

JAPARI AFTERCARE

aftercare@japari.co.za



LEARNERS FULL NAME: _____

GRADE 2020: _____

ALLERGIES: _____

MEDICATION: _____

Please note that your account will be invoiced monthly, in advance, based on the number of days stipulated below.

If your child attends any extra days, over and above the stipulated days, this will be invoiced and reflect on your account in the following month.

PLEASE INDICATE THE DAYS YOUR CHILD WILL BE ATTENDING AFTERCARE:

Every day, Monday to Friday

Only on certain days in the week

(Please indicate which days) _____

Ad hoc basis

Please note that the School Disciplinary Code is applicable to learners attending Aftercare

Name and telephone number of person/s permitted to fetch your child from Aftercare:

1. _____ Tel. No. _____

2. _____ Tel. No. _____

Signature of Parent/Guardian

Date
