



**King Edward VII Preparatory School
Aftercare Centre**

"Peace of mind whilst you are at work"

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APPLICATION FOR ENROLMENT

Full Name of Child:

Grade in 2017:

Mother's Details:

Name: _____

Address: _____

Work Tel: _____

Home Tel: _____

Cell: _____

Email: _____

Father's Details:

Name:

Address:

Work Tel:

Home Tel:

Cell:

Email:

Emergency Contact Numbers:

Please can you list any details that are confidential about your son that we are entitled to know:

Please write down the details of any person(s) who are NOT allowed to collect your son:

Medical Profile Of _____ (Your Son's name):

Family Medical Aid Name:

Medical Aid Number:

Telephone Number of Medical Aid:

Main member's name:

Residential Address of main member:

Telephone Number of main member (Res):

Postal Address of main member:

Does your child suffer from any allergies and if so, what are they?

Is your son allergic to any medication and if so which ones?

Does your son take any medication on a regular basis and if so, which one/s?

Has your son suffered from any major illnesses to date and if so, which ones?

Are your son's inoculations up to date? _____

If not, which inoculations has he not had?

Has your son ever had an anti-tetanus injection and if so, when?

Has your son undergone a general anaesthetic and if so, when?

If your son has had an anaesthetic, please outline his reaction to it.

I _____ (legal guardian) hereby confirm that all the above information is true and correct and I agree to pay all aftercare fees timeously and according to the requests of the proprietor failing which I understand that services are terminated at the discretion of the proprietor. I am fully aware that the attendance fee for full time aftercare (Mondays to Fridays excluding public and school holidays), as updated annually on www.kepsaftercare.co.za, is payable annually or quarterly in advance.

Guardian's Signature:

Guardian's Name:

Date:

I confirm that I have read and signed the KEPS AFTERCARE INDEMNITY FORM as it appears on the official Keps aftercare site (www.kepsaftercare.co.za).

Name of legal guardian:

Signature of legal guardian:

Date: _____

Place: _____

Witness: _____