



ADDITIONAL IMPORTANT INFORMATION

Absenteeism

Please notify us if your child will be absent.

Your child may also be excused at short notice by contacting the office or the relevant aftercare teacher.

Hermanus Primary Extramural activities

Please provide us with an extracurricular activity schedule from the Primary school at the beginning of each term. Please note that the aftercare bus only provides transport between aftercare and the Primary school.

Clearly indicate which activities your child will participate in and on which days.

*Eg. Manie Carstens, Grade 4: Monday – Hockey until 15:00
Tuesday – Gymnastics until 15:30 Wednesday – Hockey until 15:00
Thursday – Rugby until 15:15, Friday – Chess until 14:00*

FOR OFFICE USE ONLY

1. Application form

- | | |
|---|--|
| <input type="checkbox"/> Personal Details | <input type="checkbox"/> Permission to fetch |
| <input type="checkbox"/> Emergencies | <input type="checkbox"/> Exemption |
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Emergency Medical procedure |
| <input type="checkbox"/> Administration of Medicine | <input type="checkbox"/> Financial forms |
| <input type="checkbox"/> ID copies of both parents | |

2. **Application successful:** Yes No

3. **Parents informed:**

Telephonically Email

Date: _____

4. **Admin:**

- First month payment received.
- First day for learner at aftercare: _____

Welcome to



Lord Roberts Road

P O Box 209

Hermanus 7200

Tel: (028) 313-1025

Email: info@hermanuspreprim.co.za

www.hermanuspreprim.co.za

Name and Surname: _____

Birth Date: _____

Starting Date: _____



APPLICATION FORM

PERSONAL DETAILS

Personal details of child

Full Name: _____ First Name: _____

Surname: _____ Male Female

Birth Date: _____

Age: _____

Current Grade in Primary School: _____

Religion: _____ Language: _____

Personal details of parent(s) / guardian

Father:

Initials: _____ Surname: _____ First Name: _____

ID Number: _____

Residential Address: _____

Postal Address: _____ Tel home: _____

_____ Cell phone: _____

Occupation: _____ Tel work: _____

Work address: _____

Email address: _____

Mother:

Initials: _____ Surname: _____ First Name: _____

ID number: _____

Residential Address: _____

Postal address: _____ Tel home: _____

_____ Cell phone: _____

Occupation: _____ Tel work: _____

Work address: _____

Email address: _____

EMERGENCIES

If none of the parents are available, please contact:

Name: _____ Tel: _____

Name: _____ Tel: _____



MEDICAL INFORMATION

Does your child have any life-threatening allergies: _____

Is there any specific medical condition that you feel we must be aware of, eg. Diabetic, Epilepsy, Asthma or any other: _____

General Practitioner in Hermanus: _____

Tel: _____

MEDICAL AID	STATE PATIENT
Fund Name:	File Name:
Main Member:	File Number:
Membership Number:	
IN CASE OF ANY SERIOUS EMERGENCY, PLEASE TRANSPORT MY CHILD TO:	
PROVINCIAL HOSPITAL <input type="checkbox"/>	PRIVATE HOSPITAL <input type="checkbox"/>

ADMINISTRATION OF MEDICATION

In case of any serious illness, the procedures are as follows:

1. Parents will be contacted telephonically concerning the child's state.
2. In any other case such as a high fever or anything that looks like a contagious illness, it will be expected from you to come and fetch your child as soon as possible.
3. In any other circumstances where the parent cannot fetch the child immediately, medication will be administered as prescribed on the label, only if this permission section has been signed.

The abovementioned child is not allergic to Paracetamol (eg. Panado or any other generic equivalent.)

Signature (Parent / Guardian)

Date



PERMISSION FOR SOMEONE TO FETCH MY CHILD FROM AFTERCARE:

I, _____ parent / guardian of _____

give permission that the following persons may fetch my child from aftercare:

NAME	RELATIONSHIP TO CHILD	TELEPHONE
<input type="checkbox"/> _____	<u>FATHER</u> _____	_____
<input type="checkbox"/> _____	<u>MOTHER</u> _____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Thank you for your co-operation.

Signature (Parent / Guardian)

Date

Very Important!

Please note that your child may only be fetched by persons whose name appear on the above list. If the person is not on the list we need to receive written permission from you as parent (by letter, email, SMS of Whatsapp) to the class teacher.



ACCEPTANCE, CONSENT AND EXEMPTION

I, _____, parent/guardian of _____,
residing at (address) _____

accept the admission of my child to Babel & Krabel aftercare and at the same time grant permission for my son/daughter to take part in all activities of the aftercare, including, but not limited to, games and educational excursions. I fully understand and accept that all these activities, games and excursions are undertaken at my son/daughter's own risk. I therefore agree not to lay any claims against Babel & Krabel aftercare, the Governing Body, the Department of Education, the Principal or the personnel, for any loss of property or injuries to my child as mentioned above during the performance of these activities, games or excursions as well as the transportation to and from the Primary School.

The Aftercare may publish photos of my child on their Website, Social Media platforms like Facebook and class Whatsapp groups.

Yes No

PARENT/ GUARDIAN (FATHER) Name: _____ **Signed:** _____

PARENT/ GUARDIAN (MOTHER) Name: _____ **Signed:** _____

DATE: _____

EMERGENCY MEDICAL PROCEDURE

Hereby permission is given that should my child need any **emergency** medical help as a result of injury/injuries, sickness or any urgent epidemic, this can be administered without my explicit permission/consent according to the judgment of the Aftercare Head or any other person in charge at that specific time at Babel & Krabel aftercare. I also give permission that my child may be transported by the Aftercare Head or any other person in charge, to the hospital of our choice as indicated on this application form.

PARENT/ GUARDIAN (FATHER) Name: _____ **Signed:** _____

PARENT/ GUARDIAN (MOTHER) Name: _____ **Signed:** _____

DATE: _____