



**AFTERCARE FORM**

**Child's name :** ..... **Fetching time:** .....

<u>Mother's Work:</u>	<u>Father's Work:</u>
<u>Mother's Cell:</u>	<u>Father's Cell:</u>

**Who, other than parents, may fetch your child from aftercare:**

Name:		
ID Number:		
Cell Number:		

<b>Emergency numbers:</b>	<b>Name:</b>	<b>Cell:</b>
Closest relative:		
Closest friend:		

**Known allergies/Special needs:**


**NB: Sign the register every afternoon when you fetch your child.**