

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

Name, phone number, and email of guardians, how to reach them during the activities

Social security number of the billable guardian
(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

_____ 0–10 days/month

Who picks up child: _____

In cases where guardians 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 the guardian: _____