



# GREENWOOD PRIMARY SCHOOL

Email: admin@greenwoodschool.co.za

Web: www.greenwoodschool.co.za

Park Drive  
Port Elizabeth  
Centrahil  
6006

PO Box 12992  
Centrahil  
6006

Telephone: (041) 585-4142  
Facsimile: (041) 585-1066  
Accounts: (041) 582-4141

## AFTERCARE ENROLMENT FORM (Grade R-2) – 2023

### PUPIL'S INFORMATION

START DATE: \_\_\_\_\_

Surname: \_\_\_\_\_ \*\* 2023 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 Blunden.  
**Please indicate option required ✓ in block.**

Waiting Class                      12h45-14h30 / 13h30-14h30                      R 150.00 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      12h45–17h00 / 13h30-17h00      R 294.00 per month
- Three/four days per week      Full Day      12h45–17h00 / 13h30-17h00      R 588.00 per month
- Five days per week      Full Day      12h45–17h00 / 13h30-17h00      R 735.00 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: \_\_\_\_\_

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

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

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

### FATHER'S INFORMATION

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

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

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

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

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

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

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

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

I acknowledge that I have read and fully understood the Aftercare information brochure pertaining to the Greenwood Primary School Aftercare Facility and I am aware that my child will be under supervision until 17h00. It is my responsibility to ensure that my child will be collected from Aftercare by this time.

I accept that I must give the school **one month's written notice** should I wish to withdraw my child from Aftercare or should I make a change to the attendance frequency. I also accept that failure to pay on time will result in immediate exclusion of this service.

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

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