

# Halwill After School Club

Child name: \_\_\_\_\_ Year: \_\_\_\_\_

Club: \_\_\_\_\_

You will be billed through SchoolMoney on receipt of this form.

My child will be collected by: \_\_\_\_\_

Medical or special arrangements that your child may require: \_\_\_\_\_

I give permission for my child named above to take part in the named after school club.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_

**Please complete a new form for EACH club.**

**By completing this form, you agree to pay through SchoolMoney for this club.**

**Thank you**

**Clubs are free if you qualify for Free School Meals. Please tick this box if this applies [ ]**

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