

# Rustenburg Educational College



Primary & Secondary Education

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P O Box 6669 Rustenburg 0300

184 Macholl Street Olifantsnek Rustenburg 0299



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## AFTERCARE APPLICATION FORM 2021

### LEARNER INFORMATION

Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ I.D. Nr. \_\_\_\_\_

Gender: Male / Female (Please circle) Age: \_\_\_\_\_

School: REC – Primary Grade: \_\_\_\_\_

Physical address: \_\_\_\_\_ Postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### LEARNER MEDICAL HISTORY

(Please attach a copy of the Medical Aid Card and ID of main member)

Name of General Practitioner: \_\_\_\_\_

Address of Consulting Room: \_\_\_\_\_

Consulting Rooms Phone Number: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Medical Aid Fund: \_\_\_\_\_ Medical Aid Fund Number: \_\_\_\_\_

Immunisation up to date: Yes / No (Please circle)

If not up to date please specify: \_\_\_\_\_

Childhood illnesses: \_\_\_\_\_

Operations: \_\_\_\_\_

Allergies / chronic illnesses / other medical conditions: \_\_\_\_\_

Medication for above: \_\_\_\_\_

Instruction for giving medicine: \_\_\_\_\_

Any other medical information / remarks: \_\_\_\_\_

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**PARENT / GUARDIAN INFORMATION**

(Please include copies of ID documents)

**FATHER**

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

ID number: \_\_\_\_\_ Marital state: \_\_\_\_\_

Physical address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Employer address: \_\_\_\_\_

\_\_\_\_\_

**MOTHER**

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

ID number: \_\_\_\_\_ Marital state: \_\_\_\_\_

Physical address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Employer address: \_\_\_\_\_

\_\_\_\_\_

**PERSON RESPONSIBLE TO PICK UP YOUR CHILD**

(Unless written permission is given, your child will only be handed over to person responsible)

<u>Name</u>	<u>Relation</u>	<u>Contact number</u>
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\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL CONTACT NUMBERS IN CASE OF AN EMERGENCY**

(Please inform us of any changes)

Name & Surname: \_\_\_\_\_

Relation: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name & Surname: \_\_\_\_\_

Relation: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name & Surname: \_\_\_\_\_

Relation: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

## TREATMENT OF LEARNER IN CASE OF ILLNESS

Herewith we would like to inform you that the following treatment will be given to your child at the "Aftercare" if necessary after you have given permission telephonically.

Pain / Fever: Panado syrup

Allergies / Bee sting: Allergex / or equivalent

In the event that your child must use an asthma pump, it must be in your child's schoolbag and the educator and management of REC-Primary should be informed.

If your child runs a fever higher than 37.5°C, you will be contacted to fetch your child as soon as possible. If you are unable to do so an ambulance service will be contacted to take your child to the hospital. You will be responsible for the bill and medical cost.

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Fill in and send back ASAP

PLEASE MARK CLEARLY:

Pain / Fever treatment	Panado syrup	Yes	No
Allergies	Allergex / Equivalent	Yes	No
Bee sting	Allergex / Equivalent	Yes	No
Hospital of your choice	1.	2.	3.

Herewith I, \_\_\_\_\_ parent, guardian of \_\_\_\_\_

gives permission that my child may be given the abovementioned medication and that an ambulance may be summonsed if needed.

\_\_\_\_\_  
FATHER

\_\_\_\_\_  
CONTACT NUMBER

\_\_\_\_\_  
MOTHER

\_\_\_\_\_  
CONTACT NUMBER

\_\_\_\_\_  
NEXT OF KIN

\_\_\_\_\_  
CONTACT NUMBER

**COMPENSATION / DISCLAIMER**

I, the undersigned (name and surname written in full) \_\_\_\_\_

ID number \_\_\_\_\_ the parent / guardian of (name and surname of learner)

\_\_\_\_\_, ID number \_\_\_\_\_ a learner at REC-Primary Aftercare, hereby give permission on behalf of myself that \_\_\_\_\_ (learner name and surname) may partake in activities presented at the school.

