

KINDER KAMPUS AFTERCARE STUDENTS APPLICATION FORM

CHILD'S INFORMATION

Name of child: _____ Religious Affiliation: _____

Sex: Male Female:

Age at registration: _____ D.O.B: _____ Birth Cert. No.: _____

Home Address:

School the child currently attends: _____

What grade is the child currently in: _____

Current school telephone number: _____

Doctor's Name: _____ Doctor's Contact: _____

MOTHER'S INFORMATION

Mother's Name: _____

Telephone: (H) _____ (W) _____ (C) _____

Place of work: _____

Work Address: _____

Email Address: _____

FATHER'S INFORMATION

Mother's Name: _____

Telephone: (H) _____ (W) _____ (C) _____

Place of work: _____

Work Address: _____

Email Address: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Telephone: (H) _____ (W) _____ (C) _____

Name: _____ Relationship: _____

Telephone: (H) _____ (W) _____ (C) _____

PERSONS AUTHORISED TO PICK-UP YOUR CHILD

1) Name: _____ Relationship: _____

Type of ID: D.L. Passport: National I.D.: I.D #: _____

2) Name: _____ Relationship: _____

Type of ID: D.L. Passport: National I.D.: I.D #: _____

3) Name: _____ Relationship: _____

Type of ID: D.L. Passport: National I.D.: I.D #: _____

4) Mother:

5) Father:

Name of person submitting the form: _____

Signature: _____

Date: _____

PLEASE NOTE THE BELOW DOCUMENTS TO SUBMIT WITH THIS APPLICATION FORM:

- I.D for each authorized pick-up person
- I.D for parent/guardian submitting this form
- Passport sized photograph of the child