



Sir Jonathan North Community College

## Year 4 Primary Enrichment Programme

(PLEASE USE BLOCK CAPITALS)

Name of daughter: \_\_\_\_\_

Primary School: \_\_\_\_\_ Year Group: \_\_\_\_\_

Name of Parent/Carer: \_\_\_\_\_ Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

Home address: \_\_\_\_\_

**I give permission for my daughter to take part in the afterschool enrichment programme for Year 4 at Sir Jonathan North Community College. Sessions take place on Wednesdays from 3.45 – 5 pm from September 2016 – July 2017.**

Signed: \_\_\_\_\_ (Parent/Carer)      Date: \_\_\_\_\_

Please provide details of two emergency contacts below:

Name 1: Relationship to child: Telephone Number(s)	Name 2: Relationship to child: Telephone Number(s)
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Does your daughter suffer from any medical condition? If yes, please give details.

Name of Doctor: \_\_\_\_\_

Surgery address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please email this completed form back to the college using the button below:

Please submit your forms by Friday 8 July 2016. Confirmation of your daughter’s place will be emailed to you by Wednesday 13 July 2016. Should activities be oversubscribed, your daughter will be placed on a waiting list for the next enrichment opportunity.

**Knighton Lane East, Leicester LE2 6FU 0116 270 8116**