AFTERCARE FORM

LIGHTHOUSE CHRISTIAN SCHOOL

LEARNER INFORMATION

Surname

Gender ☐ Male ☐ Female

Name

Known as

Date of Birth

D D M M Y Y

Grade

Child's ID Number

Age

Home Address

Suburb

Post code

Parental responsibility ☐ Mom ☐ Dad ☐ Both

Parents living together ☐ Yes ☐ No

MEDICAL INFORMATION

Medical Aid name

Main Member's name

Medical Aid plan

Medical Aid number

Allergies
(please list all)

Name of Doctor

Doctor's phone number

Does the learner have special medical needs? ☐ Yes ☐ No

Details of medical needs and medication

ENROLMENT

Full Time Full Day

Adhoc Aftercare

Full Time Half Day

- ***Please note Adhoc is billed according to attendance***

PARENT/GUARDIAN INFORMATION

FATHER/GUARDIAN

Relationship to child:

Surname:

First name:

Marital status: single married divorced widowed

Spouse's name:

Do you live with the learner? Yes No

Home address:

Post code:

Postal address:

Post code:

Cell number:

Work phone number:

MOTHER/GUARDIAN

Relationship to child:

Surname:

First name:

Marital status: single married divorced widowed

Spouse's name:

Do you live with the learner? Yes No

Home address:

Post code:

Postal address:

Post code:

Cell number:

Work phone number:

<u>Alternative contact details</u> to be used in case of an emergency (other than parents or legal guardians)

Full Name (Mr/Mrs/Miss)

Contact number

Relationship to learner

Email address

Home address

Post code

FEE STRUCTURE 2026
LIGHTHOUSE CHRISTIAN SCHOOL

LIGHTHOUSE
CHRISTIAN SCHOOL

FULL TIME AFTERCARE

Option	Collection Time	Cost Per Month	Cost Per Year
Full Time Half Day	15:30	R1 390	R15 290
Full Time Full Day	17:30	R1 990	R21 890

AD HOC AFTERCARE

Option	Time	Cost Per Day
Adhoc Waiting	Less than 30min	R40
Adhoc Half Day	More than 30min and less than 90min	R80
Adhoc Full Day	More than 90min	R130

Aftercare times	Grade 000-2 aftercare starts at 14:00 Grade 3-6 aftercare starts at 14:00 (***if not at extra mural***) Grade 7-9 start at 15:30 (***after extra murals and homework class***)
Late collection	A late collection fee of R200.00 per hour or part thereof will be billed for any collection after 17:30
Insurance	Kindly ensure that your children's medical costs and/or personal belongings are adequately covered by your own medical aid and personal insurance as they are not covered by the school's insurance.
Banking Details	**Bank: First National Bank (FNB)** **Branch Code: 210554** **Swift Code: FIRNZAJJ** **Account No.: 63108395806** **Reference: School account number**

Please note that food is not provided for at Aftercare.
Please ensure you send a packed lunch/snack if your child attends aftercare

Please email bursar@thelighthouseschool.co.za for all payment notifications and/or account queries