



# Fountain Gate Primary School

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## Before and After School Clubs Permission Form

(please fill out a separate form for each child)

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parents/Carers Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone numbers: \_\_\_\_\_

Emergency contact name and phone number: \_\_\_\_\_

### I am interested in

The Breakfast Club      Regular      Casual

The Homework-Activities Club      Regular      Casual

Days/times when you would like your child to participate

\_\_\_\_\_  
\_\_\_\_\_

Food allergies?      Please list if applicable

\_\_\_\_\_

Medical conditions?      Please list if applicable

\_\_\_\_\_

Regular payments are to be made a week in advance. Casual payments are to be made on the day. More than a week in arrears will mean your child cannot attend.

I give permission for my child listed above to attend the Breakfast Club/Homework-Activities Club at Fountain Gate Primary School. I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Growing and Learning Together*