

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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