FOR OFFICE USE ONLY:
ACC NO:……
APPLICATION FEE: TERM FEE:
REC BATCH:

APPLICATION FOR EXTRA MURAL ART CLASSES 2026

TO BE COMPLETED BY PARENTS/GUARDIANS

PETER CLARKE ART CENTRE

Application for Grade: R…...1…...2….3……4…..5…...6…..7…...8…...9…...10……11……12……
DAY ……

FIRST CHILD / WARD
NAME:…… SURNAME……..……..
Date of Birth: …… / …… / …….

SECOND CHILD / WARD
NAME:…… SURNAME……..……..
Date of Birth: …… / …… / …….

PARENT 1 / GUARDIAN 1:

Surname: ……..…… Name / Initial: ……..… Title: ……..……
ID Number: ……

Physical Address:
……..……...……..……..
…… Postal Code: ……...……..
Phone: Home: ……..…… Work:……...……..…….
Cell: ..……...…… E-mail: ……...…….
Company: ……..... Occupation: ……..……
Signature:……..

PARENT 2 / GUARDIAN 2:

Surname: ……..…… Name / Initial: ……..… Title: ……..……
ID Number: ……

Physical Address:
……..……...……..……
…… Postal Code: ……...……
Phone: Home: ……..…… Work: ……..……
Cell: ……...…… E-mail: ……...……
Company: ……...…. Occupation: ……..……..
Signature:……..

DETAILS OF SIBLING/S ALREADY AT PCAC

Name:……..… GRADE:……

Vredenhof Keurboom Rd Newlands ● 7708 Tel ● 021 683 2720 Fax ● 021 683 1297

APPLICATION REQUIREMENTS:

All applicants must submit to the Peter Clarke Art Centre:

1. **A completed application form with a non-refundable application fee of R240.**
2. **Certified copy of both parents' or guardians' ID and proof of address.**

ACCOUNTS:

Peter Clarke Art Centre does not send accounts. We ask that the fees be paid at the beginning of each term. However, should an account be outstanding, a statement will be sent to you at an admin fee of R25.

Please inform the Peter Clarke Art Centre in writing should your child/ward wish to discontinue classes as you could be held liable for the term's fees. Send your email to Na-aymah at na-aymah@pcac.co.za or to Ayesha at ayesha@pcac.co.za

DETAILS OF PERSON RESPONSIBLE FOR THE ACCOUNT

(Must be completed)

Surname: ……..…… Name / Initial: ……..… Title: ……..……

Postal Address: ……..……...……..

……...…… Postal Code: ……..……

Phone: Home: ……..…… Work: ……..……..……

Cell: ……...……..…… E-mail: ……..……

ID Number: …… Signature: ……

I agree to pay the fees, as decided by the Governing Body of the PCAC, at the first lesson of each term.
I agree to give notice in writing at least ONE MONTH BEFORE THE END OF TERM if not returning in the following term.

INDEMNITY

I fully understand and accept that all activities shall be participated in and undertaken at my child's / ward's own risk and on behalf of myself, my executors, my spouse/partner and child/ward aforesaid, I hereby indemnify the Principal, staff and members of the Governing Body against any and all claims whatsoever that may arise in connection with the loss of or damage to, the property or injury to the person of my child/ward aforesaid in the course of his/her/their activities at the PCAC, including outings when my child/ward is transported by a staff member or parent of the PCAC.

PCAC loves to include photos of learners in our publications and marketing. During your stay at PCAC, we will be capturing some footage and would like permission to make use of any photographic, video graphic or audio footage obtained either at the PCAC or on outings to other institutions. All footage obtained will remains the property of PCAC.

By signing below, you grant the Peter Clarke Art Centre permission to make use of such footage.

SIGNATURE …… DATE: ……...

NAME AND SURNAME IN BLOCK LETTERS……

BANK DETAILS

In Name of:	Peter Clarke Art Centre
Bank:	Standard Bank
Bank Code:	02 51 09
Account No:	072 511 591
Reference:	Learner's name and surname