



CLUB BOOKING FORM

Dear Y1/Y2 Parents/Carers

Junior Jazzercise: 3.20 - 4.20 pm Wednesdays - Mrs R Rial

If your child would like to join Junior Jazzercise, please complete the slip below and return it to us as soon as possible as places are limited.

THE ACADEMY OFFICE

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CLUB BOOKING FORM

I give permission for my child to attend the after-school club(s) as listed below and I will collect my child from the academy at the end of the club at the specified time.

I will inform you if my child is not attending, otherwise I understand my child must attend the club as arranged (*in particular if my child uses the school transport system*).

CHILD'S NAME: _____ Year: _____

Name of club: Junior Jazzercise Day: Wednesday's 3.20pm till 4.20pm

Signature of Parent/Carer: _____ Dated: _____

My contact telephone number (if different from that which the academy holds as the main contact mobile number): _____

Please return this slip to the Academy Office a.s.a.p. Places are limited. Thank you.