LAERSKOOL BERGLAND
Bou op rots
Posbus / P.O box 40050 • Nelspruit • 1218
E-pos: info@laerskoolbergland.co.za
Tel: (013) 744 1959 Fax: (013) 744 1961
C/O Waterbok & Van Wijk Street • Nelspruit • 1218

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

**(5 January 2026 – 11 December 2026)**

**Aftercare Centre - Registration for 2026**

The Aftercare Centre will be manage by the school and overseen by teachers who will assist with study and homework sessions.

1. The following important details are needed to enroll your child for 2026:
   * Administration
   * Registration
   * Indemnity - 2026

Attached please find the registration and indemnity forms to complete and submit to the school. A non-refundable application fee of R220 is required and proof of payment must be submit with application form.

**(All payments must be paid into the school's bank account.)**

| |
|---|
| **LAERSKOOL BERGLAND** |
| **ABSA BANK** |
| **ACC NO: 111 767 0089** |
| **REF NO : ONLY FAMILY CODE (e.g. 1234)** |

**The following terms and conditions apply to the Aftercare Centre**:

- Applications must be submit with the R220 proof of payment of registration fee.
- All documentation must be complete correctly, detailed and signed.
- All school fees must be paid-up to date.
- Aftercare fees are payable in advance. Applications must include a complete and signed debit order form.
- Applications must be submit on or before **1 December 2025** at our admin office. Only original documentation will be accept.

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- Envelopes should be clearly marked "**AFTERCARE".**
- The school reserves the right to admit children into the Aftercare program.
- Application fee does not ensure a successful registration for the aftercare.

**2. Procedure**

- There will be a maximum of 25 learners per class.
- Aftercare will be divided into two sessions:
  - **Homework Session**: 13:30 – 15:00
  - **Outside Play Session**: 15:00 – 17:30 (with supervision)
- **Fridays:** No homework sessions. Only supervision to 17:30.
- Please note that the monthly after care fee include holiday program.
- Aftercare Centre will start from **5 January 2026 to 11 December 2026**.

**3. Fees**

- **Monthly Fee : R1 340-00** (payable over 12 months, per debit order on / before first day of preceding month, starting on **31 December 2025**. This fee include the holiday program during holidays, even though your child is attending or not).
- Debit orders may be scheduled for the following dates:
  - 15th
  - 25th
  - Last day of the month
  - 1st of the month
- A sandwich and juice is included with the monthly fee
- **At least one calendar month notice is required should you wish to withdraw your child from the aftercare (January to October). Notice cannot be given during November or December.**

**4. Additional Logistics:**

- Learners are expect to attend their homework class at **13:30**.
- For the first **20 minutes**, children will have time to eat and use the bathroom before the start of homework sessions.
- **Attendance Register** shall be signed

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- Learners are not allowed to have **cell phones** during aftercare. In case of emergency, parents should contact the teacher directly.
- It is the parents' responsibility to submit their **mobile phone number and email address** to the school, and to communicate any changes to learners' schedules.
- If your child needs to attend **extracurricular activities such as sports or extra classes**, please make the necessary arrangements, especially during school holidays.
- Children will group according to their **age** for the Aftercare sessions.
- Parents must inform the after-school center in good time about participation in activities during the **April, June and October** holidays

Bergland Greetings

_____
Dr JP Hugo
Principal

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# LAERSKOOL BERGLAND AFTERCARE – REGISTRATION 2026

## Learner information:

NAME: _____ SURNAME: _____

FULL NAMES: _____ NICK NAME: _____

DATE OF BIRTH: _____ GRADE: _____

### 1. Allergies, health (Please complete in full)

_____

_____

### 2. Family information: (Parent / Guardian)

| FATHER | | MOTHER |
|---|---|---|
| _____ | SURNAME | _____ |
| _____ | FULL NAMES | _____ |
| _____ | TELEPHONE WORK | _____ |
| _____ | OCCUPATION | _____ |
| _____ | EMPLOYER | _____ |
| _____ | CELL NO. | _____ |
| _____ | TELEPHONE HOME | _____ |
| _____ | E-MAIL ADDRESS | _____ |

POSTAL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

MEDICAL FUND: _____

MEMBER NO: _____

HOUSE DOCTOR: _____

DR TEL NO: _____

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We / I being the Parent/Legal Guardian/State Appointed Guardian herewith declare that the above mentioned information is true and correct, and will notify the school if changes may occur.

