

Early Birds Application Form

Application Form - please complete one per child

Child's Name: _____ **Year Group:** _____

Medical Information: (allergies, medical conditions etc)

Emergency Contacts:

1. Your name _____ Tel No: _____

2. Second Name _____ Tel No: _____

3. Third Name _____ Tel No: _____

Other Information

I will ensure that payments are made as required Yes/No

I confirm that I have read and accept the information in the information leaflet Yes/No

I confirm that the information on this form is correct and that I will update it accordingly Yes/No

Signed _____ Name _____ Date _____

- Separate information is required by the Breakfast Club as the school office may be shut out of hours and normal school records be unobtainable.
- Please ensure that all relevant information is included on this form.
- If the information above changes, please ensure that both the school office AND the breakfast club are aware.
- Please ensure we have your current phone number, in case the Breakfast club staff need to contact you.