



## NELLIE MIERE - AFTERCARE CENTRE 2024

- I undertake to pay the Aftercare fees monthly **in advance** - i.e. before/on the 7th of each month for that month.
- Monthly Aftercare fees: R15,290 per child per year, payable in equal installments over 11 months from January: R1,390 per month.
- I understand and accept that the Aftercare will be open during holidays from 07:00 - 17:00, but will close for public holidays, special school holidays, and the December holidays.
- I understand and accept that monthly options are no longer available at the Aftercare.
- I understand and accept that learners may only bring their own toys during school holidays and that Nellie Miere cannot be held liable for any lost or broken items.
- I understand and accept that no pets, skateboards, roller skates, or bicycles may be brought to the Aftercare at any time.
- I understand and accept that there are no subsidies/exceptions/exemptions for the payment of Aftercare fees.
- I understand and accept that my child(ren) will be denied access to the facility if the account is not paid.
- I understand and accept that one fully paid calendar month must be given as a notice period if my child(ren) is to leave the Aftercare.

### Person responsible for the payment of the Aftercare fees:

Title:	Initials:	Surname:
ID no:	<b>Attach copy of ID</b>	
Physical address:	Postal address:	Code:
Tel no. (Home):	E-mail address:	
Cell no:		
Occupation:	Employer:	
Physical address of employer:	Postal address of employer:	Code:
Tel no. of employer:		

I, the undersigned \_\_\_\_\_ (full name and surname), herewith accept **full responsibility** for the payment of Aftercare fees for the following learner (please provide full name and surname of learner):

Name and surname (Learner): \_\_\_\_\_ Grade: \_\_\_\_\_

- I acknowledge and accept full responsibility for the legal costs should it be necessary for the Governing Body to take any legal action for the recovery of Aftercare fees, and hereby accept responsibility, and agree to pay any such costs on a scale as between attorney and client.
- I hereby declare that the information supplied in this registration form completed and signed by me is correct. I am aware of and agree that information supplied on this and other forms and other corroborative documents may be verified and that my physical address may be checked in person. I furthermore agree and acknowledge that I have read all conditions and information and fully understand the contents. I accept and agree that any false, misleading, or untruthful information supplied on this and other forms will render the application for registration or re-registration of the children mentioned above invalid, and might lead to the children being refused access to the Aftercare center.

Signed at **Nelspruit** on this \_\_\_\_\_ day of the month \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature

**Office Use**

Acc no: