



Collegiate Junior for Girls

AFTER-SCHOOL CARE REGISTRATION- CLOSING DATE 23 OCT. 2020

| | | | |
|---|--------------------|---------------------|-------|
| SURNAME OF PUPIL | | FIRST NAME OF PUPIL | |
| GRADE (2020) | | GRADE (2021) | |
| MOTHER'S NAME | | FATHER'S NAME | |
| Telephone Numbers | | | |
| Father | Home: | Work: | Cell: |
| Mother | Home: | Work: | Cell: |
| <u>EMAIL ADDRESSES</u> | Father: | Mother: | |
| Doctor's name | | Doctor's tel.no | |
| Medical Aid details (Kindly supply a photocopy of your Medical Aid Card) | | | |
| Scheme Name | Membership number: | | |
| Main member NAME | | | |
| Allergies & Medical conditions | | | |
| Any other information you feel the After-Care staff should be aware of? | | | |
| Persons responsible for collecting your daughter from After-Care (other than parents) | | | |
| Contact details of the above persons | | | |
| Extra-curricular activities (other than Collegiate extra-murals) | | | |
| Names & contact details of persons responsible for transportation to the above extra-murals | | | |

| | | | |
|--|--|----------|--|
| WHO MAY WE CONTACT IN CASE OF AN EMERGENCY (other than names already listed above) | | | |
| Name | | Name | |
| Tel.no.: | | Tel.no. | |
| Cell no. | | Cell no. | |

| | |
|--|--------------------------|
| Please tick which option you require | |
| FEES FOR 2020 = <i>to be announced</i> (February – November) or | <input type="checkbox"/> |
| VOUCHER OF <i>to be announced</i> : ALLOWS 5 VISITS | <input type="checkbox"/> |
| AFTER-CARE RUNS FROM 12:30 – 17:00 | |
| <u>FINES FOR LATE COLLECTION AFTER 17:15 ARE IMPOSED.</u> | |

Please note that 1 month's written notice is required for termination of after care or change to vouchers/full time

Name: Signed: Date: