



Modimolle Christian Academy  
(Modicademy)

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**Modicademy Aftercare Indemnity Form**

I (Name) \_\_\_\_\_ (ID number) \_\_\_\_\_

Parent/guardian of (Child's name) \_\_\_\_\_ (ID number) \_\_\_\_\_

Hereby take notice and agree with the following:

1. That my child is the responsibility of the Modicademy Aftercare staff from after school until 17:00. After 17:00 my child is my own responsibility. Modicademy staff, teachers, founder and principal will not be held accountable for any injuries to the student or loss and damage of the student's property.
2. Modicademy Aftercare staff is only responsible to help the student with homework and homework related assignments. We are not responsible for helping the student with bigger school projects.
3. Modicademy staff, teachers, principal or founder will not be held responsible for the loss of life or injury at the swimming pool or on our premises. All medical information must be included in the application form.
4. If any loss or damage is caused by the student to school property, then the parent/guardian of the student will be held fully liable for the loss or damage.
5. Fees are payable upfront. If the student did not pay their monthly fee or their monthly food order, Modicademy staff, teachers, founder and principal will not be held liable to help the student or feed the student.
6. 1(One) Term's notice is required if you wish to remove the student from the Aftercare. If this expectation is not met, the parent/guardian will be responsible to pay for the extra term.
7. Modimolle Christian Academy is a Christian school. We focus on leadership and character development based on biblical principles. We aim to teach our students to love God and love learning. We do not compromise on our value system, based on the word of God.

I, (Name) \_\_\_\_\_ have read the indemnity and fully agree with everything stated above.

SIGNED AT \_\_\_\_\_ ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

Signature \_\_\_\_\_

**Witness 1**

Name \_\_\_\_\_ Surname \_\_\_\_\_

ID number \_\_\_\_\_ Signed at \_\_\_\_\_ Date \_\_\_\_\_

**Witness 2**

Name \_\_\_\_\_ Surname \_\_\_\_\_

ID number \_\_\_\_\_ Signed at \_\_\_\_\_ Date \_\_\_\_\_