

AFTERCARE CENTRE

APPLICATION FORM:

DETAILS OF CHILD / CHILDREN:

	Name:	Class:
1 st child		
2 nd child		
3 rd child		

My child / children will be attending on: [Please tick the appropriate box]

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

(Please tick where applicable)

Full Time		Ad hoc basis	
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Full Home Address:

Telephone Numbers:

Home:			
Office (Mother):		(Cell)	
Office (Father):		(Cell)	

ALTERNATIVE EMERGENCY CONTACTS

1.	Name:		
	Address:		
	Tel. No.	Home:	
		Office:	
		Cell:	

2.	Name:		
	Address:		
	Tel. No.	Home:	
		Office:	
		Cell:	

COLLECTION

Who may collect your child/children?

1.		2.	
3.		4.	

Family Doctor's Name: _____ **Tel. No.:** _____

ALLERGIES OR MEDICAL INFORMATION THAT WE NEED TO BE AWARE OF:

Medical Aid Society: _____

Medical Aid Number: _____

In certain instances, emergency medical treatment may be required to be administered to a learner by a medical practitioner, paramedic or a like person. Such treatment will be for the parent's account and the teacher on duty is hereby authorised to request such assistance as he/she may in his/her discretion deem necessary.

INDEMNITY:

The parents (whether natural, adoptive or foster parents) hereby indemnify and agree to hold harmless Southdowns College, the Board of Governors, the Headmaster and Staff, or the authorised agents or representatives of the aforementioned, against any and all claims, howsoever arising, including negligence, arising out of any injury, death, loss damage, cost or expense, including legal costs, suffered by the learner or a third party as a result of or during the learners participation at Aftercare.

I have read and understand the contents of this document and agree to abide by all the terms and conditions therein.

SIGNATURE

PARENT/LEGAL GUARDIAN

DATE