



AFTERCARE ENROLLMENT FORM

DS 201

2023



SECTION A: LEARNER INFORMATION

LEARNER

MEDICAL AID

Surname

Full Names

Nickname

ID Number

Date of Birth Y Y Y Y / M M / D D

Age

Gender Male Female

Grade R 1 2 3 4 5 6 7

Learner's Mobile

Allergies

Medical Condition

Medical Aid

Medical Plan

Medical Aid Number

Principal Member

FAMILY DOCTOR & PREFERRED HOSPITAL

Practice

Family Doctor

Contact Number

Preferred Hospital

EMERGENCY CONTACT DETAILS

Name

Surname

Relation

Mobile Number

Home Number

Work Number



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SECTION B: PARENTS / GUARDIANS INFORMATION

FATHER / GUARDIAN 1

MOTHER / GUARDIAN 2

Surname	<input type="text"/>	<input type="text"/>
Full Names	<input type="text"/>	<input type="text"/>
ID Number	<input type="text"/>	<input type="text"/>
Mobile Number	<input type="text"/>	<input type="text"/>
Home Contact Number	<input type="text"/>	<input type="text"/>
Work Contact Number	<input type="text"/>	<input type="text"/>
Join WhatsApp Group	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Email	<input type="text"/>	<input type="text"/>
Physical Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Work Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single
Learner lives with	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Both <input type="checkbox"/> Guardian



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SECTION C: PERSONS AUTHORISED TO COLLECT YOUR CHILD

Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please include a photocopy of the ID Document / ID Card / Driver's License of the authorized persons

SECTION D: TERMS & CONDITIONS

1. Dorie Stars closes at 18h00. I will do everything in my power to ensure that my child is collected before 18h00. I agree to a R100 fine, for late pick up, for every 30 minutes or part thereof after 18h00.
2. I will notify Dorie Stars if any other person, other than the authorised persons, will pick up my child.
3. My child will be under supervision and may be recorded on a Closed-Circuit-Television System.

I, (full name) _____, hereby confirm that I have read the above terms and conditions, that I fully understand it, and I agree to it.

Signed at _____ on this _____ day of _____ 20____

Signature	Print Name
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SECTION E: FINANCIAL AGREEMENT

FINANCIAL AGREEMENT

between

Parent 1 Full Name _____ with Parent 2 Full Name _____

herein after, collectively, referred to as the Payer

and

Smiling Zebra (Pty) Ltd t/a Dorie Stars

FEES STRUCTURE FOR 2023	MONTHLY	TERMLY	ANNUALLY
One Child	R1,400	R4,200	R16,800
Two Children	R2,650	R7,950	R31,800
Three Children	R3,450	R10,350	R41,400
4+ children, add per child	R800	R2,400	R9,600

The Payer agrees to pay an amount of R _____
Monthly / Termly / Annually (CROSS OUT THE INVALID OPTIONS), in advance, on
the 15th / 25th / 28th / 1st (CROSS OUT THE INVALID OPTIONS) of every payment period.
Contract Period: Start Date _____ End Date 31/12/2023.

The Payer agrees to the below terms and conditions:

1. **One Calendar Month Notice Period.** Notice may NOT be given in the Fourth Term, i.e. after 30 September.
2. Payment will be made **in full, in advance**, as per the selected payment period. If not possible, the Payer will submit a request to Dorie Stars before or no later than the payment date via **both email** accounts@doriestars.co.za and a short **WhatsApp** to Lenke at +27 82 822 3909.
3. Should the Payer fail to keep their account up to date, the Payer accepts full liability for all Legal Costs incurred by Dorie Stars to recover the outstanding fees owed by the Payer.

Signed at _____ on this _____ day of _____ 20____

Parent 1 Signature _____ Parent 2 Signature _____
Parent 1 Full Name _____ Parent 2 Full Name _____



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SECTION F: WAIVER & INDEMNITY

I, _____ ID Nr _____, parent/legal guardian of _____, hereby grant permission for him/her to participate in all the activities of Dorie Stars, including but not limited to educational activities, games, and any other recreational activities which may arise out of tutor sessions, aftercare, morning care, and holiday care from time to time.

