



Little Einsteins Aftercare 2027

(please complete one form per family)

Section A: Learner Details

Starting date: _____

Surname

Home Language

Gender

Full first name (child 1): _____

Full first name (child 2): _____

Full first name (child 3): _____

Date of birth (child 1): ___ / ___ / ___ (YY/MM/DD)

Date of birth (child 2): ___ / ___ / ___ (YY/MM/DD)

Date of birth (child 3): ___ / ___ / ___ (YY/MM/DD)

ID Number (child 1): _____

ID Number (child 2): _____

ID Number (child 3): _____

School name: Rietondale Primary

Address: 10 Nuffield Street, Rietondale, Pretoria, 0084

Tel: 012 329 2090

Section B: Details of Parent / Guardian (1)

Surname

Full Name

ID Number

Marital status

Occupation: _____

Employer: _____

Cell: _____

E-mail: _____

Home Address: _____

Code: _____

Section C: Details of Parent / Guardian (2)

Surname

Full Name

ID Number

Marital status

Occupation: _____

Employer: _____

Cell: _____

E-mail: _____

Home Address: _____

Code: _____

Section D: Person liable for fees / Account Holder

Surname

Full Name

ID Number

Marital status

Occupation: _____

Employer: _____

Cell: _____

E-mail: _____

Method of payment: _____

Section E: Emergency Contact

Surname

Full Name

Relationship: _____

Cell: _____

E-mail: _____

Section F: Medical Information

Medical Aid: _____

Medical Aid Number: _____

Medical Conditions: _____

Allergies: Learner 1: _____

 Learner 2: _____

 Learner 3: _____

Full Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Section G: After-school Schedule and Pick-up Time

Teacher's Name

Grade

	Pick-up Time	Activity
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

