

Child's Name

UCT Educare Centre

Properties and Services Department Nursery Road Upper Campus, University of Cape Town,

Tel: +27 21 650 3522

Sonia Kulani Secretary E-mail: sonia.kulani@uct.ac.za

Internet:

http://www.staff.uct.ac.za/staff/support/educare/app

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2024 EDUCARE FEE PAYMENT PER MONTH

	+				
Sibling Name (attending UCT Educare Centre at					
the same time as the child, less 10% p.m.) Sibling Name (attending UCT Educare Centre at					
the same time as the child, less 10% p.m.)					
JOINT GROSS EARNIN	•	ENTS			
3 months to 5 years	Less than R 150 000.00		R150 000.00-R450 000.00	+ R450 000.00 per annum	
	per annum		per annum	and Third Party staff	
Rate per month:	R 2 288.00		R 2867.00	R 3101.00	
Tick applicable column					
Parents earning less than R	t 150 000.00 per annur	<u>n</u> are re	quired to submit supporting d	ocumentation such as three	
months proof of income (le	etter from employer /	bursary	office / bank statements).		
RESIGNATION PERIOD	:				
The resignation period is three 3 months. A written notification is required should you wish to resign from the					
Educare Centre. Without this letter of resignation, we are unable to cancel your stop order or credit your student fee					
account.					
1. Staff members	Permanent UCT sta The student fee of once-off payment a IORISATION (Please i	office wat the en	ber's monthly salary will be debiled ill debit your student fee according of February 2020. The only meethed and in	count with Educare fees as a neans of payment for students nsert the fee amount)	
I, the undersigned, do hereby			re Centre, to deduct the sum of salary with effect 1st	R	
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2. Students					
I the undersigned do hereby a	R				
3. Once off fundraisi	ng and excursion levy	у			
I, the undersigned do therefore certify that I am on the UCT Staff Monthly Payroll or the student fee account, therefore, an electronic fee payment of R300 (per child) will be deducted made on the 25 March excursion R210(2 year old class) and R410(3-5 yr old classes) amounts to the fee schedule for the end of April and May respectively of each year as required.					

PAYEE DETAILS AND SIGNATURE (By signing this I acknowledge that my income details are correct and that failure to comply may result in legal action i.e. **ACKNOWLEDGEMENT OF DEBT FORM** If the parent is a student the amount would be added to the fee account. If the parent is a staff member, they are to complete an acknowledgment of debt form and their salary is adjusted monthly until the amount due is recovered.

Name of Payee	Staff / Student Number	Signature	Date