## Little Kid-Oaks Playschool and Aftercare (Pty) Ltd Reg No. 2021 / 332569 / 07



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> 7 Pollard Street Lorraine Port Elizabeth 6070

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## **AFTERCARE FORMS**

Child's name and surname:  Primary school: Lorraine Primary  Grade:  Teacher's name:  Any allergies or medication:			
		INDI	EMNITY DECLARATION
		l,	the parent/guardian of
		Oaks Playschool during the hours as detailed and the owner indemnified for any claim wh	re that I entrust the care of my child to the staff of Little Kided in the Enrolment Contract. I hereby agree to hold the school lich may arise because of any injury to my child during this time. e owner, or any member of staff liable for any mishap that may
		Parent signature:	Date:
Witness signature:	Date:		
AFTERCARE INDEMNITY DECLARATION SCHOOL TO LITTLE KID-OAKS PLAYS	ON FOR TRANSPORTATION FROM A DIFFERENT SCHOOL AND AFTERCARE		
l,	the parent/ guardian of		
from (name of school)	mission / no permission for my child/ children to be fetched every day, and to be a fetched every day. I hereby agree to hold the school and the owner injury to my child during transportation.		
Parent signature:			
Witness signature:			
Principal signature:	<u></u>		
Date:			