

BABEL & KRABEL AFTERCARE 2020



PERSONAL DETAILS OF CHILD

Full name: _____

First name: _____

Surname: _____

Male

Female

Date of birth: _____

ID Number: _____

Age: _____

Grade in Primary School in 2020: _____

Religion: _____

Language: _____

PERSONAL DETAILS OF FATHER / GUARDIAN

Initials: _____ Surname: _____

First name: _____

ID number: _____

Residential address: _____

Postal Address: _____

Tel home: _____

Cell phone: _____

Occupation: _____ Company/Business Name: _____

Work address: _____

Tel work: _____

Email address: _____

PERSONAL DETAILS OF MOTHER / GUARDIAN

Initials: _____ Surname: _____

First name: _____

ID number: _____

Residential address: _____

Postal Address: _____

Tel home: _____

Cell phone: _____

Occupation: _____ Company/Business Name: _____

Work address: _____

Tel work: _____

Email address: _____

CIRCLE THE CORRECT ANSWER

THE AFTERCARE MAY PUBLISH PHOTOS OF MY CHILD ON THEIR WEBSITE,
FACEBOOK AND/OR CLASS WHATSAPP GROUPS: **YES / NO**



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:	Patient/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"/>

EMERGENCIES:

In case none of the parents are reachable, please contact:

Name: _____ Tel: _____

Name: _____ Tel: _____

**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 on this list. If the person is not on the list we need to receive written permission from you as parent (by letter, email, SMS or Whatsapp to the Aftercare teacher).



ADDITIONAL IMPORTANT INFORMATION

HOURS

Aftercare hours is strictly until **17:30**. a Fine will be issued for parents fetching their children after closing time.

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 SCHOOL - 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*

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



ACCEPTANCE, CONSENT AND EXEMPTION

I, _____, parent/guardian of _____,
residing at (address) _____
accept the admission of my child to Babbel & Krabbel 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 Babbel & Krabbel 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.

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 Babbel & Krabbel 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: _____