



Breakfast Club ☐ Please tick as appropriate

After School Club ☐ Please tick as appropriate

### **Application Form**

There is a registration fee of £10 per child per club, this is paid via Parentmail once you are registered.

Child's Surname:	Child's First Name:
Child's Date of Birth:	Preferred Pro Nouns (he/him, she/her, they/them):
Home Address:	
Home Telephone Number:	
Mobile Number:	
Names of Parents/Guardians/Carers:	

*Please give the names, daytime addresses and telephone numbers of three people we can contact in an emergency e.g Parent's work number, grandparents*

Contact 1	Contact 2	Contact 3
Name:	Name:	Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Address:	Address:	Address:
Telephone Number:	Telephone Number:	Telephone Number:

Doctor's Name:	
Doctor's Address:	Doctor's Telephone Number:
Please give details of any medical condition/food allergy that your child may have:	
Do you know what triggers an allergic reaction? If so, please provide details:	