

Child's Name:
Class:
Emergency Contact Number:
Medical Information:
Please tick as appropriate. Please note that all children primary 4 or below must be accompanied to and from the event by an adult.
[] I give my permission for my child to make their own way home from the event.
[] I will be bringing and collecting my child from the event.
Parents Signature:
Name:
PLEASE RETURN IN A USED ENVELOPE WITH £3.00 PER CHILD BY THURSDAY 14TH MARCH.
Are you able to help out at either of the disco's? Could you lend a coupleof hours of your time to help make this event a success? If you can help please put your phone number below and we will be in touch.