

# JOMAK DAY CARE



Plot No. 691 F KONDO, BAHARI BEACH P.O. Box 68255, DAR ES SALAAM, TANZANIA

## Ref No JMK/GEN/SP/2013/14 JOMAK Saturday Program Enrollment Form

Registration date \_\_\_\_\_

Program (circle one)                      Reading      French      Art      Dance      Super Sports      Helpdesk

Name ( Print) \_\_\_\_\_

Age \_\_\_\_\_ Sex (circle one)    M    F

Name of School / Organization \_\_\_\_\_

Teacher/Coach and phone number \_\_\_\_\_

Address (Print) \_\_\_\_\_

Telephone \_\_\_\_\_

T-shirt size (circle one)                      Small      Medium      Large      Extra-Large

### Emergency Contact Information:

Parent/Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Other Contacts \_\_\_\_\_

Relationship to the player \_\_\_\_\_

Phone Number \_\_\_\_\_

### Medical Information:

Please list any medical conditions of the player: (asthma, diabetes, epilepsy, etc.)

\_\_\_\_\_

Please list any allergies of the player:

\_\_\_\_\_

Please list any medication that the student is currently taking:

\_\_\_\_\_

### Waiver Form for Parent/Guardian (Required)

I certify that the information above is correct to the best of my knowledge. I understand the risk the sports programs present to my child including, but not limited to, serious personal injury or death. I am also aware that the staff of JOMAK will ONLY administer First Aid in the event of an injury but anything that requires more serious medical attention is my responsibility. Any questions I have concerning the program have been answered. I allow my child to participate in the JOMAK afterschool program and will not hold JOMAK or any of the coaches or volunteers involved responsible for any injury, or loss of property that may occur.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Admission fees for Saturday Programs

5wk Saturday program	Reading (1.5hrs sessions)	French (1.5hr s sessions)	Art (1.5hrs sessions)	Dance (1.5hrs sessions)	Super Sports(1.5hrs sessions)	Homework help desk (1 hr sessions)
<b>9:00-10:30, or 11:00-12:30</b>	100,000	100,000	100,000	50,000	100,000	10,000
<b>13:30-15:00, or 15:30-17:00</b>					100,000	10,000

Daily fee after any of the scheduled activity is 5,000Tshs.

### Method of Payment:

1. Fees are payable in Tanzanian shillings, and in advance before the beginning of the program.
2. Children will only be allowed to attend programs if fees have been paid.
3. Payments must be made directly to the JOMAK bank account provided below; cash payments will ONLY be accepted at JOMA for the additional daily programs.
4. Please bring a copy of the bank deposit slip to the class to confirm payments so that a receipt can be issued. The deposit slip should have the name of the child printed on it.
5. **School account name is PIONEERS FOR EXCELLENCE FOUNDATION held at CRDB BANK PLC Vijana Branch, Account Number. 0150408316400**

