



SWEET VALLEY PRIMARY SCHOOL, BERGVLIET

AFTER-SCHOOL CARE CENTRE

APPLICATION FOR ADMISSION

(This service is available *only* to Sweet Valley pupils)

PARENTS' NAMES: **FATHER:**

MOTHER:

HOME ADDRESS :

HOME TEL. NO. :

MOTHER'S OCCUPATION

TEL.NO. (wk)

TEL.NO. (cell).....

FATHER'S OCCUPATION

TEL.NO. (wk)

TEL.NO. (cell).....

NAME OF PERSON/S COLLECTING CHILD :

DOCTOR :**TEL.NO.**

ALTERNATE CONTACT PERSON :

.....**TEL.NO.**.....

CHILD'S NAME:

1. **DOB :****GRADE :**

2. **DOB :****GRADE :**

Please circle where applicable :

A : 12h30 - 14h30 B: 12h30 - 17h30 C : 14h30 - 17h30 D : Casual

REQUIRED COMMENCEMENT DATE :

REMARKS :

Please circle method of payment : Term / Monthly / Daily (casual only)

NAME (Parent/Guardian) :

Signature : **Date :**