THE ADVENTURE CLUB 2026

GRADE 0000 – GRADE 7

WELCOME TO THE ADVENTURE CLUB

At the Adventure Club, we have established a routine within the facility which we believe addresses the specific and unique needs of our students and parents. We aim to create a "home away from home" atmosphere where children can relax and play in a safe and friendly environment. The Adventure Club is available for all students from Grade 0000 to Grade 7.

OPTIONS AND FEES

We have various options available to suit your needs best. All options will be invoiced over 10 months from February to November each year.

OPTIONS	TIMES	FEES
Option 1 – Full Day	12:30 – 17:30	R 1500 per month
Option 2 – Half Day	12:30 – 15:30	R 760 per month
Option 3 – Three times a week	12:30 – 17:30	R 890 per month
Option 4 – Day Visitor	12:30 – 17:30	R 70 per day

Should you wish to change your option, you may only do so at the start of each term and you must notify the Finance Department at debtors@ashtonbenoni.co.za or financeassist@ashtonbenoni.co.za

IMPORTANT INFORMATION

- A nutritious light snack is provided daily. We encourage parents to send an additional packed lunch with their child to aftercare should they require it.
- To ensure every child's safety and correct billing, parents are required to sign their child out when they are collected from the aftercare.
- Please note that a penalty fee of R100 per day will be charged should you collect your child after 15h30 for half-day students and after 17h30 for full-day students.
- The billing cycle for day visitors runs from the 16th of each month to the 15th of the following month. Invoices for each month are generated in the following month.

REGISTRATION

- Registration is on an annual basis.
- Should you wish to register your child at the Adventure Club for 2026, kindly complete the attached registration form.
- Additionally, you will be required to sign the college's Code of Conduct, acknowledging that school rules still apply at the Adventure Club.
- Please return your completed and signed registration form and Code of Conduct to the Finance Office.

THE ADVENTURE CLUB 2026 REGISTRATION FORM

GRADE 0000 – GRADE 7

1. STUDENT INFORMATION:

First Name(s) _____

Surname _____

Grade & Class (2026) _____

2. PARENT/GUARDIAN INFORMATION:

MOTHER / GUARDIAN 1

First Name & Surname _____

Contact Numbers _____

Email Address _____

Residential Address _____

Occupation _____

FATHER / GUARDIAN 2

First Name(s) & Surname _____

Contact Numbers _____

Email Address _____

Residential Address _____

Occupation _____

ALTERNATIVE EMERGENCY CONTACT (NOT A PARENT)

First Name(s) & Surname _____

Contact Numbers _____

Email Address _____

Relationship To Child _____

3. PAYMENT OPTIONS:

Please select which option you will be choosing for 2026. Bear in mind that should you wish to change your option, you may only do so at the start of each term. Registration for the Adventure Club is on an annual basis and a new registration form will be required each year. All options will be invoiced over 10 months from February to November each year.

Please select your option by marking the relevant box below:

	OPTIONS	TIMES	FEES
☐	Option 1 – Full Day	12:30 – 17:30	R 1500 per month
☐	Option 2 – Half Day	12:30 – 15:30	R 760 per month
☐	Option 3 – Three times a week	12:30 – 17:30	R 890 per month
☐	Option 4 – Day Visitor	12:30 – 17:30	R 70 per day

4. COLLECTION OF CHILD

For security reasons, if you are unable to collect your child personally and have made alternative arrangements, you must inform aftercare accordingly.

Please indicate the details of individuals who are allowed to collect your child:

_____	_____	_____
Name and Surname	*ID Number*	*Contact No*
_____	_____	_____
Name and Surname	*ID Number*	*Contact No*
_____	_____	_____
Name and Surname	*ID Number*	*Contact No*

5. STUDENT MEDICAL INFORMATION:

Family Doctor _____

Name of Medical Aid _____

Medical Aid Number _____

Medical Information & Allergies _____

_____

_____

_____

In certain instances, emergency medical treatment may be required to be administered to a student by a medical practitioner, paramedic or person in the medical profession. Such treatment will be for the parent's account and the teacher on duty is hereby authorised to request such assistance as he/she may at his/her discretion deem necessary

6. INDEMNITY:

The parents (whether natural, adoption or foster parents) hereby indemnify and agree to hold harmless Ashton International College Benoni, the Heads and Staff, or the authorised agents or representatives of the aforementioned, against any claims, howsoever arising, legal costs, suffered by the student or a third party as a result of or during the student's participation at the Adventure Club.

I have read and understand the contents of this document and agree to abide by all the terms and conditions therein.

_____ _____

Signature of a parent/legal guardian *Date*

SHOULD YOU HAVE ANY FURTHER QUERIES, PLEASE FEEL FREE TO CONTACT US AT:

ADVENTURE CLUB OFFICE

aftercare@ashtonbenoni.co.za

Grade 0000 – 00: 078 116 2825 (Teacher Blessing)

Grade R – 7: 066 375 8009 (Teacher Denise)

DEPUTY PRINCIPAL

Ms L. Hattingh – lhattingh@ashtonbenoni.co.za

FINANCE OFFICE

debtors@ashtonbenoni.co.za

financeassist@ashtonbenoni.co.za

011 395 2070