



LUX COLLEGE APPLICATION FOR AFTERCARE Provided by:

Mathletes PTY LTD Reg. 2013/066673/07 LUX College PTY LTD Reg. 2015/088859/07

Mathletes Education Centre After Care Forms (EXCLUSIVELY for LUX College students & siblings)

(Please complete and return to the school)

Child Information

Surname: _____

First Name(s): _____

Date of Birth: _____ Age: _____

Gender: _____ School Year: _____

Grade (2017): _____

Residential Address:

Postal Code: _____

Postal Address: _____

Postal Code: _____

Second Child Information

Surname: _____

First Name(s): _____

Date of Birth: _____ Age: _____

Gender: _____ School Year: _____

Grade (2017): _____

Residential Address:

Account Holder Signature: _____ Date: _____



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Postal Code: _____

Postal Address: _____

Postal Code: _____

First Parent / Guardian Information – Account Holder

Title: _____

Surname: _____

First Name: _____

Date of Birth: _____ Relationship to child: _____

Parent ID Number: _____

Residential Address:

Postal Code: _____

Postal Address:

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Occupation: _____

Account Holder Signature: _____ Date: _____



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Place of work: _____

Phone (Work): _____

Second Parent / Guardian Information – Account Holder

Title: _____

Surname: _____

First Name: _____

Date of Birth: _____ Relationship to Child: _____

Parent ID Number: _____

Residential Address:

Postal Code: _____

Postal Address:

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Occupation: _____

Place of work: _____

Phone (Work): _____

Account Holder Signature: _____ Date: _____



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Emergency Contacts (SOMEONE TO CONTACT IN AN EMERGENCY SITUATION IF BOTH PARENTS ARE NOT CONTACTABLE)

Contact 1:

Title: _____

Family Name: _____

First Name: _____

Relationship to Child: _____

Tel: _____

Cell: _____

Address: _____

Contact 2:

Title: _____

Family Name: _____

First Name: _____

Relationship to Child: _____

Tel: _____

Cell: _____

Address: _____

Please also provide a list of other people approved to collect your child from Mathletes Education Centre:

Contact 1:

Title: _____

Family Name: _____

First Name: _____

Account Holder Signature: _____ Date: _____



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Relationship to Child: _____

Tel: _____

Cell: _____

Address: _____

Contact 2:

Title: _____

Family Name: _____

First Name: _____

Relationship to Child: _____

Tel: _____

Cell: _____

Address: _____

Please note that Mathletes Education Centre will not release your child to an unknown person without prior arrangement. If some unknown person were to attempt to collect your child, Mathletes Education Centre staff will refuse this person access until verification can be made.

MEDICAL DETAILS & OTHER INFORMATION - CONSENT

Child's Doctor: _____

Phone: _____

Medical Aid Name: _____

Medical Aid Number: _____

Account Holder Signature: _____ Date: _____



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Please specify if your child has been diagnosed or is being treated for any medical condition.

E.g. A.D.D / A.D.H.D, Epilepsy, Allergies (specify), Haemophilia, Asthma, Heart problems, Diabetes, Anaphylaxis, Physical needs, Behavioural needs, Educational needs, any other specific needs?

If your child has any allergies please indicate severity.

Is your child on medication? If yes, please specify.

Please contact us to discuss your child's needs.

Does your child have any dietary, religious or other considerations that the school/aftercare should know about?

What are your child's interests? (On rainy days, Mathletes education Centre will keep your child active and stimulated with fun indoor facilities and these are where we can get great ideas.)

E.g. Arts & Crafts, Music, reading, baking, and board games etc.

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PLEASE READ THE FOLLOWING TERMS CAREFULLY.

Please also provide us with all equipment, support documents or medication that directly relates to your child's needs. This needs to be provided to Mathletes Education Centre prior to your child's commencement at the Centre

I hereby give permission to the staff of Mathletes education centre to administer medically prescribed medication to my child. (Please submit a written letter to the school and / aftercare if your child carries their medication with them is able to self-medicate.)

I understand that my child cannot attend Mathletes Education Centre if suffering from an infection or contagious illness.

I also understand that my child cannot attend Mathletes Education Centre if not symptom free for at least 48 hour.

I acknowledge that my child can only attend Mathletes Education centre if they have completed the first three days of antibiotics.

I hereby give my permission to Mathletes Education Centre to treat my child if minor accidents occur.

In case of an emergency situation, I understand that an ambulance will be called first and then I will be notified and I agree to meet any expense incurred.

I agree that emergency medical personnel, doctors or any other medical service that assists in an emergency may provide my child with the necessary medical treatment.

I understand that the service provided to me by Mathletes Education centre is not liable for any personal injury, loss or damage to personal property due to any cause whatsoever unless there is proven negligence by the provider or employee.

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I hereby give Mathletes Education permission to transport my child off a Mathletes designated site of operation if and when required and risk assessment plans will be undertaken for each occasion. (E.g. evacuation, group trip)

I understand that the information requested of me in this document will only be used by the school and the aftercare service to effectively care for my child and will be kept confidential.

I understand that I will send Sunscreen and a hat to the centre every day in adhering to the Centres policy on Sun Safety.

I hereby give permission for my child to watch age appropriate Movies should the weather not permit outside play and activities.

I acknowledge that Mathletes Education Centre is a paid for service with monthly and adhoc daily fees being applicable. I agree to pay all fees upfront and am fully responsible for any legal fees incurred by the Mathletes Education Centre should I fault on payments.

I have read and understood this document and should I wish to formally enrol will fill in the necessary detail requested within the document.

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Please select the relevant option:

AFTERCARE	PRICE	INCLUDING / EXCLUDING HOLIDAY	SELECT (Please tick)
Full Day (14:00 – 17:00)	R1600.00 per month		
Half Day (14:00 – 15:30)	R 880.00 per month		
Full day visitor in term	R110.00 per day	N/A	
Half day visitor in term	R85.00 per day	N/A	
Full day visitor during holiday (08:00 – 17:00)	SEE BELOW	N/A	
Half day visitor during holiday (08:00 -13:00)	SEE BELOW	N/A	

Aftercare fees are to be paid at the beginning of every month before the 3rd of every month. Late fees will result in your child losing out on the facility as well as a penalty fee of R30.00 per day.

Aftercare Full day:

This includes a meal after school and a snack later on in the afternoon. The children are assisted with homework after their meal and looked after until 17:00. The children will be kept busy with stimulating games and play time. **(Same for full day visitor in term.)**

Aftercare Half Day:

This includes a meal after school. The children are assisted with homework after their meal. The children will be kept busy with stimulating games and play time. **(Same for half day visitor in term.)**

Full Day / Visitor during holidays (08:00-17:30)

Our full day holiday programme requires that children bring a packed lunch. A cooked meal will be provided with snacks provided during mid-morning as well the afternoon.

Our children will be entertained throughout the day by fun, stimulating activities that challenge

The fee for this service is charged at R240.00 per day. This service will only run if a certain minimum amount of learners have signed up but notification will be sent to you.

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Half Day / Visitor during holidays (08:00 – 13:00)

Our half day holiday programme requires that children bring a packed lunch. A cooked meal will be provided with snacks provided during mid-morning.

Our children will be entertained throughout the day by fun, stimulating activities that challenge. The daily rate is R180.00.

Regarding this document as a whole:

I, _____,

parent / legal guardian to _____

hereby agree with this document in its entirety.

Signature: _____

Date: _____

Received by: _____

Account Holder Signature: _____ Date: _____



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Please use the space provided below for any other remarks, concerns or clarifications.

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