



Collegiate Junior for Girls

AFTERCARE REGISTRATION - CLOSING DATE 15 OCTOBER

SURNAME OF PUPIL										FIRST NAME OF PUPIL									
GRADE THIS YEAR										GRADE NEXT YEAR									
MOTHER'S NAME										FATHER'S NAME									
Contact Details																			
Father		Home:					Work:					Cell:							
Mother		Home:					Work:					Cell:							
FATHER EMAIL																			
MOTHER EMAIL																			
Doctor's name										Doctor's Tel. no									
Medical Aid details (Kindly supply a photocopy of your Medical Aid Card)																			
Scheme Name										Med. Aid no:									
Main member NAME																			
Allergies & Medical conditions																			
Any other information you feel the Aftercare staff should be aware of?																			
Persons responsible for collecting your daughter from Aftercare (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																			

Emergency contacts (other than names already listed above)			
Name		Name	
Tel. no.		Tel. no.	
Cell no.		Cell no.	

Please tick which option you require: FULL TIME: DAY VOUCHER:

FULL TIME - Fees for following year to be announced in November.
 DAY VOUCHER OPTION - Fees to be announced : ALLOWS 5 VISITS
 AFTERCARE RUNS FROM 12:30 – 17:00
 FINES FOR LATE COLLECTION AFTER 17:15 ARE IMPOSED.

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

Name: Signed: Date: