

LOMPEC INDEPENDENT PRIMARY AND SECONDARY SCHOOL
(LOMPEC EDUCATION CENTRE)
(ASSOCIATION INCORPORATED UNDER SECTION 21)

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AFTERCARE APPLICATION FORM - 2021

1. INFORMATION RECORDS			
Name of Child			
Grade			
Name of Parents/ Guardian			
Physical Address			
CONTACT DETAILS			
Mother's Name		Father's Name	
Mobile		Mobile	
Work		Work	
Home		Home	
e-mail		E-mail	
Emergency Contact Name (Must be someone other than the mother or father)		Telephone	
2. Are there any medical conditions, medication or allergies that we need to be informed about? Indicate medications required for chronic conditions and allergies			

3. Please advise if there are any foods which for medical or religions, your child should not eat.

4. AFTER-CARE FEES

4.1 R400 per month

5. BANKING DETAILS

Lompec Pre School

Standard Bank

Branch: Menlo Park

Branch Code: 051061

Account Number: 411 127 713

Reference: Aftercare,

Child's Name & Surname and Grade

Lompec Independent Primary School

Standard Bank

Branch: Menlo Park

Branch Code: 051061

Account Number: 042 550 866

Reference: Aftercare,

Child's Name & Surname and Grade

Signed this day of 20.....
at

Witnesses:

1. _____ Signature: _____ Date: _____

2. _____ Signature: _____ Date: _____

6. CONDITIONS FOR LOMPEC AFTER CARE

- ✚ Hours of care will be from 16:00 to 18:00.
- ✚ All children are to be collected by one of their parents or by an authorized adult. Any change to the normal collection arrangements must be given in writing to the Aftercare supervisor.
- ✚ A snack will be served during aftercare hours.
- ✚ Children will be under constant supervision and all possible care will be taken at all times.
- ✚ One month's written notice is required when withdrawing a child from aftercare.
- ✚ The charges quoted are subject to change.
- ✚ We regret that no refund will be made if for any reason for your child is unable to attend aftercare.

7. I being the parent/ guardian of
..... (child's name and surname) hereby
undertake that:

7.1 I will pay my aftercare fees timeously.

7.2 I will collect my child timeously from Aftercare, on each day. (Failure to collect a child at the required time will result in R50.00 charge per every hour the child is at school).

INDEMNITY FORM

I being a legal parent/ guardian of
..... accept that by virtue of signature
hereunder, understand and agree that:

1. While Lompec Day Care Centre shall take all reasonable measures to safeguard my children in their care, Lompec Day Care Centre shall never be liable to me for any loss of life, injury or damage which may occur to my child whilst in their custody and care.
2. This indemnity form shall apply and remain in full force and effect in respect also of my spouse, executors, or any other joint custodian of my child as the case may be, and in this respect these persons shall be deemed to have read, understood and consented to be bound by the provisions of this indemnity.

By submitting this form, I confirm that I have read and understood the indemnity form. I agree to pay all aftercare fees timeously and according to the requests of the institution failing which I understand that services are terminated at the discretion of the institution. I am fully aware that aftercare is from Monday to Friday excluding public holidays and school holidays.

Signature: _____

Witnesses:

1. _____

2. _____