

REGISTRATION FORM

Please complete and return to school

Personal Information

School Name: _____ Teacher: _____

First Name: _____

Surname: _____

Age: _____ DOB: _____ Gender: _____

Grade: (3 – 4 yr) (4 – 5 yr) R (5 – 6 yr) 1 (6 – 7 yr)

Parent First Name: _____

Parent Surname: _____

Relationship to child: _____

Tel No Work: _____ Cell No: _____

Email Address: _____

Additional Email Address: _____

Street Address: _____

ID Number: _____

Conditions of Payment

- 4 x Termly Payments must be paid on the 1st day of each term / 10 instalments must be paid on the 1st of each month
- I understand that these payments will not be refunded if the child is away or sick
- No classes are presented on public holidays
- Notice of intention to withdraw from the program should be given in writing 1 calendar month in advance to end this contract.

Payment Method: EFT MONTHLY QUARTERLY (No Cash Deposits Please)

Account Holder: R. Lamprecht Bank / Account type: ABSA Savings Account

Account Number: 9185435791 Branch Code: 632550

Please use child's reference number provided on statement when making payment.

R150 Registration & Your term fee **R540** includes:

- 40 Minute Lessons, once a week, held at school.
- 8 Lessons per term.
- 3 Quarterly progress reports.
- 1 Certificate.

Indemnity

By my signature hereto, in my capacity as the primary parent/guardian of above named child, I indemnify Rolandé Lamprecht with whom I am entering into this contract for extra-mural activity tuition, against injury or loss which may be suffered by my child during, before or after lessons. I have read and will abide by the conditions of payment.

Signature: _____ Date: _____