

Club Engage (Before Care, Aftercare, Holiday Care)

Enrolment Contract



Please complete and return a form for each child

Site Address: Assumption Convent School (100 Pandora & Mullins Rd Johannesburg)

CHILD INFORMATION

First Name: _____ Second Name: _____ Surname: _____
Known as: _____ Date of Birth: _____ Age: _____ Gender: M / F
Grade/School Year Level: _____ Class: _____
Home Language: _____

MAIN PARENT/GUARDIAN INFORMATION – ACCOUNT HOLDER

First Name: _____ Surname: _____
Relationship to Child: _____ Parent ID No: _____
Street Address: _____ Town/Suburb: _____
City: _____ Post Code: _____
Mobile Phone: _____ Home Phone: _____ Work Phone: _____
Email Address: _____
Postal Address (if same write AS ABOVE): PO BOX: _____ Town: _____
Postal Code: _____ How did you hear about Club Engage: _____

ADDITIONAL PARENT / GUARDIAN INFORMATION

First Name: _____ Surname: _____
Relationship to Child: _____ Parent ID No: _____
Mobile Phone: _____ Home Phone: _____ Email: _____

AUTHORISED PICK UP *(Must be aged over 18 years of age, 2nd parent/guardian can be listed here)*

Primary Pick up Person: First Name: _____ Surname: _____
Relationship to Child: _____ Cell: _____
ID Number: _____

Person 2: First Name: _____ Surname: _____
Relationship to Child: _____ Cell: _____
ID Number: _____

Person 3: First Name: _____ Surname: _____
Relationship to Child: _____ Cell: _____
ID Number: _____

N.B. We may not release your child to an unlisted person without prior written notification. If any person not listed and not known to the Club Engage staff, should attempt to collect your child from the service, permission will be refused.

With whom does the child mostly reside? _____

Is this child involved in court orders, parenting plans or orders? Yes ☐ No ☐

Please provide current and any changes to court documents at all times to enable enforcement. Please list below any other specific instructions or information you can provide that would be helpful and assist us in the care of your child.

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EMERGENCY CONTACTS (other than parents/guardians)

Person 1: First Name: _____ Surname: _____

Relationship to Child: _____ Mobile Phone: _____ Home/Work Phone: _____

Person 2: First Name: _____ Surname: _____

Relationship to Child: _____ Mobile Phone: _____ Home/Work Phone: _____

MEDICAL DETAILS & OTHER INFORMATION

Is your child on any medication? (Please complete a Medical Information & Authorisation Form)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child a vegetarian?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child use an epi-pen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child use an inhaler?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please indicate swimming competency: <input type="checkbox"/> Non-Swimming <input type="checkbox"/> Learner <input type="checkbox"/> Competent	

Child's Doctor: _____ Phone: _____

Medical Aid Name: _____ Medical Aid Number: _____

Does your child have any of the following?

- | | |
|--|--|
| <input type="checkbox"/> A.D.D. / A.D.H.D. | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Asthma Allergies (see below) | <input type="checkbox"/> Dairy Allergy |
| <input type="checkbox"/> Celiac | <input type="checkbox"/> Wheat Allergy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Peanut Allergy |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Medicine Allergy |
| <input type="checkbox"/> Haemophilia | <input type="checkbox"/> Bee Sting Allergy |
| <input type="checkbox"/> Any other specials needs: _____ | |

Please contact Club Engage staff to discuss your child's needs.

Please also provide any medical management plans, assessments, other documentation or medication & equipment that is related to the child's needs, prior to commencement at Club Engage

Child's Interests: (Please tick below)

- | | | | | |
|------------------------------------|-------------------------------------|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Art/Craft | <input type="checkbox"/> Music | <input type="checkbox"/> Drama | <input type="checkbox"/> Sports | <input type="checkbox"/> Structured Games |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Technology | <input type="checkbox"/> Construction | <input type="checkbox"/> Reading | <input type="checkbox"/> Board Games |

Please provide any other information about child's interests/hobbies: _____

Please read and sign the following statements:

I hereby give permission to the staff of the above Club Engage programme to administer medically prescribed medication to my child and I will sign a Medical information & Authorisation form. I understand that the staff will phone and request permission before the administration of medication to my child and record each administration of medication. I acknowledge that all care will be taken and will not hold Club Engage responsible. I also understand my child cannot

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attend Club Engage if suffering from an infectious or communicable disease that has been identified by the Department of Health. I understand that my child cannot attend Club Engage if not symptom free for at least 48 hours.

