

FIZ Club YEAR 7 Booking Form

AUTUMN Term 2017 Wednesday 6 September – Friday 15 December 2017



Pupil's Name: _____ Form: _____

Sessions required: (Please indicate below the sessions required per week)

Important note: Sessions are provided subject to availability.

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club * 7am – 8am	YES NO	YES NO	YES NO	YES NO	YES NO
Afterschool Club	5pm - 6.30pm	5pm - 6.30pm	5pm - 6.30pm	5pm - 6.30pm	5pm - 6.30pm
Chosen Activity * <i>(please see FIZ YEAR 7 Programme for full details)</i>					

***PLEASE circle required Breakfast days and write down your chosen activities/clubs.**

Alternative Collector's names and contact details

If there will be occasions when the Parents will not be able to collect the Pupil from FIZ Club, please provide a name, telephone number, and address of two people who you authorise to collect the Pupil in your absence.

The person collecting the Pupil from FIZ Club will be required to submit some form of photo identification that can be checked against the details submitted, or give a password supplied in advance by parents.

1. _____

2. _____

Medical Information

Does your child suffer from any known medical conditions? If yes, please give details.

Please give details of any known allergies:

Special dietary requirements:

FIZ Club reserves the right to administer basic first Aid Treatment when necessary. Parents will be informed of all accidents. For more serious accidents, requiring medical assistant or hospital treatment, all attempts will be made to contact the parents or guardians. Should contact not be possible, Farringtons will act on behalf of the parents to authorise any necessary treatment.

Signatures of parents / legal guardians

If both parents signed the School's acceptance form, we require either the signatures of both parents or of one parent with the express written consent of the other, to the Pupil attending FIZ Club.

I have read and understand the terms and conditions.

I agree that FIZ Club staff may act In Loco Parentis at any time while my child is in their care.

First parent/legal guardian

Signature: _____

Name in full: _____

Mobile no: _____

Date: _____

Second parent/legal guardian

Signature: _____

Name in full: _____

Mobile no: _____

Date: _____

Parent/Guardian Email Address: _____