Aftercare Application Form 2024
Grade R to Grade 9

[   ] Full day   **[   ] Half day**

Starting Date: _____

Child Name and Surname: _____

Date of Birth: _____   **Gender:** _____

Home Language: _____

Home Address: _____

_____

Name of School: _____   **Grade:** _____

Father:

Full Name and Surname: _____

ID No.: _____

Occupation: _____

Work address: _____

Telephone no.: Cell. _____   **Work no.:** _____

E-mail address: _____

Mother:

Full Name and Surname: _____

ID No.: _____

Occupation: _____

Work address: _____

Telephone no.: Cell. _____   **Work no.:** _____

E-mail address: _____

CONTACT IN CASE OF AN EMERGENCY: **Cell no.** _____

Allergies: _____

Documents Required - Copies

* Parents ID's
* ID of person who may collect your child

* Child's id

Who may collect my child:

Name & Surname		Cell no.
Name & Surname		Cell no.
Name & Surname		Cell no.

Family Doctor

Name & Surname:

Contact details: Tel no.

Medical Aid and number:

Tutor Corner - 10 sessions per term @ R2500 per month/10 sessions peer group per term @ R2000 per month:

Individual

 Peer

**Banking Details: First National Bank
The Ezra Project/Manah Private Academy
Account no: 63007228679**
Reference: Child name/Surname

Credit/Debit card facilities available
Thank you.

Email: admin@manah.co.za

Signature: **Date:**