

LAERSKOOL

# CHARLO

PRIMARY



**AFTERCARE REGISTRATION FORM 2023/4**

**PARTICULARS OF CHILD:**

Child's Full Name & Surname:	
Preferred Name:	
Date of Birth:	
Grade (current):	
Full / Part-time / Morning care:	
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:	

MILESWEG / ROAD, CHARLO, PORT ELIZABETH

POSBUS / PO BOX 5393, WALMER, 6070

TEL: 041 367 1172

EMAIL: [info@charlo.co.za](mailto:info@charlo.co.za)

WEB: [www.charlo.co.za](http://www.charlo.co.za)

FACEBOOK: <http://www.facebook.com/CharloPrimarySchool>

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**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:	

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**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:** \_\_\_\_\_

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