

CHARLO PRIMARY AFTERCARE APPLICATION FORM

PARTICULARS OF CHILD:

Child's Full Name & Surname:	
Preferred Name:	
Date of Birth:	
Grade (current):	
Full / Part-time:	
Starting date:	
Language of Learning:	

PARTICULARS OF PARENTS / GUARDIAN:

MOTHER'S DETAILS

FATHER'S DETAILS

Surname:		Surname:	
First Name:		First Name:	
ID No:		ID No:	
Cell No:		Cell No:	
Work No:		Work No:	
Occupation & Employer:		Occupation & Employer:	

MARITAL STATUS:

Married:		Divorced:		Widowed:		Single:	
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CHILD LIVES WITH:

Mother:		Father:		Both:		Guardian:	
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FINANCES:

Payment method:

EFT:		Debit Order:	
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I acknowledge that there is a penalty fee of R50.00 for every 30 minutes or part thereof after 17h30, should I be late without notifying Aftercare.

To terminate these services, I will give one month's written notice.

Names, contact details and relationship to child of authorised persons **who may** collect child from aftercare:

1. _____
2. _____
3. _____

EMERGENCY CONTACT (in case of an emergency and not being able to contact either parent / guardian)

Name & Surname:		Cell No:	
Name & Surname:		Cell No:	

MEDICAL DETAILS:

Family Doctor:		Phone No:	
Medical Aid:		Membership No:	
Allergies:		Medication for allergies:	
Chronic Medication:		Reason for medication:	

I HEREBY GIVE MY PERMISSION AND INDEMNIFY TO CHARLO PRIMARY AFTERCARE:

- To treat my child(ren) if a minor accident occurs
- To administer over-the-counter medication (Panado/Allergex)
- To take my child(ren) to the nearby Intercare, Medicross or Greenways centre in an emergency. I want to be notified and agree to meet any expenses incurred.
- In case of a more urgent matter I understand an ambulance will be called first then I will be notified and agree to meet any expenses incurred.
- Please provide a copy of medical aid card.
- Preferred hospital: _____

My child may be photographed for our school social media page: YES / NO

Any information that will be beneficial to your child's wellbeing:

I _____, (Full Names of Parent / Guardian) hereby indemnify Charlo Primary Aftercare and all employees (permanent or part time) of the Charlo Primary Aftercare, in respect of any injury sustained, damage of death suffered by my child(ren).

SIGNATURE: _____

DATE: _____