

AFTERCARE FORM

LIGHTHOUSE CHRISTIAN SCHOOL



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 Day

Waiting

Half Day

Adhoc Half Day

Adhoc Full Day

PARENT/GUARDIAN INFORMATION

FATHER/GUARDIAN	MOTHER/GUARDIAN
Relationship to child: <input type="text"/>	Relationship to child: <input type="text"/>
Surname: <input type="text"/>	Surname: <input type="text"/>
First name: <input type="text"/>	First name: <input type="text"/>
Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed	Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed
Spouse's name: <input type="text"/>	Spouse's name: <input type="text"/>
Do you live with the learner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live with the learner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home address: <input type="text"/> <input type="text"/>	Home address: <input type="text"/> <input type="text"/>
Post code: <input type="text"/>	Post code: <input type="text"/>
Postal address: <input type="text"/> <input type="text"/>	Postal address: <input type="text"/> <input type="text"/>
Post code: <input type="text"/>	Post code: <input type="text"/>
Cell number: <input type="text"/>	Cell number: <input type="text"/>
Work phone number: <input type="text"/>	Work phone number: <input type="text"/>

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

Full Name (Mr/Mrs/Miss)	<input type="text"/>		
Contact number	<input type="text"/>	Relationship to learner	<input type="text"/>
Email address	<input type="text"/>		
Home address	<input type="text"/> <input type="text"/>		
Post code	<input type="text"/>		

FEE STRUCTURE 2025

LIGHTHOUSE CHRISTIAN SCHOOL



Option	Collection Time	Cost Per Month	Cost Per Year
Half Day	15:30	R1 390	R15 290
Full Day	17:30	R1 990	R21 890
Adhoc Half Day	15:30	R80 per day	
Adhoc Full Day	17:30	R130 per day	
Waiting	14:00	R40 per day	

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: Child First & Last Name & Aftercare

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