



CAROL'S KRAZY CORNER AFTER-CARE

ADMIN ONLY	
Account No:	Deposit:
Requirements:	Medical:

This form must be completed and signed on behalf of a child seeking admission to Carol's Krazy Corner After-Care at Wynberg Girls' Junior School and returned along with the required deposit. **Please note that this application form is subject to change.**

FULL NAME OF LEARNER 1: _____ GRADE: _____

DATE OF BIRTH: _____ MONTH: _____ YEAR: _____

a) DESIRED DATE OF ADMISSION TO AFTER-CARE: _____

b) FULL (until 17:30) _____ CASUAL (3 days a week or less) _____

FULL NAME OF LEARNER 2: _____ GRADE: _____

DATE OF BIRTH: _____ MONTH: _____ YEAR: _____

a) DESIRED DATE OF ADMISSION TO AFTER-CARE: _____

b) FULL (until 17:30) _____ CASUAL (3 days a week or less) _____

Particulars regarding parents or legal guardians:

FATHER: (Full Name) _____ I. D. No: _____

TEL NO: Work _____ Home _____ Cell _____

EMAIL: _____ EMPLOYER: _____

EMPLOYER ADDRESS: _____

RESIDENTIAL ADDRESS: _____ CODE: _____

MOTHER: (Full Name) _____ I. D. No: _____

TEL NO: Work _____ Home _____ Cell _____

EMAIL: _____ EMPLOYER: _____

EMPLOYER ADDRESS: _____

RESIDENTIAL ADDRESS: _____ CODE: _____

DAUGHTER(S) RESIDE WITH PARENTS/MOTHER/FATHER/OTHER: _____

NUMBER OF CHILDREN IN FAMILY: _____ IS PUPIL 1st, 2nd, 3rd, ETC. IN FAMILY? _____

LEARNER 1: _____ LEARNER 2: _____

Continued/...

Medical Questionnaire

DOCTOR'S NAME: _____ PHONE NO: _____

MEDICAL AID NAME: _____ PHONE NO: _____

ALLERGIES: _____ MEDICATION: _____

Has your daughter broken any bones or had any operations? (Please give details):

HOSPITAL: (In an emergency) CONSTANTIA/VICTORIA/ _____

Please note that the After-care does not have Medical Insurance and all the children using this facility must have personal Medical Aid or belong to one.

CONTACT PERSON (IF PARENT IS UNAVAILABLE)

NAME: _____ TEL NO: H _____ W _____ Cell _____

RULES AND REGULATIONS OF THE SCHOOL AND AFTER-CARE FACILITIES:

I undertake to abide by the rules and regulations applicable to Wynberg Girls' Junior School as well as the After-Care facility and will ensure that my daughter adheres to same.

ACCOUNT FEES (PAYABLE IN ADVANCE)

PERSON RESPONSIBLE FOR THE ACCOUNT:

I _____ understand that the After-care is a **private** entity and I agree and undertake to pay such After-care fees as are levied in respect of my daughter by no later than the 7th of each month. I understand that I will be **liable for a full month's notice or a month's fees in lieu of notice** should I decide to withdraw my daughter from the After-care.

SIGNATURE OF PERSON RESPONSIBLE FOR THE ACCOUNT: _____

INDEMNITY FORM

I/We _____

(Please print full name(s))

Of _____

(Full address please)

in my/our capacity as the parent(s) and/or guardian(s) of the child/children (Full Name(s))

LEARNER 1: _____ LEARNER 2: _____

I hereby indemnify the After-Care, the Centre's employees and officials and do not hold them responsible for any injury, harm or any loss that may arise due to the conduct of the above child/children. I hereby exempt the After-Care, the Centre's employees and officials from any liability incurred on account of any injury to or illness of the above child/children, and from any liability for loss or damages suffered to or loss of article brought onto the After-Care's property by the above child/children.

SIGNED AT: _____ ON _____ 2 _____

Signature of Parent(s)/Guardian duly authorised hereto

PRINT NAME