

# BABEL & KRABEL AFTERCARE 2022



## PERSONAL DETAILS OF CHILD

Full name: \_\_\_\_\_ First name: \_\_\_\_\_

Surname: \_\_\_\_\_ Male  Female

Date of birth: \_\_\_\_\_ Tuition Language: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in Primary School in 2022 (e.g. Grade 2E1): \_\_\_\_\_

## PERSONAL DETAILS OF FATHER / GUARDIAN

Initials: \_\_\_\_\_ Surname: \_\_\_\_\_ First name: \_\_\_\_\_

ID number: \_\_\_\_\_

Residential address: \_\_\_\_\_

Tel home: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Company/Business: \_\_\_\_\_

Work address: \_\_\_\_\_ Tel work: \_\_\_\_\_

Email address: \_\_\_\_\_

## PERSONAL DETAILS OF MOTHER / GUARDIAN

Initials: \_\_\_\_\_ Surname: \_\_\_\_\_ First name: \_\_\_\_\_

ID number: \_\_\_\_\_

Residential address: \_\_\_\_\_

Tel home: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Company/Business: \_\_\_\_\_

Work address: \_\_\_\_\_ Tel work: \_\_\_\_\_

Email address: \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child have any life-threatening allergies: \_\_\_\_\_

Is there any specific medical condition that you feel we must be aware of, e.g. Diabetes, Epilepsy, Asthma or any other: \_\_\_\_\_

***If above answer is YES – please supply us with a written action plan from your doctor/specialist.***

General Practitioner in Hermanus: \_\_\_\_\_

Tel: \_\_\_\_\_

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

**EMERGENCIES:**

If neither of the child's parents are available, please contact:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

**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 OTHER THAN MYSELF 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"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Thank you for your co-operation.

\_\_\_\_\_  
Signature (Parent / Guardian)

\_\_\_\_\_  
Date

**IMPORTANT**

1. Please note that your child may only be fetched by a person whose name appears on this list.
2. Should you send someone else to fetch your child from school, whose name does not appear on the above list, we require written permission from you as parent (by letter / email to [info@hermanuspreprim.co.za](mailto:info@hermanuspreprim.co.za) / a Whatsapp or Text message (sms) to the class teacher).

## 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:** \_\_\_\_\_

## 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:** \_\_\_\_\_

## ADDITIONAL IMPORTANT INFORMATION

### HOURS

Aftercare hours is strictly until **17:30**.

A fine will be issued for parents fetching their children after these closing times.

### ABSENTEEISM

Please notify us if your child is going to be absent by contacting the office (**028 313 1025**) or 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. (**email to [info@hermanuspreprim.co.za](mailto:info@hermanuspreprim.co.za)**)

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

*Eg. Manie Carstens, Grade 2E1: 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*

Please note that the aftercare bus only provides transport between aftercare and the Primary school.