



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 3-7) – 2024

PUPIL'S INFORMATION

START DATE: _____

Surname: _____ ** 2024 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.

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 14H00 - 17h00 R 242.00 per month
- Three/four days per week Full Day 14H00 - 17h00 R 483.00 per month
- Five days per week Full Day 14H00 - 17H00 R 600.00 per month

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

**** ADHOC fee of R60 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: _____

FATHER'S INFORMATION

Title: _____ Surname: _____

Name: _____ Marital Status: _____

Tel No's Home: _____

Cell: _____

Work: _____

Email: _____

Occupation: _____

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: _____