Jubilate School
54 Mercury Street
Crowthorne, Midrand, 1684

Tel: 082-623-4090 / 011-023-7020
Email: admin@jubilate.co.za

Application for Enrolment in Aftercare

Pupil Information

Grade _____ / 2027

Name and Surname of child: _____

Father's / Guardian Information

Title: _____ Initials: _____

Surname: _____

ID No: _____

Tel no: (H) _____

Tel no: (W) _____

Cell no: _____

Mother's / Guardian Information

Title: _____ Initials: _____

Surname: _____

ID No: _____

Tel no: (H) _____

Tel no: (W) _____

Cell no: _____

Residential Address: _____

Signatures
Father: _____ Mother: _____

Date: _____ Date: _____

Person to contact in case of emergency:

Name: _____ Tel no: _____

General Practitioner / doctor: _____ Tel no: _____

Any important information about child (Alleries, etc) _____

Contact details of people who have permission to collect your child from the Aftercare:

Name and Number: _____

Name and Number: _____

ISASA
Independent Schools Association of Southern Africa
Quality Values Diversity

ieb
assessment matters

AFTERCARE INDEMNITY FORM

I, the undersigned,

_____

(Full name and Surnames of Parent / Guardian) and (Identity Number)

of (please fill in residential address)

_____

(which address I choose as my Domicilium citandi et executandi)

in my capacity as parent and / or guardian of hereinafter referred to minor child,

_____

(Full name and surname of child)
(Hereinafter referred to as the "CHILD")

do hereby apply to the Directors of JUBILATE SCHOOL, (hereinafter referred to as the "SCHOOL") for admission of my child to the SCHOOL'S AFTERCARE, with effect from:

_____

(hereinafter referred to as the "date of admission")

until discontinuing attendance (one calendar month notice required), subject to the following:

1. I hereby accept and acknowledge, that I am indebted to the SCHOOL, in respect of my child's aftercare fees for the period of attendance. These fees will be determined by the Directors of the SCHOOL and will be payable one month in advance over a 12 month period from January to December inclusive, unless stipulated differently upon admission. In the event that I fail to make prompt payments, the full outstanding aftercare fee shall immediately become due and payable unless prior written arrangements have been entered into with the SCHOOL.
2. Admittance of my child to the SCHOOL'S AFTERCARE will take place specifically subject to the fact that my child and myself shall be subject to the rules and regulations of the SCHOOL as promulgated or to be promulgated from time to time by virtue of the authority given to the SCHOOL in terms of any Government Acts, Ordinances, Regulations, Enactments and / or Statutes of the SCHOOL. The SCHOOL rules and regulations are available and open to inspection at the office of the Principal of the SCHOOL and my child and myself subject ourselves thereto voluntarily.
3. Should the SCHOOL proceed with legal proceedings against myself to recover fees due by myself, then and in such an event I undertake to pay legal costs on an attorney and client basis.
4. I hereby accept and acknowledge, that I will not hold any teacher, or any other staff member employed by the SCHOOL, or the SCHOOL responsible, for any accidents or physical harm incurred on my CHILD during his / her stay on the SCHOOL premises, be it playground, sports field or in the buildings. Neither will the SCHOOL be liable for prosecution in such an unfortunate event.
5. I furthermore accept and acknowledge, that I cannot hold the SCHOOL or any teacher or any other member of staff employed by the SCHOOL, responsible for any damages or physical losses incurred on personal property while the CHILD is at SCHOOL.
6. I entrust my CHILD into the care of the SCHOOL and its staff, entitling them to make the necessary decisions with regard to medical emergencies or otherwise.

All this I do, knowing that the SCHOOL and its staff will do it's best to ensure the safety and well being of my CHILD. This done and signed at _____ on _____ 20___, in the presence of the undersigned witnesses:

Parent signature: _____ _____

Witness