Lynch Hill School Primary Academy

'Funzone' After School Club
Application/Contract Form

Child's Name: …….. Male/Female

Date of Birth: ……. Class: …….

Address: ……

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Home Telephone No: ……..

Mothers Name: …… Mobile No.: ……

Father's Name: …… Mobile No.: ……

Doctor's Name: …….. Doctor's tel. No.: …….

Emergency numbers of persons to contact in an emergency in addition to Parent details above:

1. ……..

2. ……

3. ……

Health/Diet concerns:
……

……
Any other concerns:

……

……

Days you wish your child to attend the After School Club (please tick as appropriate)

- ☐ Monday 3:20pm – 5:45pm
- ☐ Tuesday 3:20pm – 5:45pm
- ☐ Wednesday 3:20pm – 5:45pm
- ☐ Thursday 3:20pm – 5:45pm
- ☐ Friday 3:20pm – 5:45pm

Preferred start date: _____

Continued overleaf . . .

Charge per session is £12 (£9 for siblings that attend the same days) 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 by 5:45pm, at the latest, by a known, named adult. 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 cancellation/change of days policy is one month's notice in writing.

I accept the above conditions of my child attending Lynch Hill School Funzone After School Club.

Signed ……. Parent/Guardian

Date …….