



CRAIGHALL PRIMARY SCHOOL
AFTERCARE APPLICATION FORM

DETAILS OF CHILD/CHILDREN

SURNAME: _____

1ST CHILD: _____ Grade _____

2ND CHILD: _____ Grade _____

3RD CHILD: _____ Grade _____

MY CHILD/CHILDREN WILL ATTEND: (Please circle which is applicable)

a. ON A FULL TIME BASIS

b. ON AN ADHOC BASIS

HOME ADDRESS: _____

TELEPHONE NUMBERS: (Home) _____

Mother: _____ (Work) _____ (Mobile) _____

Father : _____ (Work) _____ (Mobile) _____

ALTERNATIVE EMERGENCY CONTACT:

NAME: _____

(Work): _____ (Mobile): _____

WHO MAY COLLECT YOUR CHILD/CHILDREN:

1. _____

2. _____

Family doctors name: _____ Telephone: _____

I have read the Rules and Regulations of Aftercare and hereby agree to abide by these rules and pay the fees in advance, as set out in the Constitution.

Signed: _____ **Date:** _____