In consideration of the services rendered by Smiling Zebra (Pty) Ltd trading as Dorie Stars (herein after referred to as “Dorie-Stars”).

In consideration of the services rendered by Dorie-Stars' agents, owners, volunteers, employees, and all other persons acting in any capacity on their behalf (herein after collectively referred to as “Dorie-Stars-Extended”).

I hereby agree to release, indemnify, and discharge Dorie-Stars, on behalf of myself, my spouse, my children, my parents, my heirs, personal representatives, and estate (herein after collectively referred to as “I”) against and from any/or all claims whatsoever, that may arise in connection with any loss or damage to property or minor injury to anyone.

I hereby agree to release, indemnify, and discharge Dorie-Stars-Extended, on behalf of myself, my spouse, my children, my parents, my heirs, personal representatives, and estate (herein after collectively referred to as “I”) against and from any/or all claims whatsoever, that may arise in connection with any loss or damage to property or any injury to anyone.

This indemnity shall remain in force for the full duration my child attends Dorie-Stars. I further undertake to furnish Dorie-Stars immediately with the relevant information should any of the information supplied in the application form change.

Should Dorie-Stars or anyone acting on their behalf, be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signed at _____ on this _____ day of _____ 20____

Signature	Print Name
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SECTION G: SWIMMING WAIVER & INDEMNITY (OPTIONAL)

I, _____ ID Nr _____, parent/legal guardian of _____, hereby give permission that he/she may take part in recreational swimming activities at Dorie Stars Aftercare.

I recognise and understand that, although Dorie Stars Aftercare will do everything in their power to ensure the safety of all learners, there is certain risks involved when playing at a swimming pool. These risks include, but are not limited to, the risk of injury resulting from possible malfunction of equipment used in and around the swimming pool, injuries from tripping or falling over obstacles in the pool area, and/or reckless playing of my children and/or other children in and around the pool area.

In consideration of my children participating in recreational swimming activities at Dorie Stars Aftercare, I hereby acknowledge that I am bound by the standard Dorie Stars Indemnity Form I signed as part of the Enrolment Form.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signed at _____ on this _____ day of _____ 20____

Signature	Print Name
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SECTION H: REGISTRATION CHECKLIST

REGISTRATION MUST BE ACCOMPANIED BY	X
1. Completed & Signed Enrolment Form	<input type="checkbox"/>
2. Completed & Signed Financial Agreement	<input type="checkbox"/>
3. Completed & Signed Waiver and Indemnity	<input type="checkbox"/>
4. Completed & Signed Swimming Waiver and Indemnity (Optional)	<input type="checkbox"/>
5. Copy of ID Document of Father / Guardian	<input type="checkbox"/>
6. Copy of ID Document of Mother / Guardian	<input type="checkbox"/>
7. Copy of ID Document of Person 1 who is Authorised to Collect Your Child	<input type="checkbox"/>
8. Copy of ID Document of Person 2 who is Authorised to Collect Your Child	<input type="checkbox"/>
9. Copy of ID Document of Person 3 who is Authorised to Collect Your Child	<input type="checkbox"/>
10. Photo of Learner	<input type="checkbox"/>
11. Proof of Payment (Registration Fee & 1 st Month's Fees) (payable monthly in advance)	<input type="checkbox"/>



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SECTION I: INFORMATION

PHYSICAL ADDRESS

Opposite Doringkloof Primary Hall

95 Karen Avenue
Doringkloof
Centurion
0157

BANKING DETAILS

Smiling Zebra (PTY) Ltd t/a Dorie Stars

Bank First National Bank
Account Number 62840901450
Branch Code 250655
Reference Number Name & Surname of Learner

Please email Proof of Payment to
accounts@doriestars.co.za

FACEBOOK ADDRESS

@Dorie.Stars

EMAIL ADDRESS

info@doriestars.co.za

WHATSAPP

067 397 9592

TELEPHONE NUMBER

067 397 9592

WEBSITE

Please visit our website for more information or to download a copy of this form at <https://www.doriestars.co.za>

Thank you for entrusting your child to Dorie Stars

