

APPLICATION FOR AFTERNOON CARE



Waldorf School Windhoek

1. CHILD'S DETAILS

| | | |
|----------------------------------|--------------------------|--------------------------|
| Surname: | <input type="checkbox"/> | <input type="checkbox"/> |
| Names: | | |
| Date of Birth: | | |
| Nationality: | | |
| Gender: | Male | Female |
| Date of enrolment: | Grade: | |
| Address Details | | |
| Residential Address Child: | | |
| Correspondence Address P.O. Box: | | |

FOR INTERNAL USE ONLY

Date application received:

Learner Interview date:

Financial Interview date:

Remarks:

Accepted Declined

2. WHICH DAY OF THE WEEK WILL YOU CHILD ATTEND THE AFTERNOON CARE? (PLEASE MARK)

| | | | | | |
|------------|--------|---------|-----------|----------|--------|
| Whole Week | Monday | Tuesday | Wednesday | Thursday | Friday |
| | | | | | |

3. WHICH LANGUAGE IS YOUR CHILD ABLE TO SPEAK (PLEASE MARK)

| | | | | | | | |
|------------|--------|---------|-----------|-------------|----------------------------|------------|-------|
| | German | English | Afrikaans | Damara>Nama | Oshiwambo which dialect | Otjiherero | Other |
| Fluent | | | | | | | |
| Little | | | | | | | |
| Not at all | | | | | | | |

4. BROTHERS/SISTERS

| | | | |
|---|---------------------------|--------|-------|
| | Names of Brothers/Sisters | School | Grade |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

5. PERSONAL DETAILS OF PARENTS/GUARDIAN

| | | | |
|-------------------|----------|-------------------|----------|
| Mother/Guardian 1 | | Father/Guardian 2 | |
| Surname: | | Surname: | |
| Names: | | Names: | |
| ID: | | ID: | |
| Tel. (h) | Tel. (w) | Tel. (h) | Tel. (w) |
| Cell: | | Cell: | |
| Email: | | Email: | |
| Profession: | | Profession: | |
| Place employed: | | Place employed: | |

6. IMPORTANT MEDICAL INFORMATION

| | |
|--|------|
| Family doctor/practice: | Tel. |
| Please indicate if your child has any serious medical condition (if so please give detailed information): | |

7. IMPORTANT EMERGENCY INFORMATION

In case of an emergency please contact following person:

| Name | Relationship with child | Telephone number |
|------|-------------------------|------------------|
| 1 | | |
| 2 | | |
| 3 | | |

ENDING THE CONTRACT

The contract can only be terminated in writing with one calendar months' notice.

Place/Date:

Parent/Guardian Name:

Signature: