



NIGHT OWLS – TERM 4 2019/20



Child's Name: **Class:** **Year:**

Does your child have any medical conditions/problems the Club Leader should know about?:

Details of the person(s) allowed to collect your child:

Emergency Contact Number:

Please complete a separate form for each child.

	3-4pm £4.00 <i>(Please tick)</i>	4-5pm £3.50 <i>(Please tick)</i>
MON 24 th Feb		
TUES 25 th Feb		
WEDS 26 th Feb		
THUR 27 th Feb		
FRI 28 th Feb		

MON 2 nd Mar		
TUES 3 rd Mar		
WEDS 4 th Mar		
THUR 5 th Mar		
FRI 6 th Mar		

MON 9 th Mar		
TUES 10 th Mar		
WED 11 th Mar		
THUR 12 th Mar		
FRI 13 th Mar		

MON 16 th Mar		
TUES 17 th Mar		
WED 18 th Mar		
THUR 19 th Mar		
FRI 20 th Mar		

MON 23 rd Mar		
TUES 24 ^h Mar		
WED 25 ^h Mar		
THUR 26 th Mar		
FRI 27 th Mar		

MON 30 th Mar		
TUES 31 st Mar		
WED 1 st April		
THU 2 nd April		
FRI 3 rd April		

TOTAL OWED:

Payment Made via:

- ParentPay:
- Cash (enclosed):
- Cheque (enclosed)

Please make payable to The White Horse Federation

Signed: