



**APPLICATION/ENROLMENT FORM
HOMEWORK CENTRE/AFTER CARE**

Pupil-First Name/s.....**Surname:**.....

Date of birth (yyyy/mm/dd)..... Gender: Male Female

Childs "calling" name.....

First day of attendance:.....Attendance: Full day Half day

HOME ADDRESS:

Street number/name.....

Suburb.....

Town.....

School attended by pupil.....

Immunisations up to date Y/N - It is a requirement that all immunisations are up to date at the time of admission.

List any Allergies/medical problems?

Name and Surname of Father

ID no:.....

Work addressWork tel.

Occupation.....

Cell:.....

E-mail address

Name and Surname of Mother

ID no:

Work address Work tel.

Occupation..... Cell phone No.

E-mail address

Other children in the family

Name 1..... Age.....

Name2..... Age.....

Medical Aid:.....

Membership Number:.....

Doctor..... Telephone No.....

Who will be transporting/collecting the child to/from Alpha Step?

.....

Nobody else but listed persons will be allowed to collect your child from school unless very specific arrangements are made.

If your child should be ill at school who else could we contact in an emergency?

1. Name..... Telephone No.....
Relation (e.g. grandmother?).....
2. Name..... Telephone No.....
Relation

Please bring along a copy of the parents ID, a copy of the child's birth certificate, copy of the medical aid card(if applicable) and vaccination card.

FEES - Payable in advance as per agreement

As we perform credit checks your signature hereto acknowledges this and serves as consent.

.....
***SIGNATURE**
DATE

.....
***SIGNATURE**
DATE

Person/s responsible for payment.

***Both Parents or one parent and sponsor to sign.**

