Henley High and Preparatory School (Pty) Ltd

Gauteng Dept of Education
Reg No 331652

2/304 HENLEY DRIVE
HENLEY ON KLIP
1962

TEL: (016) 366 0678
CELL: 072 608 6061
EMAIL: reception@hhps.co.za
WEB: www.hhps.co.za

2026 AFTERCARE INFORMATION BROCHURE AND ENROLMENT FORM

We would like to welcome you and your child to the Aftercare Centre. We aim to provide a well-supervised, yet relaxed and fun facility for your child. Your child is welcome to join any school activity, and then join us later in the afternoon.

LOCATION:
The Aftercare Centre is located at 1512 Iffley Road (across the soccer field from Henley Primary School). Collection access is only available from the entrance in Iffley Road.

TIME:
The Aftercare service runs from the close of school to 17:30 every day of the week, including the last day of the term. A fine of R70.00 per half hour, or part thereof, will be charged to parents who fetch their children after 17:30. If a child is repeatedly not picked up on time, the school will immediately cancel the contract.

You must please sign your child out every day on the register list provided.
A letter of permission, and identification of the person concerned, should be supplied to us if you are making use of an au pair or transport service to collect your child from Aftercare.

LUNCH/ SNACK: (these are included in the Aftercare fee)
A light, cooked lunch is served directly after school, until around 14:00 or as children return from their activities.
A snack is provided by Aftercare at ±15:30 every afternoon.

HOMEWORK
Learners are expected to attend the homework/study period and to take part in the programme.
Educators on duty will assist learners wherever possible to do their homework, but it is still the parent's duty to make sure the learners know the work and have completed all homework. Tests and projects require independent research and study time at home. These aspects remain the responsibility of the individual child and their parents.

RIGHT OF ADMISSION
The Aftercare centre reserves the right to ask for the removal of any child due to behavioural problems or other discipline problems.
All placements at the Aftercare are subject to availability of space.

Initial_____

FEES:
All fees are payable on invoice to Henley High & Preparatory School. Fees are due for payment by the 1st day of each month. ABSA BANK, MEYERTON. Branch: 632005 Account No.: 4048672099 Ref your child's account number. Overdue accounts will be handed to the school's attorneys for collection with all costs for your account.

Non payment of school and/or aftercare fees will result in your child being suspended from Aftercare. One calendar month's written notice will be required if you are leaving the Aftercare.

Parents / Guardians are responsible for the costs of any damage to persons or property caused accidently or through the misconduct or carelessness of your child.

Billing will occur as follows:

You will be invoiced at the end of every month for the Aftercare fees incurred. You have the option to select daily rate or contracted rate. If you select the ***contracted rate,*** you will be billed the standard rate of ***R1 680.00*** per month. If you select the ***daily rate*** you will be charged ***R105.00*** per day. This will be determined by the Aftercare register, so you will only be billed for the days your child attends Aftercare and/or Holiday Club. January and December are invoiced out at the daily rate according to the days that your child attends Aftercare and/or Holiday Club.

MEDICATION
Medication will only be given to children with a signed parental consent form listing a date, type, name, time, and dosage. All medication must be in the original container, have a valid expiration date, and be labelled with the child's name. Staff cannot dispense medications in dosages that exceed the recommendations stated on the medication container.

Medical details
Is there any medical condition (including allergies) that the aftercare teacher needs to know about?

……
…….

Treatment for this ailment……..

Persons to contact in an emergency
1.Name:…….. Phone number:……..
(Please update this number if it should change)
2.Name:…….. Phone number:……..
(Please update this number if it should change)
3.Medical doctor…….Phone number:……

Medical Aid Society …….

Medical Aid Number…….

Primary Member ……..

Initial_____

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2026 AFTERCARE ENROLMENT FORM

Child's Name & Surname	
Grade	
Residential Address	
Home Telephone Number	
Father's Name	
Work Telephone Number	
Cellular Number	
Mother's Name	
Work Telephone Number	
Cellular Number	
Contact e-mail address	
Emergency Contact Person's Name	
Telephone Number	
Who will be fetching your child?	

Please indicate fee option: Contracted @ R1680.00 p/m ☐ Initial _____

Daily rate @ R105.00 p/d ☐ Initial_____

I, the undersigned, being the parent/guardian of the child mentioned below, agree to abide by the rules and regulations of the Henley High & Preparatory School Aftercare Centre. I am aware of all the risks, hazards connected with the aftercare, and understand that every precaution will be taken to ensure the safety of my child at all times. I therefore, will not hold the School, its owners, its agents, nor Aftercare staff members, responsible for any injury incurred by my child. I further agree that the Aftercare Centre or any of its members and/or assistants shall not be held liable for any loss or damage to property or person and that the staff, shall, in all respects, act "in loco Parentis" regarding the supervision, care and discipline of the child.

Please note that if your Henley High and Preparatory School (Pty) Ltd's school fees are in arrears by 30 days or more, your child/ren will not be permitted to attend Henley High and Preparatory School (Pty) Ltd Aftercare until all school fees are paid up to date.

Initial _____

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2026 AFTERCARE CONSENT FORM

I, *(full name & surname)* _____

ID number _____ parent / guardian of

_____ *(full name & surname of learner),*

HEREBY GIVE PERMISSION FOR HIM/HER TO PARTICIPATE IN THE HENLEY HIGH AND PREPARATORY SCHOOL AFTERCARE CENTRE ACTIVITIES.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and I shall be held responsible for the payment of medical and/or hospital accounts, where applicable.

I cede my powers as parent/guardian to the Head of School or her representative should medical treatment/surgery be deemed necessary for my child. As far as I know, he/she is physically capable of participating in all activities and he/she is in good health. However, the persons responsible should please take note of the medical information regarding my child (See Aftercare registration Form).

I give permission for my child to be transported to a hospital if it should be necessary. I accept that the Aftercare staff cannot be held responsible for any injury sustained from an accident related to the above.

I am aware that the Aftercare Centre closes at 17h30. I am aware that a fine is issued and I am prepared to pay it **in cash within two days**.

Please attach a certified copy of your Medical Aid Membership Card (both sides), plus a certified copy of the Identity Document of the main member. If you do not belong to a Medical Aid your child will be taken to a Provincial Hospital.

Parent / Guardian

SIGNATURE: _____ DATE: _____

Witness

SIGNATURE: _____ DATE: _____