



Little Woodlands

# Little Woodlands Preschool

134 Outeniqua Ave, Doringkloof, Centurion

Tel: 078 907 4730

## AQUA-AEROBICS

Name and surname: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

ID number: \_\_\_\_\_

### **Medical:**

Medical aid and plan: \_\_\_\_\_

Medical aid number: \_\_\_\_\_

Preferred GP: \_\_\_\_\_

GP practice and number: \_\_\_\_\_

Please provide a copy of your **medical aid card and your ID.**

### **Next of Kin:**

Name and surname: \_\_\_\_\_

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

Contact number: \_\_\_\_\_

### **Terms and conditions:**

Lessons are payable in advance monthly.

Late payment penalties of R50 per month to cover the additional administration.

You will be held responsible for any legal fees resulting from unpaid account.

### **Health:**

A person suffering from any skin infection or other communicable diseases will be excluded from lessons for the safety and well-being of other participants and teachers, you will only be allowed to rejoin the classes after the necessary certificate of health is received from the doctor handling the case.

### **Examples include:**

Herpes Simplex (Cold sores); Varicella (Chickenpox); Rubella (German measles); Enteroviruses (Hand, Foot and Mouth Disease); Pediculosis (Head Lice); Impetigo (School sores); Morbillivirus (Measles); Mumps; Conjunctivitis; Diarrhea and/or vomiting; Tinea (Ringworm); Parvovirus B19 (Slapped cheek syndrome); Pertussis (Whooping Cough); Human Papilloma Virus (Plantar Warts); Scabies; Eczema.

I \_\_\_\_\_ the legal guardian of \_\_\_\_\_

Am aware that the attendance of these swimming activities may hold the possibility of physical injuries. I accept that all reasonable precaution will be taken to ensure the safety and welfare of my child. I understand that I will be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained which can not be ascribed to negligence on the part of the swimming instructor is responsible for the swimming lesson. I cede my power as parent/legal guardian to the principal of the school or his/her representative should any medical treatment be deemed necessary for my child, in case of an emergency. In the event of a medical emergency or serious injury, I herewith consent that the swimming instructor or a representative, may administer / treat or give the necessary medical assistance.

\_\_\_\_\_  
**Signature of parent**

\_\_\_\_\_  
**Full Name of Parent:**

\_\_\_\_\_  
**Date**

<b>Prices:</b>		
	<b><u>Per lesson</u></b>	<b><u>R300 pm</u></b>
1x per week	R80-00 per lesson	R300 pm
2x Per week	R75-00 per lesson	R550 pm

**Banking details:**

Ereofusion Pty (Ltd)  
Account number: 62634081468  
First National Bank  
Cheque Account  
250655

**\*\*Reference: Child's name-SW\*\***

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Full Name of Applicant:**

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