

## After School Care Form

Child's Name:

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Grade:

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Child's Name:

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Grade:

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Child's Name:

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Grade:

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## Mother

Name:

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Home Address:

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Contact Phone Numbers (work & mobile):

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Email:

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## Father

Name:

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Home Address:

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Contact Phone Numbers (work & mobile):

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Email:

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If anyone else is authorised to collect the child from After School Care on a regular basis, please provide details:

Full Name: \_\_\_\_\_

Contact Phone Numbers (work & mobile): \_\_\_\_\_

Email: \_\_\_\_\_

**Medical Details**

**Relevant Medical History: e.g. allergies, special dietary**

Name/Information: \_\_\_\_\_

Name/Information: \_\_\_\_\_

Name/Information: \_\_\_\_\_

Name/Information: \_\_\_\_\_

I hereby give my permission for the staff of Berlin British School After School Care to seek medical attention for the above named child/ren in the event of an accident or emergency.

\_\_\_\_\_  
Signature of Parent/Guardian

## **After School Care Payment:**

Parents who use the After School Care pay 7.50 Euro per hour (or part thereof) and will be invoiced at the end of each term.

Late pick-up fee after 5.00pm: €15 per 15 minutes.

My child/ren will attend the After School Care facility regularly (if known):

Monday       Tuesday       Wednesday       Thursday       Friday

**Note:** The number of places is limited.

Please hand in this form to Ms Ewert or Ms Bettin.

Email Address: [afterschoolcare@berlinbritishschool.de](mailto:afterschoolcare@berlinbritishschool.de)

Phone Number: **0177 46 45 829**