



PRIDWIN
Preparatory School

AFTERCARE ATTENDANCE AND PAYMENT OPTION FOR 2020

I/we full name of person(s) responsible for payment of fees)

Responsible for (Name and Surname of Child/Children)

Would like my child to attend Aftercare in 2020:

Aftercare term option (including lunch)

Aftercare per hour option on set days

Please state days: _____

Aftercare per hour option on an ad hoc basis

Please fill in your child's extra mural schedule for our records:

Monday: Activity _____ Time _____

Tuesday: Activity _____ Time _____

Wednesday: Activity _____ Time _____

Thursday: Activity _____ Time _____

Friday: Activity _____ Time _____

Please state your contact details as well as the name and contact details of the person/s who will collect your son:

I/we further agree that it is incumbent upon me/us to comply with the terms and conditions herein and that should there be any changes to Aftercare attendance, I/we will make this known in writing to Sabah Amer

(Sabaha@pridwin.co.za)

We thank you for your cooperation in this regard.

Signature of person(s) responsible

Date