



# Parkview Senior School

School Reference No: 131193  
School Banking details: FNB Hydepark  
Acc: 5033 212 0133  
Code: 255805

Dundalk Ave  
Parkview  
2193  
Tel: 0116461007  
Fax: 086 689 9707  
secretary@parkviewsenior.co.za

## PARKVIEW SENIOR SCHOOL AFTERCARE 2025

Dear Parents

Welcome to Parkview Senior Aftercare!

Thank you to all the parents who have supported this facility in the past.

As many of you do work late, the need for supervision for your child in the afternoon is a responsibility with which we can assist you.

The facility offers a variety of activities, such as:

- Assistance with homework, which is supervised by teachers
- The use of computers, media centre and the swimming pool, which are all supervised.

Your child's whereabouts and safety will be taken care of under strict supervision of the Parkview Senior Staff who have offered their spare time to make this possible.

We wish to bring the following to your attention:

1. All rules as per Parkview Senior School's Code of Conduct will apply at Aftercare. Failure to adhere to the Code of Conduct may result in termination of enrolment.
2. Admission to the Aftercare facility remains the sole right of the aftercare facilitators.
3. Please ensure you notify the Aftercare staff and office staff of any changes in contact details as soon as possible.
4. Aftercare accounts are run separately to the school fees accounts. It is not run for profit and is NOT covered by school fees. **AFTERCARE FEES MUST BE PAID IN ADVANCE.**
5. Children whose parents have not completed the 2025 Aftercare Application form may not be left in aftercare. We will phone you to ask you to collect your child if fees or forms are outstanding.
6. Fees for aftercare are payable IN ADVANCE. In other words, fees for January are due on the 1st of January.
7. Lunch is not provided; learners are to bring their own lunch to aftercare as there is no tuckshop.
8. A Debit Order form may be completed and we will then Debit your bank account with the monthly amount on the 1st day of each month.
9. In order to keep your children safe, we expect the children to abide by all the rules of aftercare. One of these rules is to NEVER LEAVE THE PREMISES WITHOUT BEING ACCOMPANIED BY AN ADULT. In order to enforce this rule, we require the person taking the child off the premises to sign the register. When PARENTS ignore the rules, it makes it very difficult for us to enforce other rules that are there to protect your children. Children leaving without being signed out also leads to the teachers spending a lot of time trying to "find" children who are no longer at school. In light of this, we will be imposing a fine of R25 for each day that a child is taken home without being signed out.
10. Aftercare ends at 17:00. Children collected after 17:00 will be charged R25 for every additional 15 minutes after closing, or part thereof. This is necessary to cover the overtime we need to pay our staff.

**NB: After 18:00, your child may be taken to the Parkview Police Station for safe keeping.**

**Please support us in our efforts to keep your children safe!**

Fees for 2025 are **R75** per day or, if your child attends daily, at the monthly rates below

**AND ARE DUE IN ADVANCE**

<b>MONTH</b>	<b>FULL RATE PER DAY (ADHOC BASIS)</b>	<b>FULL RATE PER MONTH (FULL TIME AFTERCARE)</b>
January	R75	R 975
February	R75	R1 500
March	R75	R1 425
April	R75	R 900
May	R75	R1 500
June	R75	R1 050
July	R75	R 600
August	R75	R1 575
September	R75	R1 500
October	R75	R1 350
November	R75	R1 500
December	R75	R 600

NB: The school reserves the right to increase the above aftercare fees by giving 2 months notice thereof should the aftercare facility's running costs increase during the year.

Please take note of the following:

Aftercare fees can be paid directly into the school's bank account. Please be sure to use your child's name and "AFTERCARE" in the description e.g. – "John Smith Aftercare".

**Our banking details are as follows:  
PARKVIEW SENIOR SCHOOL  
FNB account number 5033 212 0133  
Branch 255805 Hyde Park**

All correspondence / money brought to the school must be in an envelope clearly marked with your child's name and "AFTERCARE".

## UNDERTAKING TO PAY AFTERCARE FEES

I, the undersigned.....Contact number .....

(print full name)

ID Number:.....Email address .....

being the parent/guardian/sponsors of .....in Grade.....in 2025  
 acknowledge that I am lawfully indebted to Parkview Senior School for aftercare fees for the year 2025 and  
 that I undertake to pay on the due date.

I elect to pay aftercare fees as follows (Please make a cross next to your option):

1	<b>CASH /EFT</b>  12 Monthly instalments as per above table from January to December Please remember to use your account number on the "beneficiary reference"	
2	<b>DEBIT ORDER (A new form to be completed every year)</b>  12 Monthly instalments as per above table from January to December – Form attached	

For all purpose of this acknowledgment, I appoint my domicillium citandi et executandi as

.....  
 .....

Signature:..... Date:.....



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### AFTERCARE APPLICATION FORM 2025

**LEARNER DETAILS**

SURNAME : \_\_\_\_\_

LEARNER NAME : \_\_\_\_\_

GRADE : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

HOME ADDRESS : \_\_\_\_\_

POSTAL ADDRESS : \_\_\_\_\_

HOME TELEPHONE # : \_\_\_\_\_

ALLERGIES : \_\_\_\_\_

**PARENT / GUARDIAN DETAILS**

**FATHER'S DETAILS**

FULL NAME : \_\_\_\_\_

OCCUPATION : \_\_\_\_\_

HOME # : \_\_\_\_\_ WORK # : \_\_\_\_\_ CELL # : \_\_\_\_\_

**MOTHER'S DETAILS**

FULL NAME : \_\_\_\_\_

HOME # : \_\_\_\_\_ WORK # : \_\_\_\_\_ CELL # : \_\_\_\_\_

**IN EMERGENCIES, PLEASE CONTACT**

FULL NAME : \_\_\_\_\_

HOME # : \_\_\_\_\_ WORK # : \_\_\_\_\_ CELL # : \_\_\_\_\_

**PERSON RESPONSIBLE FOR PAYING ACCOUNT**

FULL NAME : \_\_\_\_\_  
EMAIL ADDRESS : \_\_\_\_\_  
HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

**MEDICAL AID**

NAME OF MEDICAL AID: \_\_\_\_\_ MAIN MEMBER: \_\_\_\_\_  
MEDICAL AID NUMBER: \_\_\_\_\_

**MEDICAL CONDITIONS WE SHOULD BE AWARE OF:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTENDANCE** (Tick the appropriate box)

**FULL TIME (MON TO FRI)**

OR

**ADHOC**

**PAYMENT FOR JANUARY MUST ACCOMPANY THIS APPLICATION**

**PAYMENT MUST BE MADE IN ADVANCE**

**SIGNING OUT ARRANGEMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_