



UNLOCKING GREATNESS

www.autismconnect.org.za

AUTISM CONNECT LEARNING CENTRE

AFTERCARE 2023 rates

AFTERCARE APPLICATION

Please read the terms and conditions before signing. This serves as a contract and its binding.

ADVANCE PAYMENT COMPULSORY TO BE PAID

Child's name and surname:		Date of Birth	Gender
Child's residential address	Mother cell	Father cell	Home
Parent 1		Parent 2	
Name and Surname:		Name and Surname:	
Occupation:		Occupation:	
Relationship to child:		Relationship to child:	
Business Address:		Business Address:	
Business Telephone no:		Business Telephone no:	
Emergency details		Family Doctor:	
Allergies (if any):			

Autism Connect subscribes to the INDEPENDENT CODE OF GOVERNANCE Code for non-profit Organisations in South Africa



Members: N. Ripepi (Director) D. Michaels (Chairperson), Rosetta Cupido (Vice Chair), Zaida Frank (Communications liaison), Jose Philander (Treasurer), Candice Eaton (Secretary)



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Medical History:

Who will be responsible to collect your child/children from Autism Connect Learning Centre:

TERMS AND CONDITIONS:

1. I/We agree to pay fees monthly, in advance. Late payments could result in the cancellation of this application.
2. Principal reserves the right to give 24 hours' notice to remove a child from the Aftercare if:
 - Accounts are in arrears.
 - Behaviour of the learner interferes with the well being of other children or contravenes the code of conduct of the school.
 - The parent is repeatedly late in collecting their child/children. (R50.00 will be charged for each hour of late collection)

AFTERCARE	
Fee per month	Late Pick up fee per hour
R400.00	R50.00 per hour

I/We agree to the terms and conditions as laid out in this contract and understand them to be binding.

I/We understand that every reasonable precaution will be taken to ensure the safety of my child and will not hold the school responsible for any unforeseen accident/injury. I understand that I have applied for the enrolment for my child to the AFTERCARE centre during the specified hours and any deviation of the above will be noted and debited to my account.

Parent / Guardian signature: _____ Date: _____

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