VICTORY HOUSE

Private School CC Reg. No. 2004/054287/23

23 Golf Club Terrace Florida 1709

Web: www.victoryhouse.co.za

Tel: 011 672 1803 011 672 5402 Member: 100% S.A. Austen (Mrs.)



P.O. Box 3599 Florida 1710

Admissions: applications@victoryhouse.co.za

Fax: 011 472 5098

G.D.E. Registration Number: 252883

Application Form - Aftercare

Learner's Details
Name & Surname
Date of Birth
Grade
Name & Surname
Date of Birth
Grade
Allergies
Other details of importance pertaining to the child
Mother's Details
Name & Surname
ID Number
Work Telephone NumberCell Number
Father's Details
Name & Surname
ID Number
Work Telephone NumberCell Number

Doctor's Details	
Name & Surname	
Telephone Number	
Next of Kin/Relatives Details (Other than Parent or Guardian)	
Name & Surname	
Work Telephone NumberCell Number	
Transport Details (If your child is collected with a transport service)	
Name & Surname	
Work Telephone NumberCell Number	
Agreement with regards to the Registration of Aftercare Services	
 Aftercare fees are payable monthly, in advance, as per the school fee structure. The fees are based upon a full-time rate and are due even if the learner does not attended for some of the days. The fee is calculated over 46 weeks. Although payment is made over 12 instalments After care will be closed during the December / January holidays each year. And will school resumes in the new year. The terms and conditions contained in the Agreement of tuition shall also be applicated for the Aftercare Centre. NOTICE TO TERMINATE AFTERCARE SERVICES: The same terms and conditions the Removal of Learner from the school (Section 3 of the Agreement of Tuition). 	s. Il re-open when able and relevant
Should the Parent/Guardian renege on its responsibility to pay aftercare fees, the child will aftercare.	be asked to leave
The Parent/Guardian acknowledge and understand the Code of Conduct pertaining to Victory House and agree to abide by its conditions and I am aware that my child will be under supervision until 17.30. It is my responsibility to have my child collected from the aftercare by this time.	
Name of Parent/ Guardian:	
Signature of Parent/Guardian: Date:	