



Ridgeway College

P O Box 1705, Louis Trichardt, 0920 Tel: 015 151 0111 www.ridgewaycollege.co.za

AFTER CARE CENTRE ENROLMENT FORM

Students Name: _____ Students Surname: _____

Grade: _____ Age: _____

Physical Address: _____

Mothers Name: _____ Contact No: _____

Fathers Name: _____ Contact No: _____

Family Doctor: _____ Contact No: _____

Medical Scheme: _____ Medical Aid No: _____

Name and number of person to contact in the case of an emergency:

Who will collect the child from the After Care Centre: _____

Contact number of person collecting the child: _____

Time my child will be collected daily: _____

We give permission for our child to participate in all activities offered in the aftercare programme. In consideration of my child's participation, I/we agree to indemnify the school by jointly and severally waiving our own claim and indemnifying the school, its employees and agents (for whom it may be found to be vicariously liable) against any claim or law suits brought against the school by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. Such indemnity is based on the understanding that the school will constantly endeavor to take such steps as may be reasonably required in the circumstances to do what it can to keep the learner out of harm, and free from loss, taking into account what can be reasonably foreseen and provided for in each case.

Furthermore, I/we cede my/our powers as parents/guardians of the child to a representative of the school should medical treatment/surgery be deemed necessary in the case of an emergency. In this regard, please take note of the following allergies or medical conditions: _____



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I/we understand that should I/we not provide the school with medical aid details, that any medical costs incurred by the school from having to take my child to a doctor in the case of an emergency, will be my responsibility.

I/We understand that the aftercare centre hours are from 13h30 to 17h00 and that my child may not be collected later than 17h15.

Furthermore, it is understood that the aftercare is a structured programme and that I need to notify the school if my child will be collected at a time other than what has been stated in this enrolment form.

I/We further agree to pay the aftercare fee no later than the 4th of each month and agree to give a terms written notice of my child's withdrawal from the After Care Centre with the understanding that failure to give such notice will result in I/We being liable for a terms fees in lieu of notice.

Signed at _____ on this ____ day of _____ 20__

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

WITNESS

WITNESS