I herewith give my rights as parents over to the principal and staff of REC-Primary for the duration of the day while my child is in their care. In case of serious illness, accident or injury to my child and I cannot be reached in time, I give permission to the principal or representative to take the necessary steps in the best interest of my child and also give permission on my behalf for any medical treatment / operation that might be necessary as advised by our doctor or hospital staff.

REC – Primary declare that we will take all reasonable precautions to ensure the safety and wellbeing of your child and his / her possessions just as any parent / guardian would have done in the same circumstances during the time of attending the “Aftercare” time.

I, the undersigned (Name and Surname in full) \_\_\_\_\_, declare that I will not hold the school or any person in service of the school responsible for any insurance (except insurance where gross negligence can be proven) or lawsuits that might arise from \_\_\_\_\_ (Name and Surname of Learner) participation in any activities during the Aftercare

This disclaimer will commence on (DD/MM/YYYY) \_\_\_\_\_ and will end or expire on (DD/MM/YYYY) \_\_\_\_\_.

Signed at RUSTENBURG on \_\_\_\_\_ in the presence of the following witnesses.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Witness 1

\_\_\_\_\_  
Signature of Witness 2

\_\_\_\_\_  
Signature on behalf of School

\_\_\_\_\_  
Signature of Principal

## **PAYMENT POLICY**

Cost for “Aftercare” is R400.00 per learner and is strictly payable in advance BEFORE the 7<sup>th</sup> on each month via EFT with reference “Aftercare” and your child’s name or directly at the High School Office in cash or card.

Your child will receive lunch at the Hostel between 13H00 – 13H30 and thereafter the Grade R’s and Grade 1’s will be taken to rest in one of the Junior Learning Centres and thereafter they will be kept busy until the High School transport arrives at 15H30. They will be escorted to the transport by a staff member on duty. The older learners will eat lunch and thereafter will do homework and then be kept busy until the High School transport arrives at 15H30. No learner in “Aftercare” will be allowed to go with anybody else than the people you have put on the list or yourself. The learners will be accompanied to the transport by a staff member.

In the event that you will not be making use of the “Aftercare” any more, one month’s written notice will be required. This must be done at the High School Office.

## **PERSON RESPONSIBLE FOR AFTERCARE PAYMENT**

Name and Surname in full \_\_\_\_\_

ID Nr. \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone numbers \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone numbers \_\_\_\_\_

Herewith I, (Name and Surname) \_\_\_\_\_ (ID number) \_\_\_\_\_

agree to pay the monthly fee before the 7<sup>th</sup> of each month for my child’s “Aftercare”.

I also agree if I default on payment of the fees the School has the right to refuse my child “Aftercare” and will be expected to leave the School premises directly after School, and that a R150.00 penalty is payable per day if my child is not fetched directly after school. This amount will be added to the monthly Invoice, once I have been informed of the situation.

## **SCHOOL AND AFTERCARE POLICIES**

The same policies that apply to the Primary School will apply to the “Aftercare” regarding discipline, dress code and academics.

Please inform the School if your child is ill, that we will know in advance before the “Aftercare” starts. You can send some comfortable clothes to school with your child that he/ she can wear during the “Aftercare” session.

Please inform us of any changes in physical address, cell phone, e-mail, employer or anything else that we need to know. This is the only way we can communicate with you in case of an emergency.

I, the undersigned (Father’s name and surname in full) \_\_\_\_\_, and I (Mother’s name and surname in full) \_\_\_\_\_ the parents / guardian of (learner name and surname) \_\_\_\_\_ declare that we have read and understood the content of this document and that we will abide by the rules and regulations stipulated.

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Signature of Father

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Signature of Mother

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Signature of Guardian

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Date