317 Milner St, Waterkloof, Pretoria 0181
Website: www.cleverkidsaftercare.co.za
E-mail: info@cleverkidsaftercare.co.za
Tel.: +27 12 460 5818
Julanda +27 83 7035756

APPLICATION FORM/CONTRACT p.1			
PERSON RESPONSIBLE FOR PAYMENT OF AFTERCARE ACCOUNT			
Surname		Title (circle)	Dr/Mr/Mrs/Miss
First Name		Tel no. (Home)	
Residential address		Email address	
		ID NUMBER	
Postal address			
Name of employer		Tel no.	
DETAILS OF OTHER PARENT			
Surname		Title (circle)	Dr/Mr/Mrs/Miss
First Name		Tel no (Home)	
Residential address		Email address	
Postal address		ID NUMBER	
Name of employer		Tel no of	
NAME AND SURNAME OF CHILD			
Surname			
First Names			
Date of birth			
Grade	Gender:	Male	Female
CLOSEST FAMILY MEMBER OR FRIEND IN CASE OF EMERGENCY			
Surname		Title (circle)	Dr/Mr/Mrs/Miss
First Name		Tel no (Home)	
Residential address		Relationship	
		Email address	
Signature parent/guardian (circle)		Name in block letters:	

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APPLICATION FORM/CONTRACT p.2			
MEDICAL DETAILS - COMPULSORY			
Name of dr		Tel no. of dr	
Address of dr			
Medical aid			
Medical aid no.			
DATE:			

GRADES 1-7	
BANKING DETAILS	CLEVERKIDS AFTERCARE PTY LTD
	NEDBANK
	BROOKLYN BRANCH 163-145
	CHEQ ACC NO. 1211945340
	REFERENCE: CHILD'S NAME & SURNAME