



APPLICATION FOR AFTERNOON CARE 2015

Please complete the following information:

LEARNER INFORMATION			
Name			
Surname			
Grade			
PARENT INFORMATION			
PARENT 1		PARENT 2	
Initials		Initials	
Surname		Surname	
Identity number		Identity number	
Relationship to learner		Relationship to learner	
Home Address		Home Address	
Work address		Work address	
Cell number		Cell number	
Work telephone number		Work telephone number	
Home telephone number		Home telephone number	
MEDICAL AID INFORMATION			
Medical Aid name			
Medical Aid number			
Family doctor			
Allergies/ Conditions			