

## AFTERCARE APPLICATION FORM: PLAYGROUP - CLASS 7

### PERSONAL INFORMATION

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Class: \_\_\_\_\_

Name of parent/s: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact details (Father): (H): \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Contact details (Mother): (H): \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

### MEDICAL / EMERGENCY CONTACT INFORMATION

Name and address of emergency contact person: \_\_\_\_\_

Telephone number of emergency contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Name of doctor: \_\_\_\_\_

Telephone number of doctor: \_\_\_\_\_

Medical aid name and number: \_\_\_\_\_

**Does your child suffer from any medical condition or allergies that we should be aware of?**

### REQUIRED AFTERCARE (Please mark with X)

PLAYGROUP & KINDERGARTEN		PRIMARY SCHOOL CLASS 1 - 7	
Half Day (12h15 – 14h30)	Full Day (12h15 – 17h00)	Half Day (12h30 – 15h00)	Full Day (12h30 – 18h00)
Casual Days attending (specify days of the week)			

Signature of Parent: \_\_\_\_\_ Date signed: \_\_\_\_\_