

General Terms & Conditions

- ♦ The program consists of 40 weeks, There is no reduction in fees for non-attendance due to illness or any other reason/ nor catch up of classes. No classes on public holidays or school holidays.
- ♦ Every child must have a Clip Counter Kit .Clip Counter Kits remains the property of Gymathstics until paid in full.
- ♦ One term's **written** notice must be given if you would like to stop classes.
- ♦ All details provided must be correct and true.
- ♦ Extras to purchase: Hat with logo - R 35 each
T-shirt with logo - R 100 each

Terms for 2015- Private schools

Term	Duration
1	02 Feb - 17 April
2	05 May - 7 Aug
3	08 Sep - 04 Dec

Terms for 2015 - Public schools

Term	Duration
1	02 Feb- 25 March
2	13 April - 26 June
3	20 Jul - 02 Oct
4	12 Oct - 11 Dec

Monthly payment plans are available for term fees and Clip Counter Kits.

Indemnity form must be completed and sent back before classes can start.

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Banking details: Account name: Gymathstics
Standard Bank
Account number 012209864
Branch :Lynwood Ridge

Please use your child's name and surname as ref

ENROLMENT FORM for GYMATHSTICS 2015

Class fees are **R400.00 per term x 4 terms OR R180.00 per month x 10 months**. Clip Counter Kits are **R350.00** once off (or payable over 2 terms @ R175.00 per term). Fees must be paid before the start of each term/month. No child will be accepted until fees are paid in full. **One term's written notice must be given if you would like to stop classes.**

CHILD'S NAME & SURNAME _____

SCHOOL _____ CLASS/GR _____ AGE _____

PARENT/GUARDIAN NAME _____

CELL _____ WORK _____ EMAIL _____

ADDRESS _____

ANY OTHER INFORMATION eg Allergies etc. _____

I certify that the information given to Gymathstics is correct and accept full responsibility for the payment of class fees.

Signature (PARENT/GUARDIAN) _____ Name _____ Date _____

INDEMNITY FORM

Indemnity form must please be completed and sent back before classes can start.

I, _____

The parent / guardian of _____

Hereby give permission that he /she may participate in the activities/program presented by Gymathstics. I also accept that, even though all reasonable precautions will be taken for the safety of the children, no responsibility will be accepted by Gymathstics with regards to any injury whilst my child is attending any of the classes. With this I also give permission for Gymathstics to record my child while doing activities to post on Social Media.

Signature (PARENT/GUARDIAN) _____ Name _____ Date _____