



## HOLIDAY PROGRAMME APPLICATION FORM

Dates: Monday – Friday 11, 12, 13, 14, 15 December 2023.

Programme will run 07:30 - 16:00 | Cost: R750 for the week. 24 Spots available.

Please complete and e-mail to [info@edu-learn.co.za](mailto:info@edu-learn.co.za) ASAP.

Payable on submission of form. Invoice made out on receipt of form, space reserved when payment is received.

### PARENT OR GUARDIAN DETAILS

Name	<input type="text"/>	Contact Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>	E-Mail Address	<input type="text"/>
Physical Address	<input type="text"/> <input type="text"/> <input type="text"/>		
Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

### LEARNER'S DETAILS

Name	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Surname	<input type="text"/>	Allergies/Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide all relevant details regarding Allergies and/or diagnosis.	<input type="text"/> <input type="text"/> <input type="text"/>		

### EMERGENCY CONTACT

Emergency Contact Name & Number 1:	Emergency Contact Name & Number 2:
Name and Surname <input type="text"/>	Name and Surname <input type="text"/>
Contact Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Contact Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### INDEMNITY

The following Indemnity Form, if signed, gives your consent for your child to participate in all activities organised by the staff of Edu - Play Early Learning Centre.

I hereby give permission for my child to participate, under the supervision of Edu - Play Early Learning Centre staff, in all 2022 Holiday Care Program activities.

- I hereby declare that I shall not hold the aforementioned Edu - Play Early Learning Centre and its staff liable for any damage or injury sustained by my child while he/she is under their supervision.
- I also undertake to indemnify the bona-fide representatives of Edu - Play Early Learning Centre against all claims by me, or any third parties, arising from any cause or action whatsoever, and will not hold Edu - Play Early Learning Centre or its representatives liable for any injury or loss or any damages consequent there to, sustained whilst my child is in their care.
- I accept that the staff of Edu - Play Early Learning Centre and their designated assistants will take every reasonable precaution to ensure the safety of my child.
- It is understood that in the event of an emergency situation, the judgment of the staff of Edu - Play Early Learning Centre will prevail. In case of emergency, and I cannot be reached, I give my consent to allow my child to be treated by a physician or at a medical facility.

Applicants Signature	<input type="text"/>	Application Date:	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>
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