

Clare's Learning Club

Maths, English and Reasoning



Child's Details

Name of child:

Date of Birth:

Current School Year:

School:

Club attending (Please circle):

John Ball Year 4 (Tues) **John Ball Year 5** (Weds) **Otford** (Tues) **Dartford** (Tue) **Farningham** (Tues)

Otford (Weds)

Dartford (Weds)

Additional Sessions (Sats and holidays)

(Optional) Notes regarding Eleven Plus Preparation so far (if any):

(Optional) Other relevant information learning information:

Contact Information

The person responsible for paying invoice:

email:

(If different from above) parent/ carer email address for club communication:

Parent/ Carer Address:

Contact telephone number:

Emergency contact name and number:

People who will be picking up the child after class:

Medical conditions:

Please list any allergies below:

Name and address of child's Doctor:

Medical Treatment

I the parent/guardian of give permission to Clare's Learning Club teacher to administer any relevant minor treatment or medication to the above-named participant when or if necessary.

I will make sure that I am contactable throughout the entire time that my child is at Clare's Learning Club, or that I have given Clare's Learning Club teacher the contact details of someone else who can be contacted so that in an emergency situation my child can be quickly collected and given the medical attention necessary.

Please strike the non-applicable.

Sweets/ Ice Lollies

I **DO/ DO NOT** give permission for my child to eat a small number of sweets/ice lollies on hot exam days during Clare's Learning Club. Please list here any allergies or restrictions relating to sweets/ ice lollies below:

Squash

I **DO/ DO NOT** give permission for my child to make and drink a small amount of squash during a one-off lesson on ratio. Please list here any allergies or restrictions relating to squash below:

Photography

I **DO/ DO NOT** give permission for my child to be photographed at Clare's Learning Club for use on the Clare's Learning Club website, Facebook Page and promotional materials.

YEAR 5 ONLY

I **DO/ DO NOT** give permission for my child to walk home alone after a session.

I **DO/ DO NOT** wish to be added to WhatsApp group for homework reminders and short notice information from my club teacher.

I have read the parent brochure and agree to the terms and agree to a notice period of 3 weeks before the end of the current half term, if I no longer wish my child to continue (£20 admin charge if this is missed (N/A for John Ball)). YEAR 5 ADDITIONAL SESSIONS have a 4 week cancellation period.

Please complete and return this form and email it to clareslearningclub@gmail.com

Payment for the half term must be received before your child starts at Clare's Learning Club. Payment by BACS, or cash is preferred. Paypal (3% charge due to Paypal fees) please email clareslearningclub@gmail.com for details. Unauthorised late payments will incur a £5 a week charge. John Ball parents will pay the school directly.

Payments can be made by cheque (£5 handling charge), payable to **Clare Basham**, please post to: **1 Alban Crescent, Farningham, Kent, DA4 0BX**