

After School Clubs@ Tor View School

Personal Details:

Child's Name: _____ Date of Birth _____
Home Address: _____
Post Code: _____ Home Tel No: _____

Emergency Contact Details:

1. Name _____ Tel No. _____
2. Name _____ Tel No. _____

Medical Details:

G.Ps Name and Address: _____
G.Ps Tel No. _____

Please state any known medical conditions or allergies:

Please state any special dietary requirements including food preferences:

Please state if your child will require any medication during the After School Club. Only oral medication can be given.

Activity Sessions Wishing to Attend: (please tick)

MONDAY	FUN & GAMES	<input type="checkbox"/>
	FOOTBALL	<input type="checkbox"/>
TUESDAY	Craft & Recycling	<input type="checkbox"/>
WEDNESDAY	COOKERY	<input type="checkbox"/>
	SPORTS	<input type="checkbox"/>
THURSDAY	BEGINNERS & INTERMEDIATE SKIING	<input type="checkbox"/>
	NATURE & THE ENVIRONMENT	<input type="checkbox"/>
FRIDAY	BEGINNERS & INTERMEDIATE CYCLING	<input type="checkbox"/>
	ADVANCED CYCLING	<input type="checkbox"/>

Would Transport be required? (transport can only be offered 1 night a week for pupils living in Rawtenstall, Bacup or Whitworth).

All places will be confirmed in writing.

Consent:

I give my consent to any emergency treatment required for my child during After School Club. **Yes / No**

I understand that I am responsible for my child to be collected at 5:00pm from the After School Club on the days agreed (unless transport has been previously arranged) and that I will be charged £5.00 per child for every 30minutes after 5:00pm that I am late.

Signed: _____

Date: _____