

# “Comet Club”

## Before/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.....

## Holiday Care

Time: Please give details of holiday dates you require

Dates	Start Time	Finish Time

## Consent form

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

Signature..... Relationship to Child..... Date.....

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