



REGISTRATION FORMS MUST REACH THE OFFICE **ONE WEEK** BEFORE JOINING AFTERCARE

AFTERCARE REGISTRATION FORM

Starting Date:

1. Student Details

Surname:

Name:

Grade:

Date of Birth:

2. Parent Details

Mother Name and Surname:

Cell no:

Father Name and Surname:

Cell no:

If parents are not reachable:

Name:

Cell no:

3. Medical Details:

Family Doctor Name:

Telephone Nr:

4. Aftercare Attendance Options:

Monthly

OR

Monday

Tuesday

Wednesday

Thursday

Friday

OR

Occasionally

5. Any additional information of which the aftercare staff should be aware of?

PARENT DECLARATION:

Herewith I/we confirm that I/we have read and understood the aftercare procedures, arrangements and requirements.

I/We undertake to abide by the arrangements and requirements, as set out in the Aftercare 2021 document.

I/We herewith indemnify All Nations Christian School and its employees from any losses, accidents or injuries on the school premises, while in aftercare.

Father / Guardian Signature	Mother/Guardian Signature
Date:	Date:

REGISTRATION FORMS MUST REACH THE OFFICE **ONE WEEK** BEFORE JOINING AFTERCARE