DAERAAD HOMEWORK CENTRE
2025

Learner Information

Name (first and last) _____ Date of birth _____Male □ Female □

School _____ Grade _____

Own Transport R710 per month ☐ / Daeraad's Transport R1 200 per month ☐ R450 Reg fee

Home Language _____ Language of instruction _____

Previous afterschool centre attended _____

Parent Information

Name (first and last) _____

Home Address _____

Cell phone no _____ Home no _____ Work no _____

Email _____

Collecting of Child from Daeraad

People authorized to collect your child (limit to 4) *Pick-up **NO** later than 17:30*

Name & Cell phone no _____ _____

Name & Cell phone no _____ _____

Name & Cell phone no _____ _____

Name & Cell phone no _____ _____

Field Trip Permission

Occasionally, your child may be invited on a field trip as part of the after school program. In the event of a field trip, you will receive detailed information about the proposed excursion. By signing below you give the centre permission to transport your child to and from any field trip opportunity.

Parent/Guardian Signature _____ Date _____

Emergency Contact

Name (first and last) _____ Relation _____

Cell phone no _____ Alternate no _____

Medical Aid

Does your family have? Yes □ No □

Name of scheme _____ Membership no _____

Main member _____

History

Does your child take any medication? Yes □ No □ If so list _____

Asthma? Yes □ No □ if yes, does he/she carry an inhaler? _____

□ ADD/ADHD □ Heart defect □ Diabetes □ Hypertension □ Epilepsy

□ Other _____

Allergy Information

□ Food Please list _____

□ Bee Stings □ Trees, pollen, grass □ Animals, list _____

□ Other _____

Does your child carry an epi-pen? Yes □ No □

Liability

By signing this document I (we) agree to the terms: In case of illness or accident, Daeraad is authorised to secure emergency medical treatment at my expense. Daeraad reserves the right to dismiss any participant who does not show respect for the facility, including but not limited to: **property, equipment, stationary, policies, other learners and staff. Learners who are dismissed will not be given a refund of fees paid.** Daeraad assumes no responsibility for personal property. By signing this Enrolment Form, I (we) hereby waive any and all claims against Daeraad. I understand that use of the facilities and equipment at Daeraad may involve risk of bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that the child registered above can safely participate in activities and events. I also understand and agree that by signing this agreement, I am giving up my (or the minor for whom I sign) right to make any claim against Daeraad's employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using Daeraad's facilities and services, except as limited by law.

I have read and agree to Daeraad Homework Centre Policy and Procedures: Yes □

Name of parent or guardian, please print _____

Signature of parent or guardian _____ Date _____

2025- Daeraad Homework Centre

Rules and Regulations

- We offer a safe and stimulating environment after school hours for learners in Gr. 1 to Gr. 7
- We have experienced teachers and staff that will supervise and facilitate homework and other activities from Monday – Friday
- Transportation will be provided from the schools in the area to Daeraad.
- Open on Wednesday 8th of January 2025.
- Close on Thursday, 12th of December 2024.
- Hours are 13:30 until 17:30.
- Fees are ***R1 200*** per month (transport included) ***R710*** per month own Transport.
- Registration fee of ***R450*** must be paid, as this secures your place. Limited space is available.
- Holiday school is available but NOT compulsory at a daily rate of ***R40*** from 7h30 to 17h30. **NO DISCOUNT** available.
- Fees payable on / before the 7th of each month, and must ***reflect*** on our bank statement on the morning of the 7th. Fees are payable in advance **from** 1 January – 1 December. Only EFT payments will be accepted in our **FNB Account number : 628 033 11 828 Reference: Your ACC number**
- If your child is sick and cannot attend the centre for any reason, notification must be given ***early*** on the transport WhatsApp group.
- Late pick-up - A Fee of R50 will be charged for every 5min that you pick up your child after 17:30.
- **One month written notice is needed to terminate your place.**
- **Notice will not be accepted for November and December months.**
- Re-enrolment will be required every year. No child will automatically be accepted to the Homework Centre Class the following year 2026.

