LEARNERS FULL NAME: ___________________________
GRADE 2020: ___________
ALLERGIES: _________________________________
MEDICATION: _______________________________

Please note that your account will be invoiced monthly, in advance, based on the number of days stipulated below.

If your child attends any extra days, over and above the stipulated days, this will be invoiced and reflect on your account in the following month.

PLEASE INDICATE THE DAYS YOUR CHILD WILL BE ATTENDING AFTERCARE:

- Every day, Monday to Friday □
- Only on certain days in the week □
  (Please indicate which days) _________________________________
- Ad hoc basis □

*Please note that the School Disciplinary Code is applicable to learners attending Aftercare*

Name and telephone number of person/s permitted to fetch your child from Aftercare:

1. ____________________________ Tel. No. ____________________________
2. ____________________________ Tel. No. ____________________________

Signature of Parent/Guardian Date

________________________  _____________