

ST MARY ABBOTS AFTER SCHOOL SUPPORT CLUB

Name of child(ren) Class(es)

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I understand that the club will run Monday to Thursday from 3.30 p.m. – 5.00 p.m. only.
I agree to contribute £4.00 per day to the costs.

I agree to collect my child promptly at 5.00 p.m. and would like places on the following days.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
(√) CHILD 1 NAME				
CHILD 2 NAME				
CHILD 3 NAME				
CHILD 4 NAME				

(Please tick as appropriate)

Signed

Date

Parent/Guardian of child

**PLEASE RETURN TO THE SCHOOL OFFICE IMMEDIATELY
PLEASE REMEMBER ONLY 10 PLACES AVAILABLE.**