



## **BERGLAND AFTER-CARE / LEARNING CENTRE**

**(3 January 2023 – 15 December 2023)**

**(From - 13:30 – 17:30)**

The Aftercare centre will be managed by the school and teachers from the school will manage the study and homework sessions. As parent you need to know the following so that you can enrol your child for 2023.

### **1. Registration & Indemnity:**

Attached please find above mentioned forms to be completed and sent back to the school. An application fee of **R170** is payable and proof of payment to be attached to the application form. **ALL MONEYS to be paid into schools' bank account.** No cash will be received at the school.

#### **Banking Details:**

ABSA Laerskool Bergland

Branch Code: 632005

Account Number: 111 767 0089

Reference nr: Family code : Aftercare (1234: Aftercare)

**The following conditions are applicable for After Care registration 2023.**

- A proof of **R170** payment must be attached to each application;
- **School fees for 2022 must be up to date;**
- Parents are required to sign a debit order for monthly payments. A completed And signed Debit Order must be attached to the application;
- Envelopes should clearly be marked 'After Care'.

The school reserve the right to admission to the After Care facilities.

### **2. Procedure:**

- There will be a maximum of 25 learners in a classroom.
- There will be two sessions: Class 13:30 – 15:00 and then an outside play session 15:00 – 17:30.
- After-Care: Starts / Opens 3 January 2022 – 15 December 2022.

### 3. Fees:

- R1095 per month - 12 months and **ONLY** payable via DEBIT ORDER on last Day of preceding month – starting on 31 December 2022. This includes holidays.
- Debit orders can be elected for the following dates:
  - ❖ 15<sup>th</sup>;
  - ❖ 25<sup>th</sup>;
  - ❖ Last day of the month; or
  - ❖ 1<sup>st</sup>.
- Fees stay R1095 x 12 even if your child only attends once a week or only school days and not holidays and even if it closes on 15 December 2023.
- Fees must be paid in advance and one months' notice to be given in writing. **You are not allowed to give notice during the month of November or December.** One Calendar months' notice is required between the months January – October!
- Fees to be paid before the 1<sup>st</sup> of each month.
- Fees include something to drink and a sandwich.

### **AFTER CARE AND CHILD'S NAME!**

#### Other Logistics:

- Children must go to the classes at 13:30.
- For 20 minutes the children will get time to eat and go to the toilet.
- At a given time, learners will enter the classroom to commence with homework. Register (Roll Call) will then be taken.
- No cell phones will be allowed. Teachers must be contacted in case of emergency.
- Children who must attend sport, extra classes etc. must notify the teacher Responsible to make arrangements regarding attendance during school holidays.
- Children will be put in classes according to their age groups.



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**Mr G Lancaster**

*Principal*

**APPLICATION / REGISTRATION – BERGLAND AFTER-CARE:**

Date (as from when space is needed): \_\_\_\_\_

**1. Learner information:**

NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_  
FULL NAMES: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

**2. Allergies, health (Please complete in full)**

\_\_\_\_\_  
\_\_\_\_\_

**3. Family information: (Parent / Guardian)**

**FATHER**

**MOTHER**

_____	SURNAME	_____
_____	FIRST NAME	_____
_____	TELEPHONE WORK	_____
_____	OCCUPATION	_____
_____	EMPLOYER	_____
_____	CELL NO.	_____
_____	TELEPHONE HOME	_____
_____	E-MAIL ADDRESS	_____

POSTAL \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**RESIDENTIAL ADDRESS:**

MEDICAL FUND: \_\_\_\_\_ MEMBER NO: \_\_\_\_\_

HOUSE DOCTOR: \_\_\_\_\_ DR TEL NO: \_\_\_\_\_

Please note that your monthly payment includes school holidays. The After Care will be closed at certain times, such as from 15 December 2022 till 3 January 2023.

