



**AFTERCARE CONTRACT - 2018**

021 7902060  
Email: aftercare@kronendal.co.za

CONTRACT BETWEEN

KRONENDAL AFTERCARE

AND

\_\_\_\_\_ (full name)

\_\_\_\_\_ (full name)

(parent/guardian's name) (hereinafter referred to as 'the parents/guardian(s)')

**(BOTH parents /guardians must please initial the bottom, right hand corner of each page, as well as sign their full signature on the last page of this contract. )**

The parents/guardians of:

1. \_\_\_\_\_

2. \_\_\_\_\_

(full names of child(ren) to be attending the Kronendal Aftercare Facility)

(hereinafter referred to as 'the pupil(s)')

AND

KRONENDAL AFTERCARE

agree to the following terms and conditions:.....

## 1. TERMS AND CONDITIONS

1. The parents/guardians shall complete & sign all required documentation before any pupil may attend Kronendal Aftercare. Both parents'/guardians' signatures are required.
2. The pupils will be signed in on arrival at the aftercare facility and departure. We keep strict, accurate records of this as the invoices are based on these times for the casual members.
3. Should a pupil be collected by anyone other than the parents/guardian or other person indicated in the contract Kronendal Aftercare must be notified in advance.
4. The parents/guardians shall inform Kronendal Aftercare in writing of any extramural programmes/activities applicable to their child(ren) at the beginning of each term. Please do not rely on the teachers to pass on this information and rather inform us directly.
5. The Kronendal Aftercare will co-ordinate all extramural activities strictly according to the information received from the parents/guardians.
6. Parents/guardians who are "running late" undertake to inform the carers at The Kronendal Aftercare thereof telephonically – Whatsapp is most commonly used.  
  
If an expected child is absent or unable to attend the after-school facility, parents/guardians shall notify The Kronendal Aftercare. Again, please do not rely on the teachers to pass this information onto us.
8. The Kronendal Aftercare reserves the right to refuse admission and/or cancel contracts of pupils whose conduct is habitually uncontrollable and/or disruptive. The Kronendal Aftercare will notify the parents/guardians of any disruptive behavior and undertake to attempt to resolve the matter with the parents/guardians prior to refusing admission/ canceling a contract.
9. A full calendar month's written notice is required by parents/guardians who wish to terminate the services of The Kronendal Aftercare.
10. One full calendar month's notice must be given at the end of the year if your child(ren) will not attend for the following academic year. If notice is NOT given it will be taken that your child(ren) will be continuing on the same basis for the following year.
11. If due notice is NOT given you will be billed for an additional month's fees.
12. Fees are subject to annual increases. Parents/guardians will be notified in writing of this.
13. CLEARLY MARKING ALL UNIFORM IS VITAL.
14. Please send the following stationery items with your child clearly marked for "AFTERCARE"  

X 1	Ream of A4, 80gsm photocopy paper
x 5	HB pencils
x 2	Erasers
x 1	Box of tissues

  
Any scrap paper you have lying around. We will use the blank (back) side for maths workings out and spelling tests etc...
15. Withdrawal from Aftercare: One month's notice is required, in writing, if you withdraw your child from Aftercare.
16. **Late collection:** Children not collected on time will be charged overtime at Ad-hoc rates. Please note that, for security, staff leave at 6:00 p.m. After 6:00p.m., a penalty of R20.00 for each 5 minutes or part thereof that a parent is late to collect their child, will be charged. This is payable to the staff member on duty.
17. The Aftercare is operated as a service to parents but must, necessarily, be run as a self-sustaining entity. We kindly request the co-operation of Parents in paying aftercare fees promptly by the due date. The Governing Body reserve the right to refuse a child use of aftercare if fees for the previous month or quarter have not been paid.

**2. FEES AND PAYMENT TERMS**

- a. All fees in respect of regular pupils are due strictly in advance on, or by, the 1st of each month. "Casual" pupils (ie those who attend The Kronendal Aftercare on a -casual basis) will be billed on the last day of the month for that months' attendance.
- b. All fees shall be paid on or by the 1<sup>st</sup> day of each month in respect of regular pupils and within 3 days of receipt of an account in respect of casual pupils.
- c. The full time option can only be signed up for at the beginning of the school year or at the beginning of a new term. Switching between options mid-term is not allowed. **The option to pay monthly only applies to sign up in January.**
- d. **Should you only join aftercare during the year, quarterly rates will apply** and must be paid up front at the beginning of each term.

