



Personal Development Clubs Family Registration Form

FOR OFFICE USE ONLY	Reg fee of €5 received:	Date received:	Registration Number:
----------------------------	-------------------------	----------------	----------------------

Please answer the following questions	YES	NO
My child travels alone to school by bus/taxi		
Both parents/guardians work full-time		
e-mail address:		

Please ensure that you sign this form on the reverse before submitting the form->

Child 1

Child's full name					
Year Group					
PD Club choices	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					
3					
PLEASE TICK BELOW IF:					
Early dismissal 15:15 pick up / MIK					
Existing Activity e.g. (Italian/Music)					
Friday Club					

Child 2

Child's full name					
Year Group					
PD Club choices	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					
3					
PLEASE TICK BELOW IF:					
Early dismissal 15:15 pick up/ MIK					
Existing Activity e.g. (Italian/Music)					
Friday Club					

Child 3

Child's full name					
Year Group					
PD Club choices	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					
3					
PLEASE TICK BELOW IF:					
Early dismissal 15:15 pick up/MIK					
Existing Activity e.g. (Italian/Music)					
Friday Club					

Child 4

Child's full name					
Year Group					
PD Club choices	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					
3					
PLEASE TICK BELOW IF:					
Early dismissal 15:15 pick up/MIK					
Existing Activity e.g. (Italian/Music)					
Friday Club					

I.....(name of parent/guardian) agree to the expectations and guidelines of the UWCM Primary PD Clubs.

.....(signature of parent/guardian)

.....(date)

By completing this form you are confirming that you are in agreement with the UWCM Primary PD Club Expectations and Guidelines.

This form will not be processed unless this section is signed.