Program: Monday – Thursday

13:30	-	Arrive, change out of school clothes, Lunch
14:00 – 16:00	-	Homework
16:00 – 16:55	-	Outside Play
17:00	-	Take kids to the Butterfly class
17:30	-	Home time

Fridays:

- Teachers alternate on Fridays to supervise
- No homework
- Activities inside/outside

Your child's happiness, safety and progress are important to us. Together as teacher, learners and parents we can make this a huge success.

Thank you for your support and co-operation.

Agreement between Parents and Daeraad Homework Centre.

I Parent of _____ take notice of the rules and regulation of the centre and give my full co-operation.

_____ _____

Parent Signature Date

GENERAL AND TRANSPORT CONSENT AND INDEMNITY FORM

THIS CONSENT AND INDEMNITY FORM MUST BE SIGNED BEFORE YOUR CHILD/EN WILL BE ALLOWED TO USE THE TRANSPORT SERVICE. PLEASE RETURN THIS FORM TO MOEMFIE NASKOOL VERENGING T/A DAERAAD PRE – PRIMARY OFFICE. (office@daeraad.co.za)

I _____(full names of parent or legal guardian) contact number (father) (w) _____ Cell: _____ / contact number (w) _____ Cell: _____ parent and or legal guardian of the undermentioned, whom I have custody of and control over, hereby request and consent to my child/ren (full names)

Child 1: _____ Child 2: _____

To use the transport service offered by Moemfie Naskool Vereeniging t/a Daeraad Pre – Primary ("Daeraad"), to transport my child/ren daily from his/her/ their school to Daeraad starting on the first school day in January 2024.

I further agree to the condition, while every precaution will be taken for the safety and welfare of my child/ren and for the care of his/her/their possessions, I indemnify all persons, staff and agents of Daeraad should any loss, damage, illness, injury or death occur to my child/ren during the trip. This includes an indemnity against recovery of costs resulting from damages, loss and/or medical conditions or hospitalization, unless such loss is caused by gross negligence, or deliberate act of Daeraad Transport.

I hereby designate the staff of the Daeraad Aftercare to act *in loco parentis* in respect of my child/ren should the need arise to procure medical, including calling out medical services, or other assistance on my behalf and at my expense.

MEDICAL INFORMATION IN CASE OF EMERGENCY

Medical Scheme: _____ Membership Number: _____

Name of Principal Member: _____

Principal Member's ID Number: _____

MEDICAL OR OTHER INFORMATION YOU WISH TO BRING TO THE ATTENTION OF DAERAAD (Known illnesses, allergies, chronic medication, etc.) _____

Doctor:_____ Contact Number: _____

BEHAVIOR DURING TRANSPORT

I acknowledge that Daeraad Transport expects all children to behave appropriately. In the event of inappropriate behaviour the following action will be taken:

Misdemeanour 1: A verbal warning will be given by the staff member of Daeraad Aftercare.

Misdemeanour 2: A written warning will be given by the staff member Daeraad Aftercare which must be signed by the parent and returned to Daeraad's Aftercare staff.

Misdemeanour 3: Your child will be removed from the transport vehicle for the remainder of the month and the following month of school. You will however remain liable for your monthly transport instalments.

TRANSPORTATION FEES AND TERMINATION

I undertake to pay the agreed transport fee to Daeraad, timeously and on due date.

I acknowledge that Daeraad requires a **calendar month** written notice should I wish to cancel the service

_____ _____

SIGNATURE OF PARENT /GUARDIAN DATE

IMPORTANT! PLEASE ATTACH A COPY OF THE MEDICAL AID CARD AND A COPY OF THE MAIN MEMBER'S ID. IF NOT ON MEDICAL AID, PLEASE ATTACH A COPY OF THE PARENT / GUARDIAN'S ID.