

## After School Care (ASC) - Booking Form

Child's Name: \_\_\_\_\_ Class \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class \_\_\_\_\_

Mother's Full Name: \_

Mother's Home Address: \_\_\_\_\_

Mother's Contact Phone Numbers:

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

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Father's Full Name: \_

Father's Home Address: \_\_\_\_\_

Father's Contact Phone Numbers:

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Doctor's name: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_

## Relevant Medical History: e.g. allergies, special dietary requirements

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 children in the event of an accident or emergency.

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

## After School Care Payment:

Parents who use the ASC pay €7.50 for one hour or part thereof. An invoice is sent at the end of each term.

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

Monday

Tuesday

Wednesday

Thursday

Friday

*NB: The number of places is limited.*

**Please hand in this form to Mrs Lutz at Primary School or email it to: [info@berlinbritishschool.de](mailto:info@berlinbritishschool.de)**