

I the undersigned

17 Toinette, Brackenhurst, Alberton, Gauteng Ausome Learning Minds (Pty) Ltd Reg. N0: 2024/437357/07

Mobile Number: + 27 64 909 7710

E-mail Address: info@ausomelearningminds.co. za

Aftercare Agreement - 2026

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(ful	I name of parent/g	uardian responsible for fee	s)
	(reside	ential address)	
hereby apply for the enrolme	ent of:	0	,
Learner Name		Including Homework	Excluding Homework
		14h00 to 18h00	14h00 to 18h00

at Ausome Learning Minds aftercare for 2025. (Please enter the full name/s of each of your children whom it is your intention to have for aftercare for 2025)

Ad-hoc attendance will be invoiced at the end of each month at R100-00 per afternoon. An additional fee of R50/ half an hour or part thereof will be invoiced if a learner is collected after 18h00

Please be aware of the following:

- Aftercare fees are paid upfront
- Learners enrolled for aftercare will be required to pay the full monthly fees even if they are absent on specific days, as staff and facilities remain available.
- A fee of R800 00.00 a learner per month
- Aftercare agreements are signed, and one month's notice will apply.

Learner Name		
Grade		
Parent / Guardian 1	Parent / Gu	ardian 2
Name	Name	
ID- Number	ID- Number	
Mobile Number	Mobile Num	ber
Work Number	Work Numb	er
Work Number Medical Aid		
Detail s		
Detail s Name		
	ome Pearnina	Minds

BANKING DETAILS

Date _____

Account Holder Name	Ausome Learning Minds
Bank Name	FNB Bank
Account number	6311 1611 190
Account type	Current Account
Branch Code	250655
Reference	Your Child's Initials & Surname