Signed at Nelspruit on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

SIGNATURE PARENT / GAURDIAN: \_\_\_\_\_

**BERGLAND AFTER-CARE**

**AGREEMENT AND UNDERTAKING BY PARENTS / GUARDIANS:**

- 1.1 I/We hereby register the child whose name appears on this form as a learner at Bergland After-Care.
- 1.2 I/We undertake to adhere to the rules of the Bergland After-Care and will ensure that Payment will be done before 1<sup>st</sup> of each month in advance and herewith attach Debit Order starting 31 December 2022.
- 1.3 By signing this contract we undertake to adhere to all conditions thereof and that this Commitment in its entirety will be valid from the day on which it is signed by the Parent/guardian, to the day on which the learner officially leaves the After-Care.
- 1.4 I/We understand and support the fact that any transgression of the contract, will be Regarded as an immediate cancellation of the Agreement.
- 1.5 No agreement altering, varying or supplementing this contract shall be binding on the Parties unless it is reduced to writing and signed by both parties.

SIGNED AT NELSPRUIT ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE: PARENT/GAURDIAN

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE: BERGLAND AFTER-CARE

\_\_\_\_\_  
WITNESS

**INDEMNITY:**

**BERGLAND AFTER-CARE / LEARNING CENTRE**

TO: BERGLAND AFTER-CARE

NAME OF LEARNER: \_\_\_\_\_ GRD: \_\_\_\_\_

ID : \_\_\_\_\_

SURNAME AND INITIALS

PARENT/GAURDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_ (H)

\_\_\_\_\_ (W)

\_\_\_\_\_ (CELL)

MEDICAL AID: \_\_\_\_\_

MEDICAL AID NO: \_\_\_\_\_

ALATERNATIVE CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER (CONTACT PERSON): \_\_\_\_\_

MEDICAL HISTORY: \_\_\_\_\_

I hereby give permission that the person taking responsibility for my child to take action on my behalf in case of the child being in need of medical attention. We trust that every bit of precautions will be taken by the persons responsible to prevent any unforeseen incidents.

\_\_\_\_\_  
SIGNATURE: PARENT/GUARDIAN

\_\_\_\_\_  
DATE

In Case of Emergency notify

Name & Surname:..... Relationship:.....

Home Contact:..... Mobile:..... Work:.....

Alternative Contact Person:..... Relationship:.....

Home Contact:..... Mobile:..... Work:.....

Preferred Emergency Service to be contacted:.....

Please provide a copy of Medical aid Card, both sides:

**Health History:**

Please indicate if the student has or previously had any of the following:

Yes	No	Condition:	Explain:
		Asthma: Last Attack:	
		Diabetes: Type?	
		Hypertension ( High Blood Pressure)	
		Hypotension ( Low Blood Pressure)	
		Heart Diseases or conditions	
		Stroke/TIA	
		Lung/Respiratory conditions	
		Ear, Nose & Throat Conditions	
		Muscular/Skeletal Conditions	
		Menstrual Problems ( Ladies only)	
		Psychiatric & Emotional difficulties	
		Behaviour Disorders	
		Bleeding Disorders	
		Fainting Spells	
		Kidney/Liver Disease	
		Epilepsy/ Seizures: Last Attack:	
		Sleep Disorders	
		Abdominal/Digestive problems	
		Surgery:	
		Other	

**Allergies or Reactions to:**

Medication:.....

Food, Plants or Insect Bites:.....

**Medication:**

Medication.....	Medication.....
Strength.....Frequency.....	Strength.....Frequency.....
Date Started.....	Date Started.....
Reason or Medication.....	Reason or Medication.....
Medication.....	Medication.....
Strength.....Frequency.....	Strength.....Frequency.....
Date Started.....	Date Started.....
Reason or Medication.....	Reason or Medication.....

Please insure that sufficient prescribed medication is handed to the designated teacher, all medication to be in original bottle/packaging and not be expired:

In order to insure the Medical welfare of the Student as well as other students & Teachers, it is important to please declare any Present/Prior Medical History:

I..... being the Parent/Legal Guardian/State Appointed Guardian herewith declare that the above mentioned information is true and correct, I herewith give my consent to Emergency First Aid Treatment should the need arise:

**Consent:**

Currently, children can consent independently to medical treatment from the age of 14; those below 14 require consent from a parent, legal guardian or other designated person, children cannot consent independently to a medical operation until they are 18.

**Please note:** By law a First Aiders Safety comes first, should any of the designated staff that have been trained in first aid feel unsafe (should be proven as unsafe situation as a first aider has the responsibility to conduct treatment while on duty) they have the right to refuse and request additional assistance:

I herewith confirm that I have read and understand and accept the above and that any unclear issues have been explained to me in full:

Initials & Surname:.....Signature:.....Date:.....