



St  
Scholasticas  
R C Primary  
& Nursery  
School



**AFTER SCHOOL CLUB: APPLICATION FORM**

**CONTACT DETAILS**

Name of Child		School	
Year Group		D/O/B	
Medical Needs			
Parent/Carer Name			
Address			
Phone numbers (mobile/work/home)			
<b>Will your child be collected or go home alone?</b>			

**AFTER SCHOOL CLUB DETAILS**

Please indicate which activity/ies your child would like to attend:

Day	Activity	Activity Cost per term	Wrap-around cost per term
Wednesday			
Thursday			
Friday			
<b>TOTAL</b>			

**EMERGENCY DETAILS**

In case of emergency we may need to take your child to hospital. By signing this form you agree to any emergency medical treatment deemed necessary. Play staff will make every effort to contact you if this situation arises.

**Please remember to update us with any new contact details.**

**Who is authorised to collect your child / emergency contact details**

Name	
Contact Details	
Relationship to child	
Any other relevant information	

I have read and agree with the procedures and payment conditions.

Name	
Relationship to child	
Signature	
Date	

James Smith  
Cluster Manager  
020 8985 6176  
[jsmith@baden-powell.hackney.sch.uk](mailto:jsmith@baden-powell.hackney.sch.uk)

Mandie Ault  
Extended Day  
Co-ordinator  
Nightingale  
school  
020 8985 4259

Sharon Alleyne  
Extended Day  
Co-ordinator  
Baden Powell  
020 8985 6176

Jimmy Healy  
Extended Day  
Co-ordinator  
St Scholasticas  
020 8985 3466

Caroline O'Hare  
Extended Day  
Co-ordinator  
Benthal  
020 8985 6701