



Busy B's Pre-School

36 Platkroon Street, Onverwacht, Lephhalale, 0557
Contact Number: 014 008 5262 Cell: 079 932 2648
Email: info@busybs.co.za Website: www.busybs.co.za
Company Registration Number: 2022/565030/07
Directors: JH Anders gJ BE Anders

AFTERCARE - 2024

Busy B's Pre-school aftercare program is available for all students from Grade R to Grade 7.

Lunch will be followed by a homework session and will be managed by aftercare staff and assistants. The responsibility remains with the parents to check that all homework is completed and signed off.

1. **Payment Policy**

Monthly

January – December

R650-00 per month **FOR 12 MONTHS**

Daily

R 90-00 per day

All fees are billed in advance, this is payable by the 1st of every month. Failure to pay will result in immediate cancellation of the learners attendance.

2. **Times**

The aftercare program is open during school holidays up and until the 15th of December every year.

The closing and collection time is strictly no later than 18H00 every day.

3. **Holidays**

The aftercare will be open during school holidays at a cost of 50 per day full day.

4. **Food**

Lunch will be served with a snack and cold-drink later in the day. If, for what ever reason, your child does not eat the food provided, we request that you provide the necessary



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INDEMNITY

I, the undersigned parent, hereby give my consent for my child, as mentioned below, to take part in all aftercare activities.

I fully accept that all activities shall be undertaken at my child's own risk, and I undertake on behalf of myself, executors, my spouse and my child aforesaid to indemnify, hold harmless and absolve Busy B's Pre-school, directors, principal and staff against and from any or all claims whatsoever that may arise in connection with any loss and or damage to the property and or injury to the person of my child aforesaid in the course of any such activity, in the knowledge that the principal and staff, will, nevertheless, take all reasonable precautions for safety and welfare of my child.

Signed at _____ on this _____ day of _____
20_____.

Parent

Witness

School

Witness



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PARENTS / GUARDIANS

	MOTHER	FATHER
SURNAME:		
FULL NAMES:		
ADDRESS:		
TEL: (WORK)		
TEL: (HOME)		
CELL:		
EMAIL:		

RELATIVES / EMERGENCY CONTACT

	Relative 1	Relative 2
SURNAME:		
FULL NAMES:		
ADDRESS:		
TEL: (WORK)		
TEL: (HOME)		
CELL:		
EMAIL:		



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MEDICAL

MEDICAL AID:	
MEDICAL AID NO:	
DOCTOR NAME:	
DOCTOR TEL NO:	
GENERAL HEALTH:	
ILLNESSES:	
MEDICATION:	
ALLERGIES:	

LEARNER

SURNAME:	
FULL NAME:	
DATE OF BIRTH:	
CURRENT GRADE:	
SCHOOL:	
CLASS TEACHER CONTACT NO:	