



## George Mitchell School Before & After School Club Registration Form

Pupil Full Name(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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Names of adults authorised to collect (must be over 16):

1. \_\_\_\_\_ Contact No. \_\_\_\_\_

2. \_\_\_\_\_ Contact No. \_\_\_\_\_

3. \_\_\_\_\_ Contact No. \_\_\_\_\_

4. \_\_\_\_\_ Contact No. \_\_\_\_\_

**Please select which club you wish to book and the days you would like your child to attend:**

### **Breakfast club**

Monday	Tuesday	Wednesday	Thursday	Friday
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### **After school club**

Monday	Tuesday	Wednesday	Thursday	Friday
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I have read and accept a copy of the Wrap Around Care (Breakfast & After school Club) policy and terms and conditions.

Parent signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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