

“HELPING HANDS” AFTERCARE

2/274 TUGELA STREET

GLEN MARAIS

KEMPTON PARK 1619

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REGISTERED WITH THE DEPARTMENT OF HEALTH KEMPTON PARK

PUBLIC LIABILITY ON DRIVERS' LICENCE

"HELPING HANDS" AFTER CARE

REGISTRATION FORM

DATE OF COMMENCEMENT : _____

SURNAME OF CHILD : _____

CHILD'S FIRST NAMES : _____

NAME OF SCHOOL FROM WHERE YOUR CHILD WILL BE COLLECTED

: _____

TIME OF COLLECTION : _____

BIRTH DATE : _____

HOME ADDRESS : _____

HOME TELEPHONE NO. : _____

MOTHER'S NAME : _____

I.D. NUMBER : _____

EMPLOYER MOTHER : _____

TEL NO. / CEL NO. : _____

EMAIL ADDRESS : _____

FATHER'S NAME : _____

I.D. NUMBER : _____

EMPLOYER FATHER : _____

TEL NO. / CEL NO. : _____

FAMILY DOCTOR : _____

TEL NO. : _____

WHICH AFTERCARE / CRECHE WAS YOUR CHILD ATTENDING PRIOR

TO THIS AFTERCARE? : _____

ALLERGIES (FOOD/ MEDICAL) : _____

HAS YOUR CHILD HAD ALL DUE IMMUNIZATIONS? _____

DETAILS OF GUARDIAN THAT CAN BE CONTACTED SHOULD PARENTS NOT BE AVAILABLE.

NAME : _____

ADDRESS : _____

TEL NO. HOME : _____

TEL NO. WORK : _____

RELATIONSHIP OF ABOVE NAMED PERSON : _____

SHOULD A MEDICAL EMERGENCY ARISE THE PARENTS OF THE CONCERNED CHILD WILL BE CONTACTED IMMEDIATELY. IF THIS IS NOT POSSIBLE THE DOCTOR NOMINATED WILL BE CONTACTED. HOWEVER SHOULD THIS ALSO NOT BE POSSIBLE THE INITIATIVE WILL REST ON ME TO CONTACT THE NEAREST DOCTOR OR TRANSPORT YOUR CHILD TO THE NEAREST MEDICAL CENTRE.

NAME OF DOCTOR : _____

TELEPHONE NUMBER : _____

ADRESS : _____

MEDICAL AID : _____

MEDICAL AID NUMBER : _____

WHO WILL BE COLLECTING YOUR CHILD FROM AFTER CARE?

SHOULD IT BE ARRANGED FOR ALTERNATIVE COLLECTION OF YOUR CHILD, (OTHER THAN PARENT OR GUARDIAN) PLEASE ENSURE THAT I AM NOTIFIED IN ADVANCE. SHOULD I NOT BE NOTIFIED YOUR CHILD WOULD REMAIN IN MY CARE UNTIL I RECEIVE FURTHER INSTRUCTIONS FROM THE CONCERNED PARENT OR GUARDIAN.

ABSENTEEISM

SHOULD YOUR CHILD NOT BE ATTENDING AFTER CARE FOR ANY REASON PLEASE ENSURE THAT I AM CONTACTED AND INFORMED BEFORE 9 AM ON THE SAME DAY OR PRIOR TO SUCH DAY.

DURING THE COURSE OF THE AFTERNOON ON ANY GIVEN DAY, I LEAVE THE PREMISES TO COLLECT CHILDREN FROM EXTRA MURAL ACTIVITIES. DURING THIS TIME (+- 15 MINUTES) THE CHILDREN ARE IN THE CARE OF MY EMPLOYEES MAVIS WHO HAS A DIPLOMA IN CHILD AND GENERAL CARE, SARIE AND MOLLY WHO ARE BOTH QUALIFIED TEACHERS AND CHILD MINDERS.

IF YOUR CHILD HAS A CONTAGIOUS ILLNESS, A BAD COUGH OR HEAVY COLD, PLEASE KEEP HIM / HER HOME. CHILDREN WITH ILLNESSES SUCH AS GASTRO-ENTERITIS, CHICKEN POX OR SKIN INFECTIONS SUCH AS RING WORM, OR LICE CAN UNFORTUNATELY NOT BE ADMITTED. (OTHER OBVIOUS CONTAGIOUS INFECTIONS / ILLNESSES INCLUDED).

SHOULD I NOT BE AVAILABLE FOR AFTER CARE DUE TO CIRCUMSTANCES BEYOND MY CONTROL OR ILLNESS, ALTERNATIVE ARRANGEMENTS WILL BE MADE OR PARENTS WILL BE NOTIFIED ACCORDINGLY.

ARE THERE ANY OTHER COMMENTS OR FACTS WITH REGARD TO YOUR CHILD THAT YOU WOULD LIKE TO BRING TO MY ATTENTION?

