

# ALLSORTS CONSENT AND BOOKING FORM

Allsorts - Summer Term (Half Term Jun - Jul 2020)

Name of Child .....

Date of Birth .....

Allergies .....

Medical Information .....

Contact Number .....

Signed .....

## ALLSORTS AFTER SCHOOL CLUB 3.25 pm - 5.15 pm

WEEK COMMENCING	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
01 JUN				
08 JUN				
15 JUN				
22 JUN				
29 JUN				
06 JUL				
13 JUL				