



AFTERCARE - ENROLMENT FORM 2016

(Please complete ONE form for each pupil.)

PUPIL'S DETAILS

SURNAME: _____ FIRST NAME _____

NICKNAME: _____

DATE OF BIRTH _____ HOME LANGUAGE: _____

CLASS _____ BOY/GIRL _ MEDICAL HISTORY OF PUPIL:

Diagnosed condition / Syndrome: _____

Allergies: _____

Any other information: _____

MOTHER'S NAME AND SURNAME: _____

WORK NO: _____ CELL: _____

FATHER'S NAME AND SURNAME: _____

WORK NO: _____ CELL: _____

MARITAL STATUS: _____

IF DIVORCED, WITH WHOM IS THE CHILD LIVING? _____

DOCTOR'S NAME AND NUMBER: _____

MEDICAL AID NO: _____

MAIN MEMBER: _____

EMERGENCY CONTACT: _____ (In the case of an emergency and not being able to contact either parent, please nominate a friend or family member we should contact.)

NAME: _____ NUMBER: _____

PERSONAL: PLEASE GIVE ANY INFORMATION THAT WILL BE BENEFICIAL TO YOUR CHILD'S WELL BEING EG. DIFFICULTIES, PREFERENCES, DISLIKES, FOODS THEY CAN'T EAT ETC.

WHO IS AUTHORISED TO COLLECT YOUR CHILD? _____

I undertake to pay the monthly fees in arrears – will be invoiced on your school fee account.

I will ensure that my child is collected from Aftercare no later than 17:30.

I will give one full month's written notice before taking my child out of Aftercare.

My child and I have discussed issues of appropriate behaviour and manners during his / her time at Aftercare.

Signature Parent / Guardian

Date