



ST.RAPHAEL'S PRESCHOOL AND AFTERSCHOOL SERVICE

AFTERSCHOOL APPLICATION FORMS

September 2012

Afterschool operates Monday to Friday, from 1.30pm until 3.30pm
lease call into office to find out about weekly fees!

PLEASE FILL OUT AND RETURN TO CHILDCARE MANAGER'S OFFICE

Child's Name _____ Male _____ Female _____ Date of Birth ____/____/____

Parent Name _____ Tel Num 1 _____ TEL Num(2) _____

Address _____

CHILD'S PPS NUM _____ PARENTS PPS NUM: _____

CHILD'S CLASS: _____ TEACHER'S NAME (*if known, for 2012*) _____

EMERGENCY CONTACT DETAILS:

We will contact your emergency contacts if we cannot make contact with you on the numbers provided, they will be contacted for late collection, accidents or incidents.

(1)Name: _____ (2) Name: _____

Relationship to child: _____ Relationship to child: _____

Contact Num: _____ Contact Num: _____

Address: _____ Address: _____

Has your child any special needs (Disability, Dietary, Allergy, Medical) please give details

Is parent/carer working or in further education, please give details

What time will you be collecting your child, we have 2 collection times (*please circle*) 2.30pm 3.30pm

Parent's Signature: _____ Date: _____

If you require any more information please call into the office or phone us and we will help you as much as we can!

