

TT After School Club

We want your child to feel happy, relaxed, safe and secure and above all enjoy their time with us. Your answers to the following questions are important to us, so please take a few moments to complete this form.

Child's full name. _____ Preferred name _____

Has your child attended a breakfast / after school / holiday club before or is this their first time?

It's helpful to let us to know about any concerns or worries you or your child may have starting the After School Club.

Consider your child's personality when away from home in a new situation, are they confident talkative, quiet and shy or something else? _____

How does your child generally settle into new situations? _____

Consider any additional information such as family/background that you feel is important to share with us to be able to fully support your child. _____

Tell us about your child's interests, activities or hobbies? _____

Describe what your child enjoys doing at school _____

Have we missed anything out? Is there anything else that you would like to share with us?

Parent/Carer Name _____ Date _____