**3. FEE STRUCTURE:**

KRONENDAL AFTERCARE FEES	2018 Total Annual fee	Equivalent rate per day	Discounted Annual fee if paid in full before 30 Jan.	Quarterly Fee (per term)	Monthly Instalment X 10 payable Feb. - Nov. by 1st of each month	Penalty for late payment
Every day until 15h00	R 10 500.00	R 52.50	R 10 000.00	R 2 625.00	R 1 050.00	R 30.00
Every day until 16h00	R 12 000.00	R 60.00	R 11 500.00	R 3 000.00	R 1 200.00	R 30.00
Every day until 18h00	R 15 000.00	R 75.00	R 14 200.00	R 3 750.00	R 1 500.00	R 30.00

**Payment for Ad Hoc aftercare is due immediately upon presentation of the invoice at the end of each month**, unless alternative arrangements have been made with the office.

To save the inconvenience of monthly payments, it is recommended that you lodge a deposit of R1000.00 against which ad hoc use will be offset. When the credit runs low, a statement will be sent to you with a request that you replenish same. Any residual will be refunded at the end of the year.

Should you wish to make use of Kronendal Aftercare based upon the above information, please complete the reply slip below, indicating your chosen option. Kindly note that:

**Full time fees:** If you commit to using the Aftercare on a full time basis, from the beginning of the year your fees will be payable annually, quarterly or monthly on the same basis as school fees i.e. *Regular instalments are paid by the date specified.* Payment may be made in cash or via EFT. If you use the EFT option please note the beneficiary reference should note your child's name and "AFTERCARE".

**Late joining;** Parents only signing up during the year must do so at the beginning of the school term and payment will be quarterly in advance.

**4. PAYMENT OF FEES**

Parents/guardians may make use of any of the forms of payment listed below:

- Schedule payment/Stop order
- Electronic Fund Transfer
- Cash

The Kronendal Aftercare bank details are:

Bank: First National Bank  
 Name: Kronendal Primary School  
 A/c: 5345 288 4035  
 Branch: Hout Bay  
 20-40-09

Please use the child's name and "AFTERCARE" as reference. Please do not add aftercare fees to school fees, unless prior arrangement to do so is made with the school office.

**5. UNDERTAKING BY THE KRONENDAL AFTERCARE**

The carers undertake:

- a. To take proper care of your child(ren);
- b. To treat your child(ren) fairly and with kindness and respect;
- c. To provide your child(ren) with a happy, safe and nurturing environment;
- d. To adopt an "open door" policy;
- e. To entertain suggestions/complaints from parents/guardians;
- f. To act in the best interests of the children, parents/guardians.
- g. To facilitate and give personal guidance through all homework
- h. To provide nutritious and wholesome meals each day
- i. To facilitate collection and dropping off of pupils at their respective extra-mural activities. Outsourced activities (ie ballet) not included.

**PERSON RESPONSIBLE FOR PAYMENT OF FEES**

The person responsible for payment of this account must please complete and sign the following:

I \_\_\_\_\_, the person(s) responsible for payment of this account, confirm that I/we have read and fully understand the payment terms.

The pupil(s) aforementioned shall attend The Kronendal Aftercare as a regular pupil(s) / on a casual/ad hoc basis (please delete whichever is inapplicable).

I/we have selected the following option:

**Option 1: Full Time**

<b>KRONENDAL AFTERCARE FEES</b>	<b>2018 Total Annual fee</b>	<b>Equivalent rate per day</b>	<b>Discounted Annual fee if paid in full before 30 Jan.</b>	<b>Quarterly Fee (per term)</b>	<b>Monthly Instalment X 10 payble Feb. - Nov. by 1st of each month</b>	<b>Penalty for late payment</b>
<b>Every day until 15h00</b>	R 10 500.00	R 52.50	R 10 000.00	R 2 625.00	R 1 050.00	R 30.00
<b>Every day until 16h00</b>	R 12 000.00	R 60.00	R 11 500.00	R 3 000.00	R 1 200.00	R 30.00
<b>Every day until 18h00</b>	R 15 000.00	R 75.00	R 14 200.00	R 3 750.00	R 1 500.00	R 30.00

