

# Choir Club

Wednesday's 3.05 - 4.15pm in the Gallery

Childs name \_\_\_\_\_

Class \_\_\_\_\_

My child will be collected by a parent/guardian Yes/No

Name of other authorised person to collect

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I authorise my child to walk home alone Yes/No

My child will attend Kids Club after Choir and I would like them to be escorted to the Community Room after Choir Yes/No

Does your child suffer from any medical condition or take any medication that we need to be aware of? Yes/No (if Yes please give details)

Please provide 2 emergency contact details

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

I give my permission for my child to attend Choir

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Carer name \_\_\_\_\_

Please return to the office FAO Ann Turner or email aturner@elystjohns.cambs.sch.uk