



## HOUSE UPON A ROCK AFTERCARE

23666, 41 MPHANDLE STREET, WALLACEDENE

CONTACT PERSON: PAMELLA LESIBANE

CONTACT NO: 072 573 7663

### APPLICATION FORM

Child's Name & Surname:	
Date of Birth (dd/mm/ccyy):	
ID No:	
Home Language:	
Gender:	
School:	
Grade:	
Mother's Name & Surname:	
Mother's ID:	
Contact No:	
Home Address:	
Place of Work:	
Work Contact No:	
Income Per Month:	
Father's Name & Surname:	
Father's ID:	
Contact No:	
Home Address:	

Place of Work:	
Work Contact No:	
Income Per Month:	
Name and Contact No if Child's Registered Doctor or Clinic:	
Medical Conditions (e.g. asthma):	
Allergies (e.g. nuts, milk, egg, etc.):	
People Permitted to Collect Child from Aftercare:	

**This form must be returned with the:**

- Copy of child's clinic card/health card
- Copy of child's birth certificate
- Copy of mother /guardian's ID
- Copy of pay slip/or support grant slip

***I agree to pay the fee of R250.00 per month by the 2<sup>nd</sup> of each month and to follow the rules and regulations of House Upon a Rock Aftercare.***

**Name of Parent/Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_