**FRIETH CEC SCHOOL AUTUMN TERM CLUBS 2017 BOOKING SLIP**

Please complete **one slip per club per child for all clubs** – school run and external providers

Name of child.......................................................................... Class......................................................

I give consent for my child to participate in..........................................................................................Club.

For after schools clubs only:

* My child will be collected by ............................................................................................ after the club.
* My child uses school transport so please take them off the school transport list for this day YES/NO
* My child requires the following medication……………………………………………………………………………...........………..…………..
* If the club is cancelled at short notice please phone …………………............…………on this tel no:.........................
* Your child was on a waitlist for this club and now has been booked on, please let the office know if you no longer require the place

Preferred contact details in case of emergency:

1.Name:...........................................................................Tel: ...........................................

2.Name............................................................................Tel:...........................................

Signed:......................................................................................................

Date:.........................................

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