



7 Annandale Road

Diep River, 7800

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[www.stlukeseducare.co.za](http://www.stlukeseducare.co.za)

ABSA, Plumstead (Code: 632005)

Cheque Account: 4047597937

Beneficiary Reference: Child's name and surname

## APPLICATION FORM 2023 (Confidential)

*Enrollment fee: R400 (non-refundable) Must accompany application form*

<input type="checkbox"/> <b>Morning (excludes holiday care)</b>	07.15am-1pm R2100 p/m (10 months)	R 21 000 annually
<input type="checkbox"/> <b>Morning</b>	07.15am-1pm R2100 p/m (12 months)	R 25 200 annually
<input type="checkbox"/> <b>Aftercare option 1</b>	07:15-3pm R2750 p/m (12 months)	R 33 000 annually
<input type="checkbox"/> <b>Aftercare option 2</b>	07:15-5.30pm R3150p/m (12 months)	R 37 800 annually

1. FULL NAME OF CHILD: .....

NICKNAME : ..... (IF DIFFERENT TO FIRST NAME)

DATE OF BIRTH: ..... SEX: MALE /FEMALE

HOME ADDRESS: ..... CODE:.....

PREVIOUS SCHOOL:.....

### **(ICE) IN CASE OF EMERGENCY CONTACT DETAILS**

**Relative/ Friend - NAME & TEL. NO. ....**

**PARENTAL/GUARDIAN DETAILS:** If Guardian please specify the relation ( \_\_\_\_\_ )

MARITAL STATUS: Married  Divorced  Single Parent  Widowed  Other

NO. OF CHILDREN IN THE FAMILY: ..... This CHILD IS (1st, 2nd, 3rd etc) .....

Primary and Secondary Caregivers details:

**Primary NAME:** .....

OCCUPATION:.....

CELL NO : .....

work or other PHONE NO# :.....

**Secondary NAME:**.....

OCCUPATION: .....

CELL NO:.....

work or other PHONE NO# .....

EMAIL - Primary contact: .....

EMAIL - Secondary contact: .....

MEDICAL AID for Child (YES / NO) (If it's a YES- please Specify plan) .....

PREVIOUS ILLNESS/SURGERY, Hereditary conditions, disabilities, allergies, surgery/operations:

.....

IS YOUR CHILD ON ANY MEDICATION? (Specify for what).....

Information provided by: .....Date: .....

I will not hold St Luke's Educare staff responsible for any injury to my child while in their care.

Signed: ..... (Parent/Guardian)

## **FEES DECLARATION: (Filled in by person responsible for fees)**

**ENROLMENT FEE ( non-refundable ) R400.00 - must accompany application**

\*Kindly note: **SCHOOL FEES** are payable monthly in advance, no later than the 1<sup>st</sup> of each month. Fees are an annual commitment divided into 12 or 10 (where applicable) months.

Please select **only one payment** option by ticking the box below

- Morning (excludes holiday care)**      07.15am-1pm R2100 p/m (10 months)
- Morning**      07.15am-1pm R2100 p/m (12 months)
- Aftercare option 1**      07:15-3pm R2750 p/m (12 months)
- Aftercare option 2**      07:15-5.30pm R3150p/m (12 months)

**One months written notice is required when choosing to leave before end of Grade R**

Full name and Surname: \_\_\_\_\_

I hereby commit to paying my child's school fees monthly. I will also supply the school with a copy of my Identity document and understand that the school fees are one amount divided up into 12 months payments.

Signed: ..... Date: .....

**OFFICE USE:**

- ROAD TO HEALTH BOOK
- BIRTH CERTIFICATE
- MEDIA CONCENT FORM

NOTES:

- Copy of parents ID and if a different person is paying fees, their ID too.