



AMATUS KIDS ACADEMY

AFTER CARE APPLICATION FORM

Start Date:..... Admin No.....(office use)

Child

Surname.....First Names.....

Nickname.....

Date of Birth.....(DDMMYY) Sex.....

Grade at school.....

Mother

Surname.....First Names.....

ID.....E-Mail.....

Home Address.....

Postal Address.....

Marital Status: s.....M.....D.....Married in COP.....Anc.....

Telephone (H).....(W).....(Cell).....

Employer.....

Address.....

Telephone.....

Hours of Work.....

Father

Surname.....First Names.....

ID No.....E-Mail.....

Home Address.....

Postal Address.....

Marital Status: S.....M.....D.....Married Cop.....Anc.....

Telephone: (H).....(W).....

Employer.....

Address.....

Telephone No.....

Hours of Work.....

In Case of an Emergency Please Supply Contactable Names and Telephone Numbers Other Than the Parent.

Name.....Relationship.....

Address.....

Telephone No (H).....(W).....

Family Doctor.....(Tel).....

Family Dentist.....(Tel).....

Family Religion.....Child is (1.2.3) In Family.....

Allergies.....

Illnesses.....

Hospital History.....

Any Other Problems.....

Who will bring the Child/ren.....

Who will Fetch the Child/ren.....

Signed:.....