I acknowledge that my child can attend Club Engage if they have completed the first three days of Antibiotics.

Name: _____ Signature: _____ Date: _____

I hereby give my permission for the Club Engage staff to treat my child if a minor accident occurs. In the case of a more urgent matter I understand an ambulance will be called first then I will be notified and agree to meet any expenses incurred.

Name: _____ Signature: _____ Date: _____

I understand the provider of the Club Engage service is not liable for any personal injury, loss or damage to personal property due to any cause whatsoever unless there is proven negligence by the provider or employee.

Name: _____ Signature: _____ Date: _____

I hereby give Club Engage permission to transport my child off a Club Engage designated site of operation if and when required and risk assessment plans will be undertaken for each occasion (e.g. evacuation, group trip).

Name: _____ Signature: _____ Date: _____

I acknowledge that photographs/video of my child or items of my child's work completed at the Club Engage programme may be used at a later date for local/national marketing and promotional purposes. I hereby give my consent and no further permission will be required. Yes No

Name: _____ Signature: _____ Date: _____

I acknowledge that the information contained herein is confidential and pursuant to the POPIA, will only be strictly used by the Club Engage team to effectively care for my child and not used or distributed for any other purposes. Representatives from appropriate Government Departments may view this information as part of the program assessment process.

Name: _____ Signature: _____ Date: _____

I authorise that my child's school has permission to release all personal information about my child to Club Engage.

Name: _____ Signature: _____ Date: _____

I understand that I will send Sunscreen and a hat to the centre every day in adhering to the Centre's Safe Sun Policy.

Name: _____ Signature: _____ Date: _____

I hereby give permission for my child to watch Age appropriate Movies should the Weather not permit outside play and Activities

Name: _____ Signature: _____ Date: _____

I acknowledge that Club Engage is a paid for service with monthly and adhoc daily fees being applicable. I have read and understood Appendix 1 and should I wish to formally enrol will fill in the necessary detail requested within the appendix. Should my child/children make use of Club Engage' services without being formally enrolled the below rates will apply and I will be invoiced for services rendered.

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My child has permission to participate in the schools extra mural programme including sports, culture and developmental activities

Name: _____ Signature: _____ Date: _____

I understand that Club Engage provides homework supervision in line with the brief/guidelines provided by the school and checking as well as signing off of homework books, remains the responsibility of the parent/guardian

Name: _____ Signature: _____ Date: _____

TO FINALISE ENROLMENT PLEASE COMPLETE BELOW:

ATTENDANCE REQUIREMENTS

Session	Mon	Tue	Wed	Thur	Fri	All
Aftercare Full time						
Aftercare Adhoc days						
Aftercare hourly rate						

TERMS AND CONDITIONS (By signing below I, the Account holder, understand)

- All invoices are billed via Assumption Convent School.
- I acknowledge that I will be held liable for any applicable costs should my child/ren be involved in malicious behaviour resulting in Club Engage property and/or Club Engage or hosting school facility damage
- I acknowledge Club Engage has a ZERO tolerance policy towards bullying and/or victimisation. If behaviour of this sort is not rectified after necessary warnings parents will be asked to remove child/ren from the service without the option of refund.
- I have the right to request from Club Engage a copy of the information retained by Club Engage and the right to request Club Engage to correct any incorrect information about myself and my family held by Club Engage
- I acknowledge by signing this form I understand and accept the Centre Policies and Procedures outlined in the parent handbook
- I acknowledge all information I have provided on this form is true and correct. I am aware it is my responsibility to advise Club Engage and of any change in the above information

Name: _____

Signature: _____ Date: _____

Return form to Debbie van Zyl - joburgeast@clubengage.co.za on 082 908 1202

Signed & approved: _____ (Admin office)