The Comet Club

After school care

Times: Please give details of sessions required

	AM drop-off	PM pick-up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please indicate if you require: Early start (7.30am) ( ) Late finish (6.00pm) ( )

School Name.....

Address.....

.....

Tel:.....

School start time..... School finish time.....

Name: Head Teacher..... Class teacher.....

Signature..... Date.....

Holiday Care

Time: Please give details of holiday dates you require

Dates	Start Time	Finish Time

Signature ....Date.....

Consent form

I do / do not give permission for..... to be taken on organised outdoor trips that involves leaving the premises.

Signature.....