



Tel: 010 109 0790  
Cell: 081 879 5646  
info@unity-college.org.co.za  
www.unity-college.org.za

NPC 051-231 | PBO 930 006 535  
Reg. No: 1991/004663/08  
59 Runnymede Ave | Chartwell North Estates  
PO Box 1029 | Witkoppen 2068

**AFTERCARE - ENROLMENT FORM 2019**

(Please complete ONE form for each learner)

**LEARNER'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, as invoiced on my school fee account.

I will ensure that my child is collected from Aftercare no later than 17:00.

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