Breakfast Club
Application Form

Name(s) of Child(ren)…… Class(es)……..

Date of Birth……

Billing Name…….

Billing Address……

……...……

Email Address…….

Please complete the following sections.

I would like to apply for my child/children to attend Breakfast Club on the following days of the week at a cost of £4.50 per day, every week until notice is given:

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Please indicate if there are any foods that your child must not eat due to allergic reaction, cultural or religious belief. Please also give details of any medical conditions that may be relevant.

Child's Name…….

Details of Dietary Requirement…….

Details of Medical Conditions……..

Further Child's Name……..

Details of Dietary Requirement……..

Details of Medical Conditions…….

I give consent for First Aid to be administered to my child(ren)
I give consent for emergency services to be called in the event of an accident
I enclose with this form a signed Terms and Conditions reply slip.

Signed……..Parent/Carer Date……..