

CCPS AND COLLEGE AFTERCARE ENROLMENT FORM

One form to be completed per pupil. Please print.

SURNAME	First name	Boy/girl
Date of birth	Home language	Grade
Home address		
If child has siblings at the school. Please give names and grades:		
Medical Information: DOCTOR/S		
1.	Tel	
2.	Tel	
Please list any allergies, special medications, medical problems if applicable		

Food Allergies/Intolerances: details –
Food not allowed:
Food allowed:
<i>If necessary please supply the centre with further details for e.g. steps to be taken in case of a medical emergency or should your child eat the wrong food.</i>

AFTERCARE REQUIRED: <i>(please notify the centre of any changes in writing)</i>
Starting date: _____ and / or as needed _____
Attendance: Full week: _____ or , please circle days: Mo Tu We Th Fr
Pre-school only: Please indicate pick up time: 13:30, 15:30, full afternoon (17:30)

PARENT/GUARDIAN DETAILS:

	FATHER/GUARDIAN	MOTHER/GUARDIAN
Full name		
Occupation		
Name of employer		
Tel: (w)		
Tel: (h)		
Cell		
Marital status		

EMERGENCY CONTACT DETAILS: Please list who can be contacted

Name	Cell No	Alternative number

COLLECTION DETAILS: Please list who may collect your child from afterschool

Name and surname	Cell no	Alternative contact no. during day	Please state relationship to child for e.g.: grandparent, aunt, uncle, family friend OR lift club, driver

Any other specific instructions: _____

PARENTS' AGREEMENT:

I, the undersigned, agree to the following:

1. To pay fees monthly, noting that late payments will be dealt with as per the school late payment policy, and that in the pre-school section, absenteeism for whatever reason cannot be refunded.

2. To inform the centre in writing:

- a) within 14 days, before removing my child from the centre, irrespective of the reasons for removal,
- b) whenever someone other than the designated persons collects my child,
- c) should my child's aftercare needs change, and
- d) of any changes in address, telephone numbers and other contact details.

3. To recognise that the Principal, or his duly appointed deputy, is in Loco Parentis (including consent to medical treatment, operations and anaesthetics) while my child is on the school premises.

4. To accept that CHRIST CHURCH PREPARATORY SCHOOL and COLLEGE, the Board of Governors, staff and other appointed persons cannot be held responsible for any injury or loss sustained, whether by accident or otherwise, whilst my child is in the care of the school, and to indemnify them from any liability in this regard whatsoever.

5. **To collect my child by the agreed time. Failure to do so will result an extra amount being charged or if after 17:30, a fine.** If more than 3 fines are accrued in any one term then your child's place may be removed from the aftercare centre.

6. To inform the aftercare : a) of when my child will or will not attend aftercare and b) of any changes in my child's afternoon activities.

Name of parent/guardian _____

Signature of parent/guardian _____ Date _____