Signed at Nelspruit on this _____ day of _____ 20_____

SIGNATURE PARENT / GAURDIAN: _____

**LAERSKOOL BERGLAND AFTER-CARE CENTRE**

AGREEMENT AND UNDERTAKING BY PARENTS / GUARDIANS:

1.1 I / We accept that all reasonable precautions will be taken for the safety and well-being of my child and that I will be held responsible for the payment of Medical and or Hospital Bills if applicable, in the event of an injury not attributable to the negligence of the responsible member of staff and undertakes to settle all costs in connection therewith on demand.

1.2 I transfer my powers as parent/guardian to Laerskool Bergland aftercare or representative if Medical / Surgical treatment of my child may be necessary. As far as I know he/she is in good health.

1.3 I, the parent/guardian, acknowledge that by signing this contract, it is deemed to be acceptance of all conditions herein and that it is a valid and binding agreement. No other agreement is therefore binding on the parties unless it is put in writing and signed by both parties.

1.4 I as parent / guardian undertake to keep all fees up to date and accept that my child loses his/her place in the Aftercare if any fees (school fees and aftercare fees) are overdue. Attached is a signed Debit Order (R1 350 x 12 months) which will commence on 31 December 2025.

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1.5 I the parent / guardian hereby confirm that the non-fulfilment of the conditions stated here in will be sufficient reason for the cancellation of this agreement.

SIGNED AT NELSPRUIT ON THIS _____ DAY OF _____ 20 _____

_____ _____
SIGNATURE: PARENT/GAURDIAN WITNESS

_____ _____
SIGNATURE: LAERSKOOL BERGLAND WITNESS

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# LAERSKOOL BERGLAND AFTER-CARE

## INDEMNITY

TO: LAERSKOOL BERGLAND AFTER-CARE

NAME OF LEARNER: _____ GRD: _____

ID : _____

SURNAME AND INITIALS

PARENT/GAURDIAN: _____

ADDRESS: _____

_____

TELEPHONE NUMBERS: _____ (H)

_____ (W)

_____ (CELL)

MEDICAL AID: _____

MEDICAL AID NO: _____

ALTERNATIVE 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

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**PERMISSION:**

I / We hereby agree that the necessary teacher or responsible person on duty may grant the necessary permission for immediate emergency medical treatment if this should be required and I / we are not immediately available to grant such permission.

MEDICAL FUND DETAILS:

My / Our medical aid details are as follows:

FUND NAME: _____

MEMBER NUMBER: _____

PRINCIPAL MEMBER: _____

Thus done and signed at NELSPRUIT on this ___ day of_____20____

_____

Signature Parent/Guardian

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**In Case of Emergency notify**

1. Name & Surname: _____
   Mobile: _____
2. Name & Surname: _____
   Mobile: _____

**Preferred Emergency Service to be:**

_____

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 | |

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| | | | |
|---|---|---|---|
| | | Bleeding Disorders | |
| | | Fainting Spells | |
| | | Kidney/Liver Disease | |
| | | Epilepsy/ Seizures: Last Attack: | |
| | | Sleep Disorders | |
| | | Abdominal/Digestive problems | |
| | | Surgery: | |
| | | Other | |

**Allergies or Reactions to:**

| | |
|---|---|
| Medication.....<br>Strength.....<br>Frequency.....<br>Date Started.....<br>Reason or<br>Medication..... | Medication.....<br>Strength.....<br>Frequency.....<br>Date Started.....<br>Reason or<br>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:

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**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: _____