



APPLICATION FOR EXTRA MURAL ART CLASSES

TO BE COMPLETED BY PARENTS/GUARDIANS

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

FIRST CHILD

NAME:..... SURNAME.....

Date of Birth: / /

SECOND CHILD

NAME:..... SURNAME.....

Date of Birth: / /

MOTHER:

Surname: Name / Initial: Title:

Physical Address:

.....
..... Postal Code:

ID Number:

Signature:.....

Phone: Home: Cell:.....

Work: E-mail:

Company: Occupation:

FATHER:

Surname: Name / Initial: Title:

Physical Address:

.....
..... Postal Code:

ID Number:

Signature:.....

Phone: Home: Cell:.....

Work: E-mail:

Company: Occupation:

DETAILS OF SIBLING/S ALREADY AT PCAC

Name:..... GRADE:.....

APPLICATION REQUIREMENTS

All applicants must submit to the Peter Clarke Art Centre:

1. A completed application form with a non-refundable registration fee of R150.
2. Certified copy of both parents' or guardians' I D documents and proof of address for same.

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 R5.

Please inform the Peter Clarke Art Centre in writing should your child wish to discontinue classes. Send your email to Mrs Samaai at na-aymah@pcac.co.za

DETAILS OF PERSON RESPONSIBLE FOR THE ACCOUNT

(Must be completed)

Surname:	Name / Initial:	Title:
Postal Address:		
.....		Postal Code:
Phone: Home:	Cell:	
Work:	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 own risk and on behalf of myself, my executors, my wife/husband and child 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 aforesaid in the course of his/her activities at the PCAC, including outings when my child is transported by a staff member or parent of the PCAC.

SIGNATURE DATE:

SURNAME IN BLOCK LETTERS.....

BANK DETAILS Peter Clarke Art Centre Standard Bank - Claremont Bank Code: 02 51 09 Account No: 072 511 591
