



# GREENWOOD PRIMARY SCHOOL

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## AFTERCARE ENROLMENT FORM (Grade R-2) – 2020

### PUPIL'S INFORMATION

Surname: \_\_\_\_\_ \*\* 2020 Grade \*\* \_\_\_\_\_

Full Names: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Language: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Medical Aid: \_\_\_\_\_ Medical Aid No: \_\_\_\_\_

Contact person (other than parents) in case of emergency: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Who will collect your child: \_\_\_\_\_ Collection time: \_\_\_\_\_

Other details of importance pertaining to the child: \_\_\_\_\_

**Fees are payable in advance.** Kindly note that that fees are administered and collected by Mrs Kirsten Staples. **Please indicate option required ✓ in block.**

Waiting Class                      12h45-14h00 / 13h30-14h00                      R 170.00 per month

**Please indicate the days your child will be attending either Waiting class or Aftercare.**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

### AFTERCARE

- One/two days per week      Full Day      12h45–17h15 / 13h30-17h15      R 260.00 per month
- Three/four days per week      Full Day      12h45–17h15 / 13h30-17h15      R 520.00 per month
- Five days per week      Full Day      12h45–17h15 / 13h30-17h15      R 650.00 per month

**Late collection fees: For late collection you will be charged a fee of R120.00 per day.**

**\*\* ADHOC fee of R60.00 per afternoon, Prior arrangement essential\*\***

**Person responsible for payment of account:**

Name & Surname: \_\_\_\_\_

Tel No's Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Identity Number: \_\_\_\_\_

PUPIL'S NAME: \_\_\_\_\_

IMPORTANT: Who does the child live with? \_\_\_\_\_

Medical conditions: eg **asthma, diabetes** as well as allergies? \_\_\_\_\_

**MOTHER'S INFORMATION**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Tel No's Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FATHER'S INFORMATION**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Tel No's Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_