



AFTERCARE APPLICATION FORM 2027

1. LEARNER DETAILS

SURNAME:
NAME:
DATE OF BIRTH:
GRADE: (1 / 2 / 3) SCHOOL:

2. PARENT/GUARDIAN DETAILS

2.1 FATHER:

SURNAME: NAME:
ADDRESS: POSTAL CODE:
CELL NUMBER: OCCUPATION:
WORK TEL.: E-MAIL ADDRESS:

2.2 MOTHER:

SURNAME: NAME:
ADDRESS: POSTAL CODE:
CELL NUMBER: OCCUPATION:
WORK TEL.: E-MAIL ADDRESS:

3. INFORMATION REGARDING LEARNER

FAMILY DOCTOR:
TEL. NUMBER:
ALLERGIES:
IN CASE OF EMERGENCY, CONTACT FRIEND/FAMILY IF PARENTS ARE UNREACHABLE:
NAME AND SURNAME:
TEL./CELL NUMBERS:

4. MEDICAL AID INFORMATION:

NAME:
MEMBER NUMBER:
PRINCIPAL MEMBER:

DECLARATION

- I HEREBY DECLARE THAT ALL INFORMATION PROVIDED IN THIS APPLICATION FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. PARENT/GUARDIAN SIGNATURE:
..... NAME AND SURNAME, OF PARENT/GUARDIAN:
..... DATE: /...../.....

5. ATTENDANCE & PICK-UP DETAILS

5.1 DAYS OF THE WEEK YOUR CHILD WILL ATTEND AFTERCARE (PLEASE MARK ALL THAT APPLY):

[] MONDAY [] TUESDAY [] WEDNESDAY [] THURSDAY [] FRIDAY

5.2 ESTIMATED PICK-UP TIME (DAILY):

(PLEASE NOTE: OUR AFTERCARE PROGRAM OPERATES UNTIL 17:30. LATE PICK-UP FEES MAY APPLY.)

5.3 WHO WILL USUALLY PICK UP YOUR CHILD FROM AFTERCARE?

(PLEASE LIST NAMES OF ALL AUTHORIZED INDIVIDUALS, INCLUDING PARENTS/GUARDIANS, WITH THEIR RELATIONSHIP TO THE CHILD.)

..... (RELATIONSHIP:)

.....(RELATIONSHIP:)

5.4 ARE THERE ANY INDIVIDUALS NOT PERMITTED TO PICK UP YOUR CHILD? [] YES [] NO IF YES, PLEASE SPECIFY NAMES AND PROVIDE RELEVANT COURT ORDERS/DOCUMENTATION IF APPLICABLE:

.....

6. BEHAVIORAL AND SOCIAL INFORMATION

6.1 PLEASE DESCRIBE YOUR CHILD'S GENERAL TEMPERAMENT AND PERSONALITY:

.....

6.2 DOES YOUR CHILD HAVE ANY SPECIFIC FEARS OR ANXIETIES WE SHOULD BE AWARE OF?

.....

7. AUTHORIZATIONS AND AGREEMENTS

7.1 MEDICAL TREATMENT AUTHORIZATION: IN CASE OF AN EMERGENCY, I AUTHORIZE THE AFTERCARE STAFF TO SEEK IMMEDIATE MEDICAL ATTENTION FOR MY CHILD,, INCLUDING BUT NOT LIMITED TO CALLING EMERGENCY SERVICES (AMBULANCE) AND ADMINISTERING FIRST AID, IF I CANNOT BE REACHED.

..... NAME OF PARENT/GUARDIAN

..... SIGNATURE OF PARENT/GUARDIAN

..... DATE

8. GENERAL INDEMNITY

I, THE UNDERSIGNED, (PARENT'S FULL NAME), WITH ID NUMBER:, BEING THE PARENT/GUARDIAN OF (CHILD'S FULL NAME), WHO IS ENROLLED AND ACCEPTED AS A LEARNER IN BRIGHT BEGINNINGS PRESCHOOL & DAY CARE'S AFTERCARE PROGRAM, HEREBY INDEMNIFY AND HOLD HARMLESS:

- BRIGHT BEGINNINGS PRESCHOOL & DAY CARE.
- THE SHAREHOLDERS OF BRIGHT BEGINNINGS PRESCHOOL & DAY CARE.
- ANY PERSON EMPLOYED BY BRIGHT BEGINNINGS PRESCHOOL & DAY CARE.
- AND ALL STAFF ACTING ON BEHALF OF BRIGHT BEGINNINGS PRESCHOOL & DAY CARE,

AGAINST ANY LOSSES OR DAMAGES OF WHATEVER NATURE, WHICH I MAY SUFFER AS A PARENT OR GUARDIAN OF THE ABOVE-MENTIONED LEARNER(S), ARISING FROM ANY EVENT IN WHICH MY CHILD MAY BE INVOLVED AS A LEADING OR CAUSATIVE PARTY DURING HIS/HER INVOLVEMENT AS A LEARNER AT BRIGHT BEGINNINGS PRESCHOOL & DAY CARE.

