

BURHAM CE PRIMARY SCHOOL

AFTER SCHOOL CLUB FORM

I would like my child.....(please print your child's name)

.....Class to attend After School Club as follows:

Monday

1 hour/2hours

Tuesday

1hour/2hours

Wednesday

1hour/2hours

Thursday

1hour/2hours

Friday

1hour/2hours

IT IS MY INTENTION THAT THIS BE A REGULAR COMMITMENT (please delete if this is not applicable)

I give my consent, should the need arise, for the person in charge of the club to give consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.

Signed: Date:.....Contact telephone number:

AFTER SCHOOL CLUB MOBILE NUMBER - 07707 307 268