

**MARYVALE COLLEGE**  
**PRIMARY & PRE-SCHOOL**

**AFTERCARE REGISTRATION FORM 2016**

Please complete and return this form to the office if your child is attending aftercare.

I \_\_\_\_\_ (PRINT name of parent/guardian)  
wish to register my child for Aftercare.

SURNAME of Child: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

METHOD OF TRANSPORT: \_\_\_\_\_

NAME/S OF PERSON/S AUTHORISED TO FETCH YOUR  
CHILD: (NB Please notify the school if there are any changes)

1. ....Cell No. ....
2. ....Cell No. ....
3. ....Cell No. ....
4. ....Cell No. ....

SELECT **ONE** OF THE FOLLOWING:

	TIME	RATE	YES
PRE-SCHOOL	1.00-5.00 p.m.	R365 per month	
	1.00-6.00 p.m.	R475 per month	
GRADES 1-7	3.15-5.00 p.m.	R330 per month	
	3.15-6.00 p.m.	R430 per month	

**N.B. Penalties apply if your child is fetched late. (R70 per hour before 6.00 p.m. and R110 after 6.00 p.m)**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_