Lynch Hill School Primary Academy



'Funzone' After School Club Application/Contract Form

Child's Name:	Male/Female			
Date of Birth:	Class:			
Address:				
Home Telephone	e No:			
Mothers Name:	Mobile No.:			
Father's Name:	Mobile No.:			
Doctor's Name:	Doctor's tel. No.:			
Emergency numb	pers of persons to contact in an emergency in addition to Parent details above:			
1				
2				
3				
Health/Diet conc				
Any other concerns:				
Days you wish yo	our child to attend the After School Club (please tick as appropriate)			
Monday	3:20pm – 5:45pm			
☐ Tuesday	3:20pm – 5:45pm			
	3:20pm – 5:45pm			
☐ Thursday	3:20pm – 5:45pm			
Friday	3:20pm – 5:45pm			

Continued overleaf . . .

Charge per session is £10 payable in advance of each session. Invoices will be issued at end of each month for the following month.

All sessions must be paid for before attending and failure to pay will result in your child losing their place.

Children must be collected at 5:45pm by a known, named <u>adult</u>. The school to be notified of any change of named adult.

Late collection of children may result in a charge or notification to Social Services.

Please note our cancellat	ion policy	is one month'	s notice in writing.

I accept the above conditions of m	ny child attending Lynch Hill School Funzone After School Club.
Signed	Parent/Guardian
Date	