

After School Care Form

Child's Name:

Grade:

Child's Name:

Grade:

Child's Name:

Grade:

Mother

Name:

Home Address:

Contact Phone Numbers (work & mobile):

Email:

Father

Name:

Home Address:

Contact Phone Numbers (work & mobile):

Email:

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 Canty.

Email Address: afterschoolcare@berlinbritishschool.de

Phone Number: **0177 46 45 829**