



ATTERIDGEVILLE

AFTER SCHOOL PROGRAMME APPLICATION FORM

(FOR EXTERNAL LEARNERS – NOT ENROLLED AT ATTERIDGEVILLE MONTESSORI)

PART A: LEARNER APPLICATION FORM

Child's Full Name: _____

Age: _____

Current School Attended: _____

Grade: _____

PARENT / GUARDIAN INFORMATION

Full Name: _____

ID / Passport Number: _____

Contact Number: _____

Alternative Contact Number: _____

Email Address: _____

Residential Address: _____

PART B: AFTER SCHOOL PROGRAMME DETAILS

Programme Days & Hours: **Monday to Thursday**

After school until **17:00**



ATTERIDGEVILLE

SERVICES OFFERED INCLUDE:

- Homework supervision
- Reading and literacy support
- Numeracy activities
- Creative activities
- Supervised free play

PART C: CONTRACT DURATION (SELECT ONE)

- 3-Month Contract Start Date: _____ End Date: _____
- 6-Month Contract Start Date: _____ End Date: _____

PART D: FEES & PAYMENT TERMS

- Once-off Admission Fee: R150 (Non-refundable)
- Fees may be paid monthly or per school term
- All fees are payable in advance
- Monthly payments are due on or before the 1st of each month
- Term payments must be settled before the start of the term
- No refunds for absence, public holidays, or early termination

BANKING DETAILS

Account Holder: C Mokoana

Bank: Nedbank

Account Number: 1165431939

Reference: Child's Name & Surname



ATTERIDGEVILLE

PART E: TERMS & CONDITIONS

1. This programme is available to learners not enrolled at Atteridgeville Montessori Primary School.
2. Admission is subject to availability and approval by management.
3. Parents must collect learners by 17:00.
4. Late collection or non-payment may result in termination.
5. This contract is binding for the selected 3 or 6 month period.

PART F: MEDICAL & EMERGENCY INFORMATION

Allergies / Medical Conditions: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

PART G: DECLARATION & SIGNATURES

I confirm that the information provided is true and correct and agree to the terms of this programme.

Parent / Guardian Name: _____

Signature: _____

Date: _____

Contact: 072 786 0220 | 076 034 5348

Email: admin@atteridgevillemontessori.co.za