..... SIGNATURE OF PARENT/GUARDIAN

..... DATE:

9. TRANSPORT SERVICE

BRIGHT BEGINNINGS ONLY PROVIDES TRANSPORT FOR LEARNERS FROM PIONIERSPARK PRIMARY SCHOOL AND WINDHOEK AFRIKAANSE PRIVAATSKOOL TO THE AFTERCARE CENTRE.

I,(NAME OF PARENT/GUARDIAN) HEREBY GIVE PERMISSION FOR MY CHILD/CHILDREN TO BE PICKED UP BY THE BRIGHT BEGINNINGS TRANSPORT VEHICLE/S AND TAKEN TO THE AFTERCARE CENTRE.

..... SIGNATURE OF PARENT/GUARDIAN

..... DATE

10. AFTERCARE FEES:

- THE MONTHLY AFTERCARE FEE FOR BRIGHT BEGINNINGS AFTERCARE IS N\$1700.00 PER LEARNER, PAYABLE IN ADVANCE.
- LUNCH IS PROVIDED.
- HOMEWORK ASSISTANCE TAKES PLACE DAILY BETWEEN 13:30 AND 15:00.

11. DISCOUNT POLICY:

- A 15% DISCOUNT ON THE MONTHLY AFTERCARE FEE IS GRANTED TO FORMER BRIGHT BEGINNINGS PRESCHOOL LEARNERS.
- A 20% DISCOUNT ON THE MONTHLY AFTERCARE FEE IS APPLICABLE FOR LEARNERS WHO DO NOT USE BRIGHT BEGINNINGS TRANSPORT FROM PIONIERSPARK PRIMARY SCHOOL OR WINDHOEK AFRIKAANSE PRIVAATSKOOL TO THE BRIGHT BEGINNINGS PRESCHOOL & DAY CARE AFTERCARE CENTRE.

12. PAYMENTS ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

BOTH THE FATHER AND MOTHER, OR ANY GUARDIAN OF EACH LEARNER, ARE JOINTLY AND SEVERALLY LIABLE FOR THE PAYMENT OF AFTERCARE FEES.

12.1 AFTERCARE FEES ARE PAYABLE OVER 10 MONTHS OF THE YEAR (JANUARY TO NOVEMBER). PLEASE NOTE THAT NO AFTERCARE FEES ARE PAYABLE FOR THE WINTER SCHOOL HOLIDAY MONTH, UNLESS YOU MAKE USE OF OUR HOLIDAY CARE SERVICES.

12.2 AFTERCARE SERVICES ARE NOT AVAILABLE DURING SCHOOL HOLIDAYS. HOWEVER, YOU ARE WELCOME TO UTILIZE OUR HOLIDAY CARE AT THE FOLLOWING RATES:

- N\$140.00 PER FULL DAY (MEALS INCLUDED)
- N\$110.00 PER HALF DAY (MEALS INCLUDED)

12.3 MONTHLY FEES ARE PAYABLE STRICTLY IN ADVANCE, BY THE 2ND OF EACH MONTH AT THE LATEST.

PAYMENT METHODS:

FEES CAN BE PAID VIA CASH OR ELECTRONIC TRANSFER (EFT). PLEASE USE YOUR CHILD'S NAME AND SURNAME AS THE PAYMENT REFERENCE.

BANK DETAILS:

- ACCOUNT NAME: BRIGHT BEGINNINGS PRESCHOOL & DAY CARE CC
- BANK: BANK WINDHOEK
- ACCOUNT NUMBER: 8003086083
- BRANCH CODE: 483-871

IF YOU DO NOT PAY BEFORE/ON THE 2ND OF EACH MONTH, YOUR PAYMENT WILL BE CONSIDERED OVERDUE.

IF YOU MAKE ANY OTHER ARRANGEMENTS, PLEASE ADHERE TO THE AGREEMENT.

IF THE FEES ARE OVERDUE, YOUR CHILD WILL NOT BE FURTHER ADMITTED TO AFTERCARE UNTIL THE OVERDUE FEES ARE PAID UP TO DATE.

I UNDERTAKE TO PAY MY CHILD/CHILDREN'S AFTERCARE FEE BEFORE/ON THE 2ND OF EACH MONTH.

SIGNATURE OF PARENT:

DATE: