



**LAERSKOOL  
PAUL GREYLING**  
ons skool • ons trots • ons toekoms

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## PAUL GREYLING PRIMARY SCHOOL AFTER-CARE CENTER 2022

**Enquiries: Mrs. Cindy Blom**  
**Tel: (021) 7823940**  
**Cell nr: 084 580 4276**

### Dear After-care Parents

Welcome to all the children from Grade R to Grade 7 at Paul Greyling Primary After-care Center where we strive to create a warm loving homely environment that our children can enjoy going to after school. To ensure this we would like to bring the following to your attention.

#### After-care arrangements:

- After-care hours: 12:30 – 17:00 Strictly.
- Children are always under supervision.
- Each child receives a sandwich and a cool drink. Parents are more than welcome to provide their children with additional food, fruit and/or cooldrink.
- Depending on after-school activities children are assisted with their homework however the completion of homework remains the responsibility of parents.
- The safety of your child/children is of paramount importance therefore if your child is going home with anyone other than existing arrangements and/or if your child is going to visit a friend/or attend a party please inform us accordingly.
- If your child requires medicine it will only be administered if an authorizing letter from the parent/s is provided.
- Any toys brought to after-care remains the responsibility of that child.
- The after-care gate must always remain locked. Parents are to ensure it is locked after entering and exit.
- Any change in address and/or telephone numbers are to be advised as soon as possible.

**RESPECT: Children to respect their friends and teachers at all times.**



### **After-care fees for 2022:**

**PLEASE NOTE: After-care fees are payable in advance over 10 months. January fees are payable by 17 January 2022, where-after it is payable on the 1<sup>st</sup> day of every month.**

<u>Monthly:</u>	R1 000,00 (until 17:00)	Tariff 1
<u>Daily:</u>	R 70,00 (until 17h00)	Tariff 2
	R 50,00 (for 1 hour)	Tariff 3

Kindly place the correct amount of money in an envelope with your child's/children's name/names on. Money can also be paid at the Finance Office (Mr Pieter Mouissie) or EFT is also welcome.

#### Banking details:

Name:	Laerskool Paul Greyling
Bank:	ABSA
Account type:	Cheque
Account nr:	3230140773
Branch:	Fish Hoek
Branch code:	632005
Reference:	After-care and your child/children's name/name's

If your child/children cannot be collected on time parents are to contact Cindy on 0845804276 and make alternative arrangements beforehand. A penalty of R20,00 for every 5 minutes will be charged after that.

We trust parents and children will be happy at Paul Greyling After-care. We are available to discuss any concerns you might have.

**Kind Regards**

**MRS. CINDY BLOM**

NASORGHOOF



**PAUL GREYLING AFTER-CARE INDEMNITY & AGREEMENT FORM**

I, We as Parent/'s or Guardian.....of:

1. Child's name:.....

2. Child's name:.....

3. Child's name:.....

hereby give permission that my Son/Daughter/'s may make use of the Paul Greyling After-care facility.

I/We accept that the After-care personnel take all reasonable care in respect of the safety and well-being of my/our child/children. I/We/Our Executor or My/Our Spouse/Spouse's therefore hereby exempt the aftercare personnel from any responsibility and accountability for any claims whatsoever that might arise from any loss, damage to and with any property of mine/ours and/or any injury/death of the child/children mentioned above during and/or at Paul Greyling Primary After-care.

Name & Surname of Father: .....

Address: .....

Occupation: .....

Cell Nr: .....

Work Tel Nr: .....

Email: .....

Name of Mother: .....

Address: .....

Occupation: .....

Cell Nr: .....

Work Tel Nr: .....



Home Tel Nr: .....

Email: .....

Child/Children's DOB: 1. ....

2. ....

3. ....

4. ....

Doctor: .....

Tel Nr: .....

Any Allergy/s or Chronical illness or Medicine:.....

.....

If your child/children makes use of a safe ride home/ lift-club or any other method kindly stipulate with whom:

.....

I/We hereby acknowledge receipt of the above document and that I/we have read and accept such and will be making use of the following after-care tariff:

Tariff: 1      2      3      (Kindly indicate by drawing a circle around selection)

**I/We hereby agree and will ensure that I/we timeously pay for any after-care services that we will make use of.**

Name & Surname of father:.....

.....  
**Signature**

.....  
**Date**

Name & Surname of mother:.....

.....

.....



**Signature**

**Date**

