

SUMMER TERM 2025 AFTER SCHOOL CLUBS

CHILD'S NAME _____ CLASS _____

I would like to request a place for my child named above to attend the following club (please circle)

Day	Collection Point	Club	Year Group	Maximum Number
TUESDAY	Changing room door	Rugby	Y4/5	20
	Changing room door	Mixed Football	Y4/5	20
	Changing room door	Girls Football	Y4/5	20
	Changing room door	Games	Y3/4	30
	Beanies door	Games	Y1/2	30
	Beanies Door	Choir	Y1-Y6	30
	Beanies Door	Matilda	Y6	

**Delete as appropriate*

*My child will be collected from the school club at 4.15

*My child will be walking home on their own (Y4-6 children only)

I understand that my child will be unable to swap clubs and is committed to the club for the 6 weeks. I will inform **the office** (not the class teacher) of any changes to after school arrangements.

I consent to any emergency first aid required to be undertaken in the event of an accident.

Please tick if your child normally catches the bus home

Signed _____ Parent

**PLEASE RETURN TO THE OFFICE BY
Noon, Thursday 8th May**