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**AFTERCARE ad hoc** (Please fill in all items in block letters)

Name of child	
Class	
Date of late coming	
Days	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
time of collection :	

(Please mark with an x )

**Aftercare Rates**

Amount to be charged	Amount	Sign
	R 110 .00	

- Please make yourself aware of closing and pick up times
- This amount will be charged this month for collecting the student late
- Please ensure in future you call or arrange someone to collect your child on time
- This fee will be charged whether you sign or not

Thank you

