



CENTURION CHRISTIAN SCHOOL

AFTERCARE APPLICATION FORM

CHILD/CHILDREN DETAILS

	Child Name	Child Surname	Date of birth
1			
2			
3			

PARENTS/GAURDIAN DETAILS

	Name & Surname	Cell number	Home phone	Work phone
Mother				
Father				
Guardian				

MEDICAL DETAILS

Medical Aid		Medical Aid Number		
Family Doctor		Contact Number		
	Child Name	Illness	Allergy	Other
1				
2				
3				

ALTERNATIVE EMERGENCY CONTACT (NOT PARENT/GAURDIAN)

	Name & Surname	Contact Number
1		
2		

TRANSPORT

– IF CHILD WILL BE PICKED UP BY SOMEONE OTHER THAN PARENT/GAURDIAN

	Name & Surname	Contact number	ID number
1			
2			
3			

FEES

Per month (14:00-17:30): R980-00 x 11 months

Per day: R90-00

A fine of R50-00 will be levied for every 15 minutes that a learner is collected after 17:30.
No Aftercare on Public Holidays or during School Holidays.

Parent / Guardian Name & Surname (Block Letters)	
Signature	
Date	