



NORTHERN PARK PRIMARY
25 Allan Hirst Drive
Chase Valley, Pietermaritzburg, 3201
Telephone: 033 342 3222
Website: www.npps.co.za
Email: northernparkps@npps.co.za



Dear Parents

A warm welcome to Northern Park After-Care.

After-Care Tariffs – 2022

TIME	GRADES	PER TERM
12h30 – 14h15	Gr R	R 470
13h00 – 14h15	Gr1&2	R 470
12h30 – 17h00	Gr R	R 1 500
13h00 – 17h00	Gr1&2	R 1 500
14h15 – 17h00	Gr 3 – Gr 7	R 1 100

- No monthly payments will be allowed for permanent After-Care.
- After-Care fees must be paid in advance before the beginning of each term or by 31 January of the first term.
- No discount will be given for attendance by more than one child per family.
- Any changes whatsoever to times, days etc **MUST BE MADE IN WRITING**.
- For permanent After-Care learners, **30 DAYS WRITTEN NOTICE** must be given, failing which, accounts will be rendered in full.
- **Casual Attendance: R 50-00** per day or part thereof.
- **Late Collection Fine:** A penalty of **R 200** will be levied on the first occasion, **R 250** on the 2nd and **R 300** on the 3rd for any learner collected after 17h00.
- Please note that an acceptable level of behavior is expected from your child at After-Care.
- **Parents must provide the After-Care Facility with a copy of the Identity Document of any other person, who they delegate the duty of collecting a child from After-Care, on their behalf.**

Yours faithfully,

ANUSHA RAJPAUL
Acting Deputy Principal



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AFTER-CARE APPLICATION FORM 2022

TIME	GRADES	PER TERM	Mark with X
12h30 – 14h15	Gr R	R 470	
13h00 – 14h15	Gr 1 & 2	R 470	
12h30 – 17h00	Gr R	R 1 500	
13h00 – 17h00	Gr 1 & 2	R 1 500	
14h15 – 17h00	Gr 3 – Gr 7	R 1 100	

Date: _____

1. Child's Surname: _____

2. Child's First Names: _____

3. Child's Date of Birth: _____

4. Name of Parent or Guardian: _____

Identity Number: _____

5. Address:

Residential:

Postal

6. Telephone Numbers:

Home: _____

Cell: _____

Mother: _____

Cell: _____

Father: _____

Cell: _____

7. Who will be responsible for payment?

Full Name: _____

ID Number: _____

(Please attach copy of ID Document)

8. In case of emergency:

Responsible Person, other than Parents:

Name: _____

Cell: _____

9. DOCTOR (In case of an emergency): Name: _____
Telephone Numbers: _____ Work: _____
Home: _____
Cell: _____

10. MEDICAL AID DETAILS:
Name of Medical Aid or Fund: _____
Medical Aid or Fund Membership Number: _____

11. Does your child suffer from any allergies? Yes No

If 'YES', please give specific details: _____

12. TRANSPORT
Who will fetch your child:
Name: _____
Telephone Numbers: _____ Work: _____
Home: _____
Cell: _____
Name of driver (in case of Commuter Services or Kombi Service):
_____ Cell: _____

*** I acknowledge that After-care closes at 17h00 and that should I fail to meet this deadline, a fine as determined by the School Governing Body, will be issued and I consent for my child to be taken to the Town Hill Police Station, from where I shall collect him/her.**

RESPONSIBLE PARENT/GUARDIAN'S SIGNATURE

DATE