



AFTERCARE ENROLLMENT FORM

DS 201



SECTION A: LEARNER INFORMATION 2021

LEARNER

Surname	<input type="text"/>
Full Names	<input type="text"/>
Nickname	<input type="text"/>
ID Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth	<input type="text"/> Y Y Y Y / <input type="text"/> M M / <input type="text"/> D D
Age	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade	R <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Learner's Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Allergies	<input type="text"/> <input type="text"/>
Medical Condition	<input type="text"/> <input type="text"/>

MEDICAL AID

Medical Aid	<input type="text"/>
Medical Plan	<input type="text"/>
Medical Aid Number	<input type="text"/>
Principal Member	<input type="text"/>

FAMILY DOCTER & PREFERRED HOSPITAL

Practice	<input type="text"/>
Family Doctor	<input type="text"/>
Contact Number	<input type="text"/>
Preferred Hospital	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

EMERGENCY CONTACT DETAILS

Name	<input type="text"/>	Mobile Number	<input type="text"/>
Surname	<input type="text"/>	Home Number	<input type="text"/>
Relation	<input type="text"/>	Work Number	<input type="text"/>



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SECTION B: PARENTS / GUARDIANS INFORMATION

FATHER / GUARDIAN 1

MOTHER / GUARDIAN 2

Surname								
Full Names								
ID Number								
Mobile Number								
Home Contact Number								
Work Contact Number								
Join WhatsApp Group	YES	NO			YES	NO		
Email								
Physical Address								
Work Address								
Marital Status	Married	Divorced	Widowed	Single	Married	Divorced	Widowed	Single
Learner lives with	Mother		Father		Both		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. Payment will be made in full monthly in advance, no later than the 1st of every month.
2. Both parties agree to one calendar months' notice in writing.
3. 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.
4. I will notify Dorie Stars if any other person, other than the authorised persons, will pick up my child.
5. 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: 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 F: 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 G: REGISTRATION CHECKLIST

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



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SECTION H: 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

