

Willow Park After-School Activity

Registration Form

After School Activity: _____

Information

Child's Name: _____

Child's D.O.B: _____

Child's Class: _____

Child's Teacher: _____

Parent's Name: _____

Contact Number: _____

Email: _____

Signature: _____ Date: _____

Does your child require special assistance or suffer from any allergies/any relevant medical conditions: _____

Fee for course in amount € _____ by cash/cheque *(please delete as appropriate; Please ensure any cheque is made out to the correct course)*

- ***One form per child & per class, please***
- ***Please read your chosen activity's page carefully for any important information/regulations specific to the class.***
- ***All registrations forms should be returned to reception with the fee in an envelope labelled with child's name and the activity chosen.*** (unless otherwise stated by the activity)

**Additional forms can be obtained at reception or at
www.willowparkjuniorschool.ie/activities/before-after-school**