

KINGS PARK PS (SEPT-DEC)

YOU WILL ONLY BE ADVISED IF YOUR CHILD **DOES NOT** HAVE A PLACE

DO NOT ENCLOSE WITH PAYMENTS FOR ANYTHING ELSE AT SCHOOL
PAYMENT TO BE MADE WITH THE EXACT MONEY ONLY

COACHES/COORDINATOR WILL NOT BE RESPONSIBLE
FOR NOTIFYING YOU SHOULD YOUR CHILD NOT TURN UP AT A SESSION

ALL ACTIVITIES WILL BE IN KINGS PARK PS GYM HALL OR SCHOOL GROUNDS
AND DELIVERED BY SUITABLY QUALIFIED AND DISCLOSED COACHES.

PLEASE NOTE THAT AFTER THE CLOSING DATE NAMES WILL BE DRAWN OUT
OF THE A HAT IF THERE ARE TOO MANY CHILDREN SIGNED UP.

IF PAYING CASH PLEASE ENCLOSE THE EXACT AMOUNT CHEQUES SHOULD BE MADE PAYABLE TO
MIDLOTHIAN COUNCIL

PLEASE TICK BELOW TO INDICATE THE ACTIVITY OR ACTIVITIES YOU ARE SIGNING YOUR CHILD UP FOR

FORMS TO BE RETURNED TO SCHOOL OFFICE BY **TUESDAY 13 SEPT**

| ACTIVITY | DAY | TIME | AGE | DATES | WEEKS | COST PER BLOCK | | TICK HERE |
|----------|-----|------|-----|-------|-------|----------------|------------------------------------|-----------|
| | | | | | | REGULAR COST | COST IF CHILD ON FREE SCHOOL MEALS | |

| | | | | | | | | |
|---------------|-------------------------------|-----------|------|-----------------------------------|----|-----|-----|--|
| HIP HOP DANCE | TUE | 1245-1315 | P2-3 | 20 SEPT- 1 NOV (EXC 18 OCT) | 6 | £9 | £6 | |
| HIP HOP DANCE | TUE | 1245-1315 | P1 | 8 NOV - 6 DEC | 5 | £8 | £5 | |
| FOOTBALL | TUE | 1530-1630 | P4-7 | 20 SEPT - 6 DEC (EXC 11 & 18 OCT) | 10 | £14 | £11 | |
| HIP HOP DANCE | WED | 1245-1315 | P4-7 | 21 SEPT - 7 DEC (EXC 19 OCT) | 11 | £15 | £12 | |
| FOOTBALL | THU | 1245-1320 | P1-3 | 22 SEPT- 8 DEC (EXC 20 OCT) | 11 | £15 | £12 | |
| FUN ATHLETICS | THU | 1530-1630 | P1-3 | 22 SEPT- 8 DEC (EXC 20 OCT) | 11 | £15 | £12 | |
| JUDO | INFORMATION ON SEPARATE FLYER | | | | | | | |



PUPIL INFORMATION

Name:

School:

Class:

Home Address:

Gender:

Home Tel:

Mobile Tel:

If you are **NOT ALREADY** receiving emails with active schools newsletters and clubs etc and wish to then please complete your email below.

Email _____

EMERGENCY CONTACT (someone who can be contacted while your child is attending)

Name:

Address:

Relationship to child:

Home Tel:

Mobile Tel:

Please list below any learning/physical disabilities or other condition(s) that we should be aware of:

Please list below medication that your child is on that we should be aware of

OTHER INFORMATION (tick where appropriate)

- ☐ I give permission for my child to attend the sessions
- ☐ My child is entitled to free school meals **-Government P1-3 policy NOT part of entitlement)**
- ☐ I give permission for my child's photograph to be taken at the sessions

After the session my child will (only applicable for **after school** activities)

☐ walk home

☐ be collected

Signature:..... Print Name



ANY QUESTIONS PLEASE CONTACT

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