / Telephone number Privat / Home - Arbeit/Work* - Handy/Cell
Mutter/Mother		
Vater/Father		
Sonstige/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 Relationship to Child	Telefonnummer 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 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?	<input type="checkbox"/> Ja/Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Ja/Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Ja/Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Ja/Yes	<input type="checkbox"/> 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?		

4. Mahlzeiten während der Nachmittagsbetreuung:
Meals served during Aftercare:

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

<input type="checkbox"/> Ja/Yes	<input type="checkbox"/> Nein/No
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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