



Little Einsteins Aftercare 2026

(please complete one form per family)

Section A: Learner Details

Starting date: _____

Surname

Home Language

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)

<hr/> Surname	<hr/> Full Name
<hr/> ID Number	<hr/> Marital status
Occupation: <hr/>	Employer: <hr/>
Cell: <hr/>	E-mail: <hr/>
Home Address: <hr/>	
<hr/>	
<hr/> Code: <hr/>	

Section C: Details of Parent / Guardian (2)

<hr/> Surname	<hr/> Full Name
<hr/> ID Number	<hr/> Marital status
Occupation: <hr/>	Employer: <hr/>
Cell: <hr/>	E-mail: <hr/>
Home Address: <hr/>	
<hr/>	
<hr/> Code: <hr/>	

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 _____