**Collaton St Mary Primary School**

**Application for Breakfast, After School or Both Clubs**

**Child 1**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of birth:** |  |
| **Date to start club:** |  |

**Child 2**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of birth:** |  |
| **Date to start club:** |  |

**Child 3**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of birth:** |  |
| **Date to start club:** |  |

**Child 4**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of birth:** |  |
| **Date to start club:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Club Required**  **(Circle preference,**  **either or both)** | | **Day’s Required**  **(Tick appropriate per child)** | | | | |
| **Child** | **1** | **2** | **3** | **4** |
| B/C | ASC | Monday |  |  |  |  |
| B/C | ASC | Tuesday |  |  |  |  |
| B/C | ASC | Wednesday |  |  |  |  |
| B/C | ASC | Thursday |  |  |  |  |
| B/C | ASC | Friday |  |  |  |  |

B/C = Breakfast Club

ASC = After School Club

**Contact Information (Parent/Guardian)**

**1st Contact**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship to child/children:** |  |
| **Address:** |  |
|  |
|  |
| **Postcode:** |  |
| **Telephone home:** |  |
| **Work:** |  |
| **Mobile:** |  |

**2nd Contact**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship to child/children:** |  |
| **Address:** |  |
|  |
|  |
| **Postcode:** |  |
| **Telephone home:** |  |
| **Work:** |  |
| **Mobile:** |  |

**Additional Contact Information If Above Contacts Are Not Available**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship to child/children:** |  |
| **Address:** |  |
|  |
|  |
| **Postcode:** |  |
| **Telephone Home** |  |
| **Work:** |  |
| **Mobile:** |  |

**Doctors Contact Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Surgery Name:** |  |
| **Address:** |  |
|  |
|  |
| **Postcode:** |  |
| **Telephone:** |  |

**Medical History/Special Needs**

|  |  |
| --- | --- |
| **Description:** |  |
|  |
|  |
|  |
|  |
| **Date of last tetanus:** |  |
| **Allergies:** |  |
|  |

**Photo Permission Within The Clubs (please delete as applicable)**

|  |  |
| --- | --- |
| **Child 1** | Yes/No |
| **Child 2** | Yes/No |
| **Child 3** | Yes/No |
| **Child 4** | Yes/No |

|  |  |
| --- | --- |
| **Additional Information:** |  |

**I confirm that I have read and understood the terms and conditions set out in the Breakfast and After School Club Parents Handbook, including the specified 48-hour cancellation period and agree to pay for all sessions for a half term in advance in via ParentPay at the time of booking.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |