



12 & 14 SCHOLTZ AVENUE , MUSINA, 0900

064 507 7004

REGISTERED

SPROKIELANDDAYCARE.CO.ZA

*"Where little wings grow and big dreams begin."*

## AFTERCARE APPLICATION FORM

*Please complete all relevant sections clearly.*

### 1. LEARNER DETAILS

|                                  |                                                                                                                                                                       |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Learner's full name and surname: |                                                                                                                                                                       |
| Date of birth:                   | Grade:                                                                                                                                                                |
| School attended:                 |                                                                                                                                                                       |
| Date aftercare is required from: |                                                                                                                                                                       |
| Days required:                   | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday |

### 2. PARENT / GUARDIAN DETAILS

|                                |                     |
|--------------------------------|---------------------|
| Parent/guardian 1 — full name: |                     |
| Relationship to learner:       | ID/passport no.:    |
| Cellphone number:              | Alternative number: |
| Email address:                 |                     |
| Parent/guardian 2 — full name: |                     |
| Cellphone number:              | Relationship:       |
| Home address:                  |                     |
|                                |                     |

### 3. EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

|                          |            |
|--------------------------|------------|
| Full name and surname:   |            |
| Relationship to learner: | Cellphone: |

### 4. COLLECTION / ARRANGEMENTS

|                                              |  |
|----------------------------------------------|--|
| Person(s) authorised to collect the learner: |  |
| Contact number(s):                           |  |
| Any person who may NOT collect the learner:  |  |

**IMPORTANT TRANSPORT NOTICE:** Sprokieland does NOT provide transport. Parents/guardians are responsible for arranging the learner's transport to and from aftercare.

### 5. FOOD, HOMEWORK AND ROUTINE

On arrival, learners will be provided with sandwiches and a cooldrink before homework time begins. Please tell us about any food allergies, dietary requirements or other relevant needs below.

|                                                         |  |
|---------------------------------------------------------|--|
| Food allergies / dietary requirements:                  |  |
| Medical conditions or medication we should know about:  |  |
| Other information that may help us care for your child: |  |
|                                                         |  |



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## 6. MEDICAL AND CONSENT INFORMATION

|                                       |                 |
|---------------------------------------|-----------------|
| Medical aid / scheme (if applicable): | Membership no.: |
| Doctor / clinic and contact number:   |                 |

In an emergency, I authorise Sprokieland staff to contact me and, if reasonably necessary, seek urgent medical assistance for my child. I understand that I will be contacted as soon as possible.

## 7. PARENT / GUARDIAN DECLARATION

- ☐ I confirm that the information supplied on this form is true and complete to the best of my knowledge.
- ☐ I understand that Sprokieland does not provide transport and that I am responsible for arranging safe transport to and from aftercare.
- ☐ I understand that sandwiches and a cooldrink are provided when learners arrive, before homework begins, and I have disclosed any known allergies or dietary requirements.
- ☐ I agree to inform Sprokieland promptly of any changes to my contact details, collection arrangements, medical information or the days aftercare is required.

|                            |       |
|----------------------------|-------|
| Parent/guardian full name: |       |
| Signature:                 | Date: |

## 8. OFFICE USE ONLY

|                          |                                                                                                               |
|--------------------------|---------------------------------------------------------------------------------------------------------------|
| Application received by: | Date:                                                                                                         |
| Application status:      | <input type="checkbox"/> Approved <input type="checkbox"/> Waiting list <input type="checkbox"/> Not approved |
| Start date confirmed:    |                                                                                                               |
| Notes:                   |                                                                                                               |
|                          |                                                                                                               |