

AFTER-SCHOOL CLUB INFORMATION FORM 2015/16

Name of Child: (1)..... Class:.....

(2)..... Class:.....

(3)..... Class:.....

Address:.....

.....

.....

Contact telephone Numbers:

Name:..... Home phone:.....

Mobile No:.....

Name:..... Home phone:.....

Mobile No:.....

Name:..... Home phone:.....

Mobile No:.....

Please circle regular days of attendance: **Mon Tues Wed Thurs Fri**
(Do not include any last minute days)

Child/children may be collected by:

Name:..... Relationship:.....
(e.g. mum, dad, friend, sister, grandparent)

Name:..... Relationship:.....

Name:..... Relationship:.....

Additional comments.....
(e.g.: Medical conditions, allergies or specific instructions)

.....

.....

.....
I do/do not* give permission for my child/children to have their photograph(s) taken at the
Breakfast and ASC. (These photographs may be included in displays or appear in the
Newsletter.)

*please delete as applicable

I agree to abide by the rules of the club.....