

INITIAL INFORMATION FORM For school's afternoon activities (return to afternoon club)

Name of the Child:	School of the Child:
Place of Afternoon club: Religion:	Date of child's start day in Afternoon club:
Name, phone numbe, and email of guardians, how to reach them during the activities	
Social security number of the billable gu (mandatory for billing):	
Child is picked up from afternoon club	yes at:
Child can leave by themselves from club	oyes at:
Need and pricing of afternoon club	over 10 days/month 120 €/month 0–10 days/month 60 €/month (extra day charge 15 €/day)
Who picks up child:	
In cases where guardians can't be reach Name and phone number	ned, who can be contacted
with others responsible for student wellb	scuss about wellbeing of your child with their teacher/school health care or being? ity and the matter will be discussed with the parents as well)
yesno	
Can your child appear publicly in e.g. in yes no	the photos of the afternoon club, news articles, videos etc.?
Does your child have any food allergies' yes (please deliver a copy of the nur	
Other possible things about your child to club does not get preceding information	o take into account (allergies, fears, medications, temper etc.) NB! Afternoon in other ways
	allotted to doing school work during the afternoon club? the responsibility is of the child and parents)
In case your contact info have changed (Address, phone number during work ho	after leaving the submission, please write your new contact info ours, and email address):
Time:Place:	Signature of the guardian: