



## AFTERCARE 2025

### Welcome

As a service to all parents and children from other primary schools in the area, Oak Hill Academy offers an Afterschool Care and Holiday Programme (Grade R-7). The programme ensures that children spend their afternoons doing constructive activities, completing homework with assistance, helping your child with his/her projects and having supervised fun with friends in a secure environment. The programme allows us to take care of your child/children every weekday, or a few days of the week, or as the need arises.

**1. REGISTRATION FEE:** R400

**2. FEES 2024:** 13h00 until 18h00 R1200 (excluding holiday care)

Paid on or before the last day of each month in advance. (January – December. A pro-rata rate will be charged in January and December)

MONTHLY FEE INCLUDES:

- \* Qualified staff to assist and supervise with homework, projects and studies.
- \* A nutritious home cooked lunch, sandwiches and juice.
- \* All school Sports, Chess, Drama and Public Speaking

ADDITIONAL SERVICES: Please pay in cash to office

Ad-Hoc Holiday Care (Full Day):	R200 per day
Ad-Hoc Holiday Care (Mornings):	R110 (06:30 – 13:30)
Ad-Hoc Holiday Care (Afternoons):	R100 (13:30 – 18:00)
Remedial Classes	R650 per month

**3. PAYMENT:**

The rates quoted are payable monthly (incl. December), in advance, on or before the last day of each month.

Please note that afterschool fees are payable in full - even when your child is sick or you are going on holiday, to ensure your child's place, when he/she returns. Interest/penalty fees will be levied on any fees paid after the last day of each month.

Should a parent or guardian fail to make payment for a period of 1 (one) month, the school reserves the right to refuse entry to the child until such time as the school fees have been paid up to date, and the parent or guardian has signed a debit order authorisation or paid the balance of the year's fees in advance. **NB!** – Only Afterschool Fees to be paid into Little Bean's bank account. All other payments to be made to the office in cash.

PLEASE NOTE:

- \* One calendar month's written notice is required or one month's fee in lieu thereof.
- \* No notice will be accepted during October and November.

**4. STATIONERY:**

Please ensure that your child has sufficient stationery with which to do their homework. These will be kept at school. Pencil case, coloured pencils, Koki's, grey tri-plus pencil, a pair of scissors, Pritt glue, sharpener and eraser. These must please be marked.

**5. TRANSPORT:**

Rekha – 084 607 5502 for safe and reliable transport from school and extra mural activities to afterschool care.

**6. SCHOOL CLOSURE:**

The school will be closed on all Public Holidays and from early December to mid January of each year, and over long weekends. The exact dates will be available from the office.

**7. ADMINISTRATION PROCEDURES:**

- Oak Hill Academy must be notified immediately of ANY CHANGE IN YOUR ADDRESS OR TELEPHONE NUMBERS.
- For the safety of all concerned - no children with contagious illnesses may come to Oak Hill Academy. Should a child with a contagious illness arrive at the school, the school shall have the right to refuse the child entry or if the child is already at the school, the school shall have the right to phone the parents or guardian to collect the child immediately. The child shall be kept in the office until collected. Also, children with head lice will be sent home immediately.
- Please let us know when someone else will be collecting your child, by phone call or written notification. Only a phone call from parents will be accepted, not from aunts or grandparents etc.

**8. SECURITY:**

On enrolment, your fingerprint will be registered to grant you access to the property. Please escort your child into the property and hand him/her over to the teacher on duty. Do not allow your child to enter the premises unaccompanied. Please do not allow anyone to enter the premises with you.

**9. CLOTHING:**

Children must bring a change of clothing as they will not be allowed to play outside in their uniforms. All clothing must be clearly marked.

**10. HOMEWORK:**

Homework will be assisted, encouraged and supervised, but the onus remains on the parents to see that all homework is completed.

**11. SCHOOL RULES:**

Children must always adhere to school rules and After-School Care Centre rules .

- No foul language is to be used by pupils
- No bullying or unruly behaviour will be tolerated
- The chewing of gum is prohibited
- No eating or drinking is allowed in class
- Vandalism of any kind will not be tolerated
- Theft will not be tolerated

***Please take note of the afterschool care programme, this will be followed daily. Lunch will only be served up until 14h00, please ensure if your child does extra murals and will arrive late at afterschool care to pack them a lunch for while they are at extra murals. Homework will be done between 14h00 and 15h00; if your child is collected early or arrives late then homework may not be completed. Please make sure you check the file to see if it has been signed off as done. If your child has any project that needs to be done at afterschool care please make sure you send all material needed to complete the project.***



1184 Opera Rd, Radiokop, Roodepoort

011 679-2931

info@oakhillacademy.co.za

www.oakhillacademy.co.za

**Private Preparatory School & Afterschool Centre**

Starting Date: \_\_\_\_\_

**1. SCHOOL INFORMATION:**

Primary school: \_\_\_\_\_ Grade: \_\_\_\_\_ School end times: \_\_\_\_\_

Extra Murals – Days and Times: \_\_\_\_\_

Transport company: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**2. CHILDS INFORMATION:**

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ ID Number: \_\_\_\_\_ Age: \_\_\_\_\_

Information regarding the family situation which you feel we should understand: \_\_\_\_\_

**3. ADMINISTRATIVE INFORMATION:**

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

**Father's Details**

**Mother's Details**

Name and Surname \_\_\_\_\_

Name and Surname \_\_\_\_\_

ID Number: \_\_\_\_\_

ID Number: \_\_\_\_\_

Occupation and Company: \_\_\_\_\_

Occupation and Company: \_\_\_\_\_

Work Tel. and Email.: \_\_\_\_\_

Work Tel. and Email.: \_\_\_\_\_

**4. MEDICAL INFORMATION:**

Allergies: \_\_\_\_\_

Any medical, psychological or behavioural information regarding the child which you feel the school should know about: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Address of Surgery: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Medical Aid Name: \_\_\_\_\_ Medical Aid No.: \_\_\_\_\_

Any person (s) other than parents who could be contacted in an emergency:

Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Relationship to child: \_\_\_\_\_



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**CONSENT AND INDEMNITY**

I hereby give consent for my son/daughter to take part in all the activities at Oak Hill Academy.

