



2017 -2018
PERMISSION FORM
ST UNY C OF E ACADEMY AFTER SCHOOL CLUB
3.00pm – 5.45pm

Name of Child:Class:

Please indicate below the days you would like your child to attend the After School Club:

MON	<input type="checkbox"/>	Collection time _____
TUE	<input type="checkbox"/>	Collection time _____
WED	<input type="checkbox"/>	Collection time _____
THUR	<input type="checkbox"/>	Collection time _____
FRI	<input type="checkbox"/>	Collection time _____

Will the days stay the same each week? Yes ☐ No ☐

Emergency contact details:

Name & number (1)

Name & number (2).....

Details of any allergies:

My child will be collected by.....

Please enclose the total weekly payment calculated

3.00pm – 4.15pm £3.00 (siblings £1.50)

3.00pm – 5.00pm £6.00 (siblings £3.00)

3.00pm – 5.45pm (siblings £4.00):

Thank you.

Signed Parent/Carer Date.....