DREAM HIGH LEARNING INSTITUTE & COUNSELLING

AFTERCARE ENROLMENT FORM

Safe supervision, homework support and structured care • Weekdays, 13:30–18:00

PRIVACY NOTE

This form becomes confidential once completed. DHLIC will use the information only for admission, learner support, safety and required administration.

01 / LEARNER DETAILS

Year of enrolment	
Grade	
Surname	
First and preferred names	
Date of birth / ID number	
School attended	
Learner mobile number (if applicable)	

02 / PARENT / GUARDIAN DETAILS

Parent / guardian 1: full name	
Relationship to learner	
Mobile number	
Email address	

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Parent, account and attendance details

02B / PARENT / GUARDIAN 2

Parent / guardian 2: full name	
Relationship to learner	
Mobile number	
Email address	

03 / ACCOUNT CONTACT

Person / organisation responsible for account	
Billing email / mobile	
Postal or physical address	

04 / ATTENDANCE PLAN

☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday

Expected collection time	
Transport arrangement	
Start date	

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Safety, collection and emergency information

05 / HEALTH & EMERGENCY INFORMATION

Family doctor / practice	
Doctor's telephone number	
Known allergies or medical conditions	
Medication and instructions	
Emergency contact name and relationship	
Emergency contact mobile number	

06 / AUTHORISED COLLECTION

Person 1: full name, relationship and mobile	
Person 1: ID / passport number	
Person 2: full name, relationship and mobile	
Person 2: ID / passport number	
People who may not collect the learner	

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Arrangements, consent and office use

07 / AFTERCARE ARRANGEMENTS

1. Aftercare operates from 13:30 to 18:00 on confirmed service days.
2. Parents or guardians must identify the learner's regular attendance days.
3. If the learner will be absent, the facilitator should be informed by 12:00.
4. Unreported absences may remain chargeable because staffing and space were reserved.
5. Changes to contact, collection, transport or medical information must be reported promptly.
6. Cancellation must be submitted in writing and is subject to the current signed fee terms.
7. A late-collection procedure and any applicable charge will be communicated in the current fee schedule.

08 / CONSENT AND DECLARATION

I confirm that I have read and understood the aftercare arrangements above. I authorise DHLIC to provide reasonable emergency first aid while contacting me or the nominated emergency contact. I accept responsibility for keeping all attendance, medical, collection and contact information current.

Signature: _____

Parent / guardian

Date: _____

Signature: _____

DHLIC aftercare official

Date: _____

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Office use and enrolment confirmation

09 / FOR OFFICE USE ONLY

Enrolment confirmed	☐ *Yes* ☐ *No* ☐ *Wait-listed*
Start date	
Attendance schedule verified	
Fee plan / invoice reference	
Staff notes	

PAYMENT SECURITY

DHLIC issues verified payment instructions after enrolment confirmation. Confirm all banking details directly with the office before paying.