



St John's Meads Church of England Primary School

01323 730255

office@meads.e-sussex.sch.uk

<https://pmx.parentmail.co.uk>

Club Registration Form: Please return to the school office.

All club places are allocated according to first-come, first-served basis. Please contact the school office if your child is not attending the club or has decided that they no longer wish to attend. Some clubs will incur an advance payment per term and this is not refundable unless there are exceptional circumstances.

CHILD'S NAME _____ CLASS _____

I give permission for my child to take part in _____ **CLUB:**

Medical Condition/Allergies: _____

Medication: (e.g. Epi-pen - Asthma Inhaler - other) _____

We may take photo images of the children attending this club for use in the following publications:
Newsletter/Website/Prospectus/School Displays/Press/YouTube

I give permission / I do not give permission for my child to have their photo/image used in the above publications:

Payment: _____ Please pay online at <https://pmx.parentmail.co.uk> (if applicable).

Signed: Parent/Carer

Emergency contact no: _____

Email: _____

Date:.....



To: Parent/Carer

After School Club

Child's name _____ Class _____

Your child has been booked onto the following club

Club: _____ **Room** _____

Day: _____ **Finish time**