SWEET VALLEY PRIMARY AFTERCARE
APPLICATION FORM

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

PARENTS' NAMES: **FATHER: .....**

MOTHER: .....

HOME ADDRESS : **.....**

.....

HOME TEL. NO. : **..... Email: ……..**

MOTHER'S OCCUPATION **.....TEL.NO. (wk).....**

Email : …….. (cell) ……..…..

FATHER'S OCCUPATION **.....TEL.NO. (wk).....**

Email : …….. (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 : 12h45 - 14h30 B: 12h45 - 17h30 C : 14h30 - 17h30

REQUIRED COMMENCEMENT DATE : .....

REMARKS/ALLERGIES : .....

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Please circle method of payment : Term / Monthly

NAME (Parent/Guardian) : .....

Signature : ..... Date : .....

Kindly note that preference will be given to working parents.