

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: _____

Father's Full Name: _

Father's Home Address: _____

Father's 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

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 Ms Sukorianska or Ms Ewert at Primary School or email it to:

afterschool.care@berlinbritishschool.de