



APPLICATION/ENROLMENT FORM DAILY AFTER CARE

Pupil-First Name/s.....Surname:.....

Date of birth (yyyy/mm/dd)..... Gender: Male Female

Childs "calling" name.....

First day of attendance:.....Attendance: Full day Half day

Home language..... Home Tel. No.

HOME ADDRESS:

Street number/name.....

Suburb.....

Town.....

Current school attended by pupil.....

Immunisations up to date Y/N - It is a requirement that all immunisations are up to date at the time of admission.

List any Allergies/medical problems?
.....

Name and Surname of Father

ID no:.....

Work address Work tel.

Occupation.....

Cell:.....

E-mail address

Name and Surname of Mother

ID no:

Work address Work tel.

Occupation.....

Cell phone No.

E-mail address

Other children in the family

Name 1..... Age.....

Name2..... Age.....

Medical Aid:.....

Membership Number:.....

Doctor.....

Telephone No.....

Who will be transporting/collecting the child to/from Alpha Step?

.....

Nobody else but listed persons will be allowed to collect your child from school unless very specific arrangements are made.

If your child should be ill at school who else could we contact in an emergency?

1. Name..... Telephone No.....
Relation (e.g. grandmother?).....
2. Name..... Telephone No.....
Relation

Please bring along a copy of the parents ID, a copy of the child's birth certificate, copy of the medical aid card(if applicable) and vaccination card.

SCHOOL FEES - Payable in advance. No child may attend if fees have not been paid.

I undertake to pay the fee before or on the first day of initial attendance and on or before the last day of each month thereafter, for the coming month.

A non-refundable enrolment fee of R200.00 per child is required upon acceptance of your application/ on or before 1st day of attendance. This is an annual requirement and covers incidentals.

After Care is available on a full time basis or casual basis.

I undertake to pay the fee as per the agreement entered into.

I undertake to give the school a calendar month's written notice before my child will leave the school alternatively I will pay a full month's fee. *Not applicable for casual attendance.*

I understand that November and December cancellations will not be accepted. *Not applicable for casual attendance.*

If pupils arrive late in the term after a prolonged holiday, e.g. only arrives in February, parents will still be responsible for the full term fee if booked in full time as space has been allocated.

As we perform credit checks a consent to credit check form will need to be completed and submitted with your application form.

.....
***SIGNATURE**
DATE

.....
***SIGNATURE**
DATE

Person/s responsible for payment.

***Both Parents or one parent and sponsor to sign.**

CONSENT FOR CREDIT CHECK

I, _____
(PARENT, GUARDIAN, PERSON RESPONSIBLE FOR PAYMENT OF FEES)

Of _____ (name of child/children)

Accept that Alpha Step Educare (Private Educare Centre) reserves the right to conduct appropriate credit checks on prospective parents / persons responsible for payment of school fees and requires the consent to do so from the person (s) responsible for payment of fees, in order to consider and process this application.

The applicant hereby acknowledges and agrees that Alpha Step Educare (Private) may:

- a) Perform a credit search on the applicant's record with one or more registered Credit Bureaus when assessing the applicant's application for admission.
- b) Monitor the credit applicant's behaviour by researching his/her record at one or more of the Credit Bureaus.
- c) Use new information and data obtained from the Credit Bureaus.
- d) Record the existence of the applicant's account with any Credit Bureau.
- e) Record and transmit details of how the applicant has performed in meeting his/her financial obligation to the School.

Father's details:

ID No: _____ RSA ID: **OR**

Passport Number Country of Origin.....

Title: _____ Surname _____ Full Names: _____

Marital status: _____

Date of birth: _____

Home Address: _____

Postal Address: _____

Telephone: _____ (H) _____ (W)

Employment: _____ (Occupation)

Employer: _____

Signature

Mother's details:

ID No: _____ RSA ID: **OR**

Passport Number Country of Origin.....

Title: _____ Surname _____ Full Names: _____

Marital status: _____

Date of birth: _____

Home Address: _____

Postal Address: _____

Telephone: _____ (H) _____ (W)

Employment: _____ (Occupation)

Employer: _____

Signature

