

# Aftercare application form

**CURRO**

Curro Holdings Ltd / Reg No 1998/025801/06 / VAT Reg No 4670183484

School  Quarter & year applied for   
Aftercare options      Half day      Full day      Day visitor  
→Confirm availability at applicable school  
Family code

## Section 1: Learner's personal details

Surname   
Full names as on birth certificate/ID   
Preferred name   
ID number 

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Current age  Current grade  Gender:      Male      Female  
Home language  Date of birth   
Lives with  Cell number

## Section 2: Learner's medical details

**Family doctor**  
Name  Tel no   
Address   
**Medical aid**  
Name  Member no   
Main member initials and surname   
Main member ID number 

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Option   
Allergies  Medication

## Section 3: Learner's medical details - consent

- In a critical medical situation there may not be time to refer to the learner's records. Aftercare therefore reserves the right to utilise the quickest medical service available.
- Every effort will be made to contact the learner's parents, step parents, legal guardian or emergency contact before such action is taken.
- The person responsible for aftercare payments will be responsible for the payment of such care or treatment.

### Section 3: Learner's medical details – consent (continued)

I hereby agree that a medical practitioner/the quickest medical service available may provide emergency treatment as may be necessary.

\_\_\_\_\_

Name or parent/legal guardian
Signature
Date

### Section 4: Personal details of father, stepfather, or legal guardian

Name and surname as on ID													
ID number													
Address						Tel home							
						Tel work							
						Cell							
Email address													

### Section 5: Personal details of mother, stepmother, or legal guardian

Surname													
Full names as on ID													
ID number													
Address						Tel home							
						Tel work							
						Cell							
Email address													

### Section 6: Emergency contact details (not parental)

Relationship													
Name and surname as on ID													
Address						Tel home							
						Tel work							
						Cell							
Email address													

## Section 7: Contact details – person responsible for account

Surname												
Full names as on ID												
ID number												
Address					Tel home							
					Tel work							
					Cell							
Email address												

## Section 8: Payment terms and conditions

- Registration occurs annually.
- Fees for 12 (twelve) months are payable monthly in advance by debit order on or before the 2nd (second) day of each calendar month. No pro rata payments are permitted.
- The minimum registration period is 1 (one) quarter (January to March/April to June/July to September / October to December).
- Notice of cancellation will only be accepted on a quarterly basis, at least 1 (one) month before the end of a quarter. The necessary cancellation notice is available from the School.
- Should urgent notice be proved, e.g. a sudden transfer, the person responsible for payment will be held accountable for outstanding amounts only until the end of the relevant month.
- The notice of cancellation will only be valid if signed by the parent/legal guardian and an authorised school representative.
- In the case of the learner not making use of the aftercare facilities for the full quarter, the person responsible for payment will still be liable for the full amount for the quarter.
- Debit orders must be cancelled by sending a written notice to the School's financial department. No refunds will be given in the case of late cancellations.
- Reregistration may only be done at the beginning of a quarter. This excludes new applicants.

_____ Name of person responsible for account	_____ Signature	_____ Date
_____ Name of authorised school representative	_____ Signature	_____ Date