

Milton Abbot Breakfast Club APPLICATION FORM

Child's Name: _____ Class: _____

HomeAddress _____

Attendance:

I would like my child/children to attend Breakfast Club:

Mon	Tues	Wed	Thurs	Fri	Occasionally/Various days (changing weekly)

I would like to pay:
In advance

In cash at the start of a session

Contact Details:

1st Contact (Parent/Carer)	2nd Contact
Name:	Name:
Mobile Tel:	Mobile Tel:
Home Tel:	Home Tel:
Address:	Address:

Medical Details:

Doctors Name	Address & Contact Tel

Does your child have any medical problems? Yes/No	Does your child have any special dietary needs? Yes/No
If yes please give details here	If yes, please give details here

I consent to any necessary emergency medical treatment whilst my child is attending the Breakfast Club and authorise the staff to sign any form of consent required by medical staff if a delay in obtaining my signature could endanger my child's health or safety.

Behaviour Contract:

I understand that my child is expected to follow the school's 'Golden Rules' when attending Breakfast Club and that the school reserves the right to withdraw the service to any child behaving inappropriately.

Print Name: _____ Signed: _____ Date: _____