



## **AFTERCARE APPLICATION FORM**

### **PARTICULARS OF CHILD**

Child Surname: \_\_\_\_\_ Child Name: \_\_\_\_\_ Grade: \_\_\_ Full/Part time \_\_\_

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

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

Home Language: \_\_\_\_\_

### **PARENTS/GUARDIAN PARTICULARS**

#### **MOTHERS DETAILS**

#### **FATHERS DETAILS**

Surname: \_\_\_\_\_ Surname: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

ID No: \_\_\_\_\_ ID. No: \_\_\_\_\_

Cell No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Work No: \_\_\_\_\_ Work No: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

#### **MARITAL STATUS**

Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single \_\_\_

#### **CHILD LIVES WITH**

Mother \_\_\_ Father \_\_\_ Both \_\_\_ Guardian \_\_\_

#### **FINANCES**

Payment method: Cash \_\_\_ EFT \_\_\_ Debit order \_\_\_

**I acknowledge that there is a R 50.00 penalty fee for every 30 minutes or part thereof after 17:30, should I be late without notifying Aftercare.**

**To terminate services, I will give one month notice in writing.**

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

Name and surname: \_\_\_\_\_ Cell No: \_\_\_\_\_

Name and surname: \_\_\_\_\_ Cell No: \_\_\_\_\_

**MEDICAL DETAILS**

Family Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_

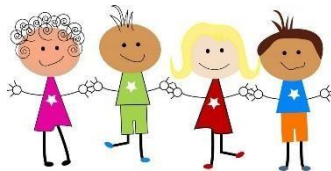
Medical Aid: \_\_\_\_\_ Number: \_\_\_\_\_

**I HEREBY GIVE MY PERMISSION AND INDEMNITY 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) in an emergency to the nearby Intercare, Medicross or Greenways. I will be notified and agree to meet any expenses incurred.
- In the 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.
- Hospital preferred: \_\_\_\_\_

I \_\_\_\_\_ (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 or death suffered by my child(ren).

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_





## **NASORG AANSOEKVORM**

### **BESONDERHEDE VAN KIND**

Van: \_\_\_\_\_ Naam: \_\_\_\_\_ Graad: \_\_\_ Vol/deeltyds \_\_\_\_\_

Geboortedatum: \_\_\_\_\_ Allergieë: \_\_\_\_\_

Enige inligting wat tot voordeel van u kind se welstand sal wees: \_\_\_\_\_

Huistaal: \_\_\_\_\_

### **BESONDERHEDE VAN OUERS/VOOGDE**

#### **BESONDERHEDE VAN MOEDER**

#### **BESONDERHEDE VAN VADER**

Van: \_\_\_\_\_ Van: \_\_\_\_\_

Naam: \_\_\_\_\_ Naam: \_\_\_\_\_

ID Nr: \_\_\_\_\_ ID. Nr: \_\_\_\_\_

Sel Nr: \_\_\_\_\_ Sel Nr: \_\_\_\_\_

Werk Nr: \_\_\_\_\_ Werk Nr: \_\_\_\_\_

Beroep: \_\_\_\_\_ Beroep: \_\_\_\_\_

Werkgewer: \_\_\_\_\_ Werkgewer: \_\_\_\_\_

### **HUWELIKSTATUS**

Getroud \_\_\_\_\_ Geskei \_\_\_\_\_ Weduwee/wewenaar \_\_\_\_\_ Enkel \_\_\_\_\_

### **KIND(ERS) WOON BY**

Moeder \_\_\_\_\_ Vader \_\_\_\_\_ Beide \_\_\_\_\_ Voog \_\_\_\_\_

### **FINANSIES**

Wyse van betaling: Kontant \_\_\_\_\_ EFT \_\_\_\_\_ Debiet order \_\_\_\_\_

**Ek neem kennis dat daar 'n R 50.00 boete is vir elke 30 minute, of 'n gedeelte daarvan, na 17:30, as ek laat is en nie die Nasorg laat weet nie.**

**As dienste nie meer verlang word nie, sal ek een maand geskrewe kennis gee.**

**KONTAK IN NOOD (in die geval van 'n noodgeval en beide ouers/voog is nie beskikbaar nie):**

Naam en van: \_\_\_\_\_ Sel Nr: \_\_\_\_\_

Naam en van: \_\_\_\_\_ Sel Nr: \_\_\_\_\_

**MEDIESE BESONDERHEDE**

Familie dokter: \_\_\_\_\_ Foon Nr: \_\_\_\_\_

Mediesefonds: \_\_\_\_\_ Nommer: \_\_\_\_\_

**HIERMEE GEE EK MY TOESTEMMING EN VRYWARING AAN LAERSKOOL CARLO NASORG**

- Om my kind(ers) vir ligte beserings te behandel.
- Om oor-die-toonbank medikasie toe te dien (Panado/Allergex)
- Om my kind(ers)in 'n noodgeval na die naaste Intercare, Medicross of Greenways te vat. Ek sal in kennis gestel word en onderneem om die onkoste te betaal.
- In die geval van 'n ernstiger noodgeval verstaan ek dat die ambulans eerste gekontak sal word en dan ek as ouer en onderneem om die onkoste te betaal.
- Hospitaal keuse: \_\_\_\_\_

Ek \_\_\_\_\_ (ouer/voog) vrywaar hiermee Laerskool Charlo Nasorg en al die werknemers (permanent en tydelik) van Laerskool Charlo Nasorg, van enige aanspreeklikheid vir verlies, skade, besering of dood, wat my kind(ers)mag opgedoen.

Handtekening \_\_\_\_\_ Datum: \_\_\_\_\_

