



**AFTERCARE  
 APPLICATION FORM  
 2025**

15 January 2025

			MAKE YOUR SELECTION WITH A (✓)
<b>CASUAL AC01</b>	<b>ANY TIME AS AND WHEN THE NEED ARISES</b>	<b>R14,00 per hour or part thereof</b>	
<b>CONTRACT CODE</b>	<b>USAGE</b>	<b>COST PER TERM</b>	
<b>AC02</b>	12h40 to 14h05	<b>R 1 375.00</b>	
<b>AC03</b>	12h40 to 15h30	<b>R 1 562.50</b>	
<b>AC04</b>	12h40 to 16h00	<b>R 1 875.00</b>	
<b>AC05</b>	12h40 to 17h00	<b>R 2 062.50</b>	
<b>AC06</b>	14H05 to 15h30	<b>R 1 375.00</b>	
<b>AC07</b>	14h05 to 16h00	<b>R 1 625.00</b>	
<b>AC08</b>	15h30 to 17h00	<b>R 1 375.00</b>	
<b>AC09</b>	16h00 to 17h00	<b>R 1 100.00</b>	
<b>AC10</b>	14h05 to 17h00	<b>R 1 750.00</b>	
<b>AC11</b>	15h30 to 16h30	<b>R 1 100.00</b>	
<b>AC12</b>	15h30 to 16h00	<b>R 700.00</b>	

Aftercare is provided to assist parents who are unable to collect their child after school or sport. Aftercare Fees are separate from your school fees, and you will be billed on the 1<sup>st</sup> day of each term.

I acknowledge that Aftercare closes at 17h00 (FIVE O'CLOCK) and that should I fail to meet this deadline, a fine, as determined by the School Governing Body, will be issued and as such a penalty of R200,00 will be levied on the 1<sup>st</sup> occasion, R250.00 on the 2<sup>nd</sup> occasion and R300.00 on the 3<sup>rd</sup> occasion.

No monthly payments are allowed for all After Care Contracts except for Casual users. After Care fees must be paid in advance before the beginning of each term and by the 31 January 2025. No discount is given to families with more than one child using the After Care facility. Any changes whatsoever to times or any cancellations must be COMMUNICATED IN WRITING to Ms Lwazi Magasela e-mail: [mslmagasela@npps.co.za](mailto:mslmagasela@npps.co.za). A 30 calendar days' notice period must be given for cancellations.

Parents must provide the After Care facility a copy of the Identity document of any other person, who they delegate the responsibility of collecting a child from After Care.



# NORTHERN PARK PRIMARY SCHOOL

Persevere with *Hope*

A: 25 Allan Hirst Drive, Chase Valley, Pietermaritzburg, 3201

T: 033 342 3222 | E: northernparkps@npps.co.za

W: npps.co.za

1. **Child's Surname:**

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2. **Child's First Names:**

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3. **Child's Date of Birth:**

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4. **Child's Grade:**

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5. **Name of Father/Guardian:**

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Identity Number Father/Guardian:

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**Name of Mother/Guardian:**

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Identity Number Mother/Guardian:

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6. **Address of Father/Guardian:**

Residential:

Postal

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**Address of Mother/Guardian:**

Residential:

Postal

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7. **Telephone Numbers:**

Home: \_\_\_\_\_

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

Mother: \_\_\_\_\_

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

Father: \_\_\_\_\_

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



**8. Who will be responsible for payment?**

Full Name:

\_\_\_\_\_

ID Number:

\_\_\_\_\_

(Please attach copy of ID Document)

**9. In case of emergency:**

Responsible Person, other than Parents:

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

Responsible Person, other than Parents:

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

**10. DOCTOR (In case of an emergency): Name:**

\_\_\_\_\_

Telephone Numbers: Work: \_\_\_\_\_

Home: \_\_\_\_\_

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

**11. MEDICAL AID DETAILS:**

Name of Medical Aid or Fund:

\_\_\_\_\_

Medical Aid or Fund Membership Number:

\_\_\_\_\_

**12. Does your child suffer from any allergies?**

Yes No

If 'YES', please give specific details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### 13. TRANSPORT:

Who will fetch your child:

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Name of driver (in case of Commuter Services or Kombi Service): \_\_\_\_\_


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

\_\_\_\_\_  
FATHER/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
MR B MPANZA  
CHAIRPERSON (SGB)

15 / 01 / 2025  
DATE