I fully understand and accept that all activities shall be undertaken at my son's/daughter's own risk and undertake on behalf of myself, my wife and my child aforesaid to indemnify, hold harmless and absolve the Management, Principal and Staff of the school against and from any claims whatsoever that may arise in connection with any loss or damage to property or injury to the person of my child aforesaid in any activity, in the knowledge that the Management, Principal and Staff will nevertheless take all reasonable precautions for the safety and welfare of my child.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**AUTHORITY FOR TREATMENT IN CASE OF EMERGENCY**

I hereby authorise Little Bean to take my child for treatment to the nearest hospital in case of an emergency:

YES / NO (Please circle appropriate)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Registration accepted:**

\_\_\_\_\_  
Signature of Principal

Date: \_\_\_\_\_



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**Financial Contract (Dated \_\_\_/\_\_\_/\_\_\_)**

(Copy of Identity Document of responsible person and Birth Certificate of child to be attached)

Entered into by and between

**Oak Hill Academy**

and

Name of Pupil: ..... Class: .....

**Person responsible for the account:**

Name and Surname: ..... Title: ..... ID Number: .....

Postal Address: ..... Code: .....

Residential Address: .....

Tel. No.: (H) ..... (W) ..... (Cell) ..... E-mail: .....

**I agree:**

1. That this account is payable monthly (as stipulated below) in advance for each month on or before the last day of each month.
2. That I will be held liable for legal fees on the attorney and own client scale, to be added to the capital amount outstanding should the account be handed over to our Attorneys for collection.
3. That fees will not be refunded or waived for absence through sickness or vacation.
4. That a 1 (one) calendar month notice period, or fees in lieu of 1 (one) month's notice MUST be given if your child leaves, at any time. A letter of notification must be addressed to and acknowledged in writing by the Accountant. If your child has been at Oak Hill Academy for longer than six (6) months, notice will not be accepted in October or November.
5. To allow Oak Hill Academy management to undertake a credit check with TransUnion ITC or Experian, if deemed necessary. Oak Hill Academy subscribes to **Legalsense Credit Risk Solutions** – should you remove your child from the school without payment of fees, your details will be handed to Legalsense for follow up. This could affect your ability to enrol your child at another institution and your credit record.
6. That Oak Hill Academy management reserves the right to increase fees at any time after giving 1 (one) calendar month's notice. I undertake to complete a new Financial Contract when necessary, but at the very least once annually. Failure to complete a new contract will not constitute notice.
7. To undertake payment of school fees via debit order in the following manner: **(Please Tick)**

**13h00 until 18h00 – R1200.00**

**Paid in advance on or before the last day of each month**

*Payment via EFT or cash only by prior arrangement with the Principal or Accountant. Should a parent or guardian fail to make an EFT or cash payment for a period of 1 (one) month, the school reserves the right to refuse entry to the child until such time as the school fees have been paid up to date, and the parent or guardian has signed a debit order authorisation or paid the balance of the year's fees in advance.*

I, the undersigned, accept that I am severally liable for all amounts payable in terms hereof and that a statement signed by the accountant for Oak Hill Academy certifying the amounts owing shall constitute prima facie proof for all purposes of any amounts owing in terms hereof and that any disbursements included in such amounts were duly made to or on behalf of my child. I understand and accept all terms and conditions annotated on pages 1, 2, 3, 4 and 5 of this Registration Form.

SIGNATURE OF PERSON RESPONSIBLE FOR ACCOUNT: ..... DATE .....

SIGNED FOR OAK HILL ACADEMY ..... DATE ..... WITNESS ..... DATE .....

**PLEASE NOTE THAT THE PERSON RESPONSIBLE FOR THE ACCOUNT MUST SIGN THE CONTRACT.**

**COPY OF ID MUST ACCOMPANY THE SIGNED AGREEMENT.**



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**BANK DEBIT ORDER INSTRUCTION**

Name (Debtor): \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signatory name: \_\_\_\_\_

\_\_\_\_\_

Contact Tel: \_\_\_\_\_

\_\_\_\_\_

Child's name: \_\_\_\_\_

Dear Sirs/Madams

The details of my bank account are as follows:

BANK: \_\_\_\_\_

BRANCH/TOWN: \_\_\_\_\_

BRANCH NO.: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ (savings, current, transmission)

I/we hereby request and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of \_\_\_\_\_ (state amount in words) or any variable amount pertaining to this agreement, on the last working day of each month. This being the amount necessary for the settlement of the monthly fee due to you in respect of school fees as per contract dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally.

I/we, the undersigned, "instruct" and authorize your agent Netcash (Pty) Ltd, to draw against my/our account. I/we understand that if bank details have been supplied the withdrawals authorized here will be processed by BankServ. I/we also understand that details of each withdrawal will be printed on my/our statement.

I/we agree to pay any banking charges relating to this debit order instruction.

This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment:

I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party

Signed \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS