



AFTERCARE APPLICATION FORM - 2025

NB: AFTERCARE HOURS TO: **15H30 / 17H30** MY CHILD WILL BE STAYING UNTIL: _____

CHILD'S DETAILS

NAME: _____ CLASS and TEACHER: _____
(Please print)

GENDER: _____ BIRTH DATE: _____

ADDRESS: _____

FATHERS DETAILS:

NAME: _____ EMAIL: _____
(Please print)

TELEPHONE: H) _____ B) _____ CELL) _____

ADDRESS: _____

MOTHER'S DETAILS:

NAME: _____ EMAIL: _____
(Please print)

TELEPHONE: H) _____ B) _____ CELL) _____

ADDRESS: _____

NAME OF DOCTOR: _____ CONTACT NUMBER: _____

ANY CONDITION/MEDICATION WE SHOULD BE AWARE OF E.G. ALLERGIES? _____

*ALTERNATIVE CONTACT PERSON IF PARENTS ARE UNAVAILABLE _____

Please ensure that we have the correct and current information on our records at all times and bring any changes to our attention.

Please let us know if your child is absent for any reason and if there are any changes in routine (lifts, person collecting, etc). We do not accept arrangements that the children make amongst themselves.

2nd Avenue, Summerstrand,
Port Elizabeth 6001
Telephone: 041-583 3287, Email:
info@beachwood.co.za



INDEMNITY FORM

I hereby give consent for my child _____
to take part in any aftercare activities and do understand that every possible
precaution will be taken to ensure the safety of my child.

I hereby indemnify Beachwood Pre-Primary School and the Aftercare staff
from any claim which may arise in case of an accident.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____



PLEASE SIGN AND RETURN TO THE OFFICE WITH A COPY OF THE ID OF THE PERSON RESPONSIBLE FOR PAYING THE FEES – 2025

I, _____ parent / guardian
(Please print name)

of _____ Grade _____
(Please print name)

hereby confirm that I am the person responsible for payment of school fees. I have taken note of the fee structure and policy and agree to pay the fees in accordance with the said policy:

Please indicate how you wish to pay the fees: ANNUALLY
PER TERM
11 EQUAL PAYMENTS

SIGNATURE OF PARENT/GUARDIAN

DATE