JOHN WESLEY SCHOOL

STARTING DATE

_____

AFTERCARE APPLICATION FORM

2027

Year of Application: ..... Boy/Girl: ..... Grade & Class Teacher: .....

Please indicate whether child will be..... (half day until 14h30) or ..... (full day until 17h30)

Surname of CHILD: .....

First Name/s of CHILD: .....

Age of child: .....

Home address of CHILD: ..... Code: .....

Home Telephone and Code: ( ) .....

Father's First Name & Surname: .....

Name and address of Father's employer: .....

..... DEPARTMENT: .....

Father's Work Telephone and Code: ( ) ..... EXT: .....

Father's cell phone number: .....

Mother's First Name & Surname: .....

Name and Address of Mother's employer: .....

..... DEPARTMENT: .....

Mother's Work Telephone and Code: ( ) ..... EXT: .....

Mother's cell phone number: .....

With whom does the child live? .....

Name of person usually fetching the child? .....

Phone number of that person: ( ) .....

At what time will the child be fetched? .....

Please give *the name and phone number of another person* who can <u>collect your child</u>, if you cannot:

.....

<u>NB</u>: IF YOUR CHILD IS <u>NOT COLLECTED BY 5.30 PM</u>, YOU WILL BE CHARGED <u>R85.00 FOR EVERY HOUR OR PART THEREOF</u> THAT YOUR CHILD IS LEFT AT SCHOOL.

I hereby apply for my child to be permitted to enter the Aftercare programme at John Wesley School. I understand that my child is covered by the general indemnity form, which I have already signed. I am aware that should monthly fees not be paid on time, my child faces exclusion from all classes. I am aware that the Aftercare closes at 5.30pm, after which time I shall be charged accordingly and the John Wesley School Staff are not responsible for my child. I also acknowledge and agree that **<u>one calendar month's notice, in writing, to the School's Finance Department</u>**, is required before removing my child from the Aftercare facility.

Signature: ..... Date of application: .....

JOHN WESLEY SCHOOL
MEDICAL CONSENT FORM
2027

Please note: should it be necessary, this form will be taken with your child to hospital for the doctor's use

I, ...
(PRINT FULL NAME OF PARENT/LEGAL GUARDIAN)

Identity number: ……

Address: ……..… Code: …….

In my capacity as parent/legal guardian of: ……
(FULL NAME OF CHILD)

In the event of a **MAJOR MEDICAL EMERGENCY** that directly threatens the health of my child, when unable to contact me, I authorise the staff of John Wesley School to act ***in loco parentis*** and make all necessary life-saving decisions on my behalf. I agree to take responsibility for any costs incurred as a result of this.

Medical Aid name: …… Medical Aid number: …….

Main Members full name: ……..

SIGNED: _____ PRINT NAME: _____

Please state all allergies to medicines, foods or other: _____

_____

Please state any diseases from which your child currently suffers: _____

_____

Signed at …….. On this ……. Day of …… 20…..
(Place) (Day) (Month) (Year)

…….
SIGNATURE OF PARENT/LEGAL GUARDIAN