



## Afterschool clubs Summer Term 2017 Reply slip

Return to the school office no later than **Tuesday 25<sup>th</sup> April**.

Please send a separate slip for each child. Confirmation of free clubs will be sent by email or text where appropriate week commencing.

### Free clubs *(run by members of the school staff)*

Please **circle** the club/s you would like to enrol your child in

- Dance**   
**Basketball (Year 3/4)**   
**STEM (Year 4/5/6)**

### Paying clubs

Please **tick** the club/s **you have enrolled** your child in

- |   |   |
|---|---|
| <b>Rounders</b> <i>(via school)</i> <input type="checkbox"/>                  | <b>Drama</b> <i>(via school)</i> <input type="checkbox"/> |
| <b>Athletics</b> <i>(via school)</i> <input type="checkbox"/>                 | <b>Football</b> <i>(direct)</i> <input type="checkbox"/>  |
| <b>Year 5 &amp; 6 Tri – Golf</b> <i>(via school)</i> <input type="checkbox"/> | <b>Judo</b> <i>(via school)</i> <input type="checkbox"/>  |
| <b>Tennis</b> <i>(direct)</i> <input type="checkbox"/>                        |   |

**I have contacted the external provider and booked and paid directly with them (please tick)**

**Child's Name:**

**Base:**

**Year:**

### Paying music clubs/lessons

**Guitar / Violin / Brass / Keyboard & Piano** *(David Burgess)* (please **tick** any that apply)

- My child already has previously attended this club and I would like them to continue
- I would like my child to be considered for this club/lesson

Emergency number for club night:

*(It is very important that the telephone number supplied with this information is accurate so that we can contact you quickly in case of emergency)*

Home Telephone:

Medical Conditions (e.g. Asthma, any recent injuries):

My child has permission to leave after-school clubs without an adult **YES/NO**

If you have arranged to meet your child outside the school grounds please circle **YES/NO**

Parent/Carer

signed.....Print.....Date:.....