**Option 2: Ad-Hoc**

**AD-HOC OPTIONS:**

- 0 – 1 hour R50 (No lunch included). i.e. 12h30 – 13h30 = R50.00
- 0 – 1 ¼ hrs R70 (lunch included) i.e. 12h30 – 13h45 = R70.00
- 0 – 2 hours R100 (lunch included) i.e. 12h30 – 14h30 = R100.00
- 0 – 3 or more hours R50.00 per hour or part thereof (lunch and snack included) i.e. 12h30 – 16h00 or to 18h00 = R200.00

Details of person(s) responsible for payment:

Relationship to Child:

ID Number:

Home Address:

Postal Address:

Contact # (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Employer's name and address:

Email Address:

I/we declare that I/we am/are legally responsible and jointly and severally liable for all fees for the abovementioned pupil(s), that I/we shall pay the fees timeously and that I/we select my/our home address as my/our *domicilium citandi et executandi*.

SIGNED AT \_\_\_\_\_ ON THIS THE \_\_\_\_\_

DAY OF \_\_\_\_\_ 20\_\_ IN THE PRESENCE OF THE UNDERSIGNED WITNESSES.

WITNESSES:

1. \_\_\_\_\_

2. \_\_\_\_\_

Name: .....

Name: .....

Please note that the following information is private and confidential and will not be disclosed by the carers at The Kronendal Aftercare to any third party.

CHILD'S FULL NAME: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

CHILD'S FULL NAME: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

PARENTS/GUARDIAN'S DETAILS:

MUM/ CARER:

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

Cell number: \_\_\_\_\_ Work no: \_\_\_\_\_

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

E mail address: \_\_\_\_\_

Fax number: \_\_\_\_\_

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

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

DAD

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

Cell number: \_\_\_\_\_ Work no: \_\_\_\_\_

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

E mail address: \_\_\_\_\_

Fax number: \_\_\_\_\_

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

Medical details of child (ren):

Allergies (please advise of any food or other allergies and advise of the medication to be administered in the event of an allergic reaction):

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Medication (please indicate whether the carers at The Kronendal Aftercare are required to administer any medication):

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Foods to be avoided and / or dietary requirements (if your child(ren) has any dietary requirements for religious/other reasons, please advise and we will adhere to your instructions):

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Physical ailments/medical conditions (please advise of any medical conditions iro your child(ren) which you deem appropriate to be brought to our attention):

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Medical aid details:

Name of medical aid: \_\_\_\_\_

Medical aid number: \_\_\_\_\_

Doctor's name and contact details: \_\_\_\_\_

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Name of person to be contacted in the event of an emergency:

1. Name: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

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

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

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

2. Name: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

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

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

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

The carers at The Kronendal Aftercare undertake to contact the parent/guardian telephonically prior to administering any medication to your child(ren). In the event that we are unable to contact you telephonically, please indicate whether we may administer panado/ disprin/an antihistamine to your child in the case of an emergency:

(please tick)

YES

NO

Any comments (re the administering of medication):

COLLECTION OF CHILD/CHILDREN

Who may collect your child(ren) from aftercare? Please list the names and relationship to child(ren):

1. Name: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_



We, the undersigned

1. \_\_\_\_\_ (full name)

2. \_\_\_\_\_ (full name)

being the parents/guardians of :

1. \_\_\_\_\_ (full name)

2. \_\_\_\_\_ (full name)

I hereby acknowledge and accept that:

1. The Carers at The Kronendal Aftercare undertake to monitor and supervise our child(ren) at all times whether in the course of normal aftercare hours, or approved outings, swimming and transportation.
2. The Western Cape Education Department, Governing Body of Kronendal Primary School, Headmasters, Teachers, Staff and Assistants, including the Carers at The Kronendal Aftercare, are NOT liable for any accidents or injuries which our child(ren) may sustain in the course of such activities or outings, or in any other manner and we/I hereby indemnify, hold harmless and absolve the above in respect of any damage or loss to property or injury to the person of our child(ren) which may occur, other than any harm or damage caused as a consequence of gross negligence.

SIGNED AT \_\_\_\_\_ ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

Parent/guardian:

1. \_\_\_\_\_ Name: .....

2. \_\_\_\_\_ Name: .....

Witnesses:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Kronendal Aftercare

\_\_\_\_\_

Witnesses:

1. \_\_\_\_\_ 2. \_\_\_\_\_