



## After School club sign up sheet

I/We would like our child to sign up for:

Activity Name: .....

On (day of week): .....

Child's name: .....

Date of birth: .....

Class: .....

Medical conditions/medication (please give details)

Contact details:

1. Contact name .....	Relationship .....
Tel: .....	Tel: .....

2. Contact name .....	Relationship .....
Tel: .....	Tel: .....

*(Please Delete as appropriate)*

My child **may** walk home by themselves (Year 6 pupils ONLY)

My child **may not** walk home by themselves

Amount paid:

By completing and returning this form to school, you are giving permission for your child/children to attend the After School Club.