

Name of the Child: _____ School of the Child: _____
Place of Afternoon club: _____ Date of child's start in Afternoon club: _____
Religion: _____

Name, phone number, and email of parents, how to reach them during the club

Social security number of the billable parent
(mandatory for billing): _____

Child is picked up from afternoon club ___yes at:_____

Child can leave by themselves from club ___yes at:_____

Need and pricing of afternoon club
___ over 10 days/ month **117 €/month**
___ 0-10 days/ month **59 €/ month (extra day charge 15€/day)**

Who picks up child: _____

In cases where parents can't be reached, who can be contacted

Name and phone number _____

If need be, can the afternoon teacher discuss about wellbeing of your child with their teacher/ school health care or with others responsible for student wellbeing?
(teachers have obligation of confidentiality and the matter will be discussed with the parents as well)

yes___ no___

Can your child appear publicly in e.g. in the photos of the afternoon club, news articles, videos etc.?

yes___ no___

Does your child have any food allergies??

yes___ (please deliver a copy of the nurse's form)

no___

Other possible things about your child to take into account (allergies, fears, medications, temper etc.) NB!
Afternoon club does not get preceding information in other ways

Do you wish for your child to have time allotted to doing school work during the afternoon club?

(time to do work is given in the club but the responsibility is of the child and parents)

yes___ no___

In case your contact info have changed after leaving the submission, please write your new contact info
(Address, phone number during work hours, and email address):

Time: _____ Place: _____ Signature of parent: _____