INDEMNITY FORM

WE, THE PARENT/S GUARDIAN OF THE CHILD, HEREBY AGREE:

- 1) TO ACCEPT AND ABIDE BY ALL THE TERMS AND CONDITIONS GOVERNING THE GROUP KNOWN AS "HELPING HANDS" AFTER CARE, WITH WHICH I DECLARE MYSELF FULLY ACQUAINTED.
- 2) THAT WHILE THE PERSON IN CHARGE OF THE SCHOOL WILL CARE FOR THE CHILD TO THE BEST OF THEIR ABILITY, NEITHER THEY, NOR ANY PERSONS CONNECTED TO THE GROUP, WILL ACCEPT ANY LIABILITY FOR ANY CLAIMS WHILE HE / SHE IS IN THE CARE OF THE SCHOOL SUPERVISOR, AND TO WAIVE AND ABANDON ANY CLAIMS WHICH MAY, AT ANY TIME, ARISE AS AFORESAID, BOTH IN MY PERSONAL CAPACITY, AS GUARDIAN OF THE CHILD, AND I EXPRESSLY INDEMNIFY THE SUPERVISOR OR SUCH PERSON AGAINST ANY SUCH CLAIM WHICH MAY ARISE OR BE INSTILLED. THIS WAIVER COVERS CLAIMS DURING VEHICLE TRANSPORTATION TO / FROM SCHOOL / EXTRA MURAL ACTIVITIES AND COLLECTION FROM THESE ACTIVITIES AND WHILST YOUR CHILD REMAINS ON THESE PREMISES.
- 3) DAMAGE TO PROPERTY. IN THE EVENT THAT YOUR CHILD CAUSES DAMAGE / VANDALISM TO THE ABOVE PROPERTY I.E. BREAK WINDOWS, FURNITURE, VEHICLE DAMAGE ETC. AN INVOICE WILL BE PRESENTED TO THE PARENTS / GUARDIAN OF THE CHILD FOR THE FULL COST OF REPAIRS.
- 4) THEFT. IF YOUR CHILD IS FOUND GUILTY OF THEFT OF ANY VALUABLES IN THE AFTER CARE YOUR CHILD WILL BE IMMEDIATELY EXPELLED FROM THE PREMISES.
- 5) TO ENSURE THAT YOUR CHILD HAS BEEN PROPERLY IMMUNISED AGAINST WHOOPING COUGH, DIPHTHERIA, TETANUS, POLIO AND VACCINATED AGAINST TUBERCULOSIS AND WILL FURNISH PROOF OF THIS ON REQUEST.
- 6) THAT THE SUPERVISOR OF THE SCHOOL, OR IN HER ABSENCE, ANY OTHER RESPONSIBLE PERSON CONNECTED WITH IT, MAY GIVE THE REQUIRED PERMISSION AND SIGN THE NECESSARY WRITTEN CONSENT FOR THE CHILD TO BE SUBJECTED TO SURGERY OR OTHER MEDICAL EMERGENCY, PROVIDED THAT THIS WILL BE EXECUTED ON THE ADVICE, OR UNDER THE SUPERVISION OF A MEDICAL DOCTOR.

CONDITIONS

1. A FEE OF R540.00 P/M IS PAYABLE IN ADVANCE PRIOR TO THE 1ST DAY OF EACH MONTH. **THIS FEE IS PAYABLE FOR THE FULL 12 MONTHS** SHOULD YOUR CHILD REMAIN IN MY CARE. ALTERNATIVELY A RATE OF R35,00 PER AFTERNOON WILL BE CHARGED IF YOUR CHILD ATTENDS ON A CASUAL BASIS. PLEASE NOTE THAT I DO NOT ACCEPT CHEQUES. BANKING DETAILS WILL BE ADVISED IF YOU WISH TO MAKE A DIRECT DEPOSIT OR I ACCEPT CASH.
2. SCHOOL EXTRA MURAL TRIPS SHALL BE CHARGED AS FOLLOWS: ASTON MANOR R16,00 PER TRIP, KEMPTON PRIMARY R16,00 PER TRIP.
3. IN THE EVENT THAT I ARRIVE AT THE SCHOOL TO COLLECT YOUR CHILD AND HAVE NOT BEEN INFORMED OF HIS / HER ABSENCE FROM SCHOOL / OR IF THE CHILD HAS EXTRA MURALS WHICH YOU HAVE NOT INFORMED ME ABOUT, AND I AM DETAINED SEARCHING THE SCHOOL PREMISES FOR YOUR CHILD, A PENALTY OF R25,00 WILL BE CHARGED WHICH WILL BE ADDED TO YOUR NEXT INVOICE. THIS COVERS CELL PHONE CALLS AND TIME SPENT.
4. SHOULD THE FEE NOT BE PAID BY THE 7TH OF EACH MONTH I WILL NO LONGER FETCH YOUR CHILD FROM SCHOOL COMMENCING FROM THE 8TH OF THE MONTH. A R15,00 LEVY WILL BE CHARGED DAILY UNTIL SUCH TIME AS THE FEE IS RECEIVED IN FULL, FAILING WHICH I WILL UTILISE THE FACILITY OF SMALL CLAIMS COURT TO COLLECT ARREARS.
5. SHORT PAYMENT OF MONTHLY ACCOUNTS IS PROHIBITED. SHOULD THIS ARISE INTEREST AT 20% WILL BE CHARGED ON THE AMOUNT OUTSTANDING AND ADDED TO THE NEXT INVOICE.
6. A NON REFUNDABLE FEE OF R200,00 IS PAYABLE ON REGISTRATION.

7. YOUR CHILD WILL BE COLLECTED FROM THE NOMINATED SCHOOL AND BROUGHT TO THE AFTER CARE. EXTRA MURAL CLASSES AT THE SCHOOL WILL BE TAKEN INTO ACCOUNT AND A DETAILED LIST OF ACTIVITIES WILL BE REQUIRED FOR COLLECTION PURPOSES. PLEASE ENSURE THAT THE CORRECT COLLECTION TIMES FOR EXTRA MURALS ARE GIVEN. UNFORTUNATELY I AM NOT IN A POSITION TO OFFER A SERVICE FOR ANY ACTIVITIES OUTSIDE OF THE SCHOOL EXTRA MURALS.
8. I REMAIN OPEN FOR SCHOOL HOLIDAYS (EXCEPT PART OF THE CHRISTMAS HOLIDAYS) AND AN ADDITIONAL R25,00 IS PAYABLE PER CHILD PER DAY SHOULD YOUR CHILD NEED THIS OPTION. PLEASE SEND YOUR CHILD A SNACK AND JUICE FOR 10H00 BREAK.
9. A CASUAL FULL DAY HOLIDAY FEE OF R50,00 IS PAYABLE AND HALF DAY R35,00 IF YOUR CHILD IS NOT REGISTERED WITH THIS AFTERCARE.
10. WRITTEN NOTICE GIVEN ONE MONTH IN ADVANCE IS REQUIRED IF YOUR CHILD LEAVES THE AFTER CARE. THE FULL FEE IS PAYABLE FOR THE NOTICE MONTH. IN THE EVENT THAT I AM NOT SATISFIED WITH THE BEHAVIOUR OF YOUR CHILD I RESERVE THE RIGHT TO ISSUE ONE MONTHS NOTICE.
11. PLEASE NOTIFY ME IN WRITING OF ANY CHANGE OF ADDRESS, TELEPHONE NUMBERS AT WORK OR AT HOME.
12. HOURS 13H00 → 17H30
AN ADDITIONAL FEE OF R50,00 PER HALF HOUR WILL BE CHARGED IF CLOSING TIME IS NOT ADHERED TO.
13. A LIGHT LUNCH WILL BE PROVIDED DAILY WITH TWO BEVERAGES AND AN AFTERNOON SNACK, PLUS A FRUIT.
- 14. HOMEWORK IS SUPERVISED AND I CANNOT BE HELD RESPONSIBLE IF YOUR CHILD REFUSES TO COMPLETE THE HOMEWORK TASKS. PLEASE BE SO KIND AS TO ENSURE THAT**

YOUR CHILD BRINGS PENCILS, RUBBERS, CRAYONS ETC. FOR HIS / HER AFTERNOON HOMEWORK.

15. MY COMMITMENT TO YOUR CHILD'S WELL BEING IS OF THE UTMOST IMPORTANCE. I VIEW YOUR CHILD AS A WHOLE PERSON AND WILL ENCOURAGE AND NURTURE THEM AS UNIQUE INDIVIDUALS. PRAYER & THANKS GIVING WILL TAKE PLACE BEFORE LUNCH.
16. "HELPING HANDS" AFTER CARE CLOSES ANNUALLY OVER THE CHRISTMAS HOLIDAYS FOR A PERIOD OF +3 WEEKS. YOU WILL BE NOTIFIED OF THE DATES IN DUE COURSE.

THANK YOU FOR ENROLLING YOUR CHILD IN HELPING HANDS AFTERCARE.
I LOOK FORWARD TO A LONG AND HAPPY ASSOCIATION.

I HAVE READ, UNDERSTOOD AND WILL ABIDE BY THE RULES AND REGULATIONS LAID OUT FOR " HELPING HANDS" AFTER CARE.

SIGNED AT _____ ON THE _____

DAY OF _____ YEAR _____

FATHER / GUARDIAN

MOTHER / GUARDIAN

WITNESS

FEE STRUCTURE
(TO BE REVIEWED ANNUALLY)

NON REFUNDABLE REGISTRATION FEE	200,00
MONTHLY FEE IN ADVANCE	540,00
REGISTERED CHILD HOLIDAY FEE EXTRA PER DAY (Includes breakfast)	25,00
CASUAL HALF DAY (INCLUDES LUNCH)	35,00
CASUAL FULL DAY	50,00
PENALTY (ABSENT FROM SCHOOL / NOT NOTIFIED OF EXTRA MURALS / CELL PHONE CALLS)	25,00
LATE PAYMENT AFTER 7 TH OF MONTH PER DAY. YOUR CHILD WILL NOT BE COLLECTED FROM SCHOOL FROM THE 8 TH OF THE MONTH IF THIS SHOULD ARISE.	15,00
EXTRA MURALS ASTON MANOR / KEMPTON	16,00
LATE COLLECTION OF CHILD PER HALF HOUR	50,00