



Head teacher: Mrs Pauline Turner

After School Club Application Form

I/We would like to reserve an After School Club place for my/our child.

Name of Child:	Class:
Contact Telephone Number:	
Contact Email Address:	
Date of commencement:	
Ongoing Place/One Off Session (please delete as appr	opriate)
Days Required (Please tick):	
Monday Tuesday	Wednesday
Thursday Frid	ау

I have read and accept the After School Club Terms and Conditions.

Signed:	
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For Office Use Only

Availability checked and advised to parent



Name placed on register/waiting list

Initial Invoice sent (date)