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: _____

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

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

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

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.

Contact:

Email Address: **afterschoolcare@berlinbritishschool.de**

Phone Number: **+49 (0)30 35109 218**