

## Caversham Primary Breakfast Club Application Form

### Basic Information

Name of Child:	<input style="width: 90%;" type="text"/>	Child's Class:	<input style="width: 90%;" type="text"/>
Date Of Birth:	<input style="width: 90%;" type="text"/>	Billing Address:	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Billing Name:	<input style="width: 90%;" type="text"/>		
Email Address:	<input style="width: 90%;" type="text"/>		

Ad hoc Sessions:

Please return this form to the office drop box with a cheque for £35 (10 sessions). A receipt will be issued

Regular sessions:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Date of first Session:

### Contact Details

Parent/Carer contact details for Breakfast Club. Please list in Order of Priority, so we contact people in the correct order.

#	Full Name (Mr, Mrs etc)	Relationship to Child	Work Phone	Home Phone	Mobile
1					
2					
3					
4					

### Dietary Needs

Please indicate if there are any foods that your children must not eat due to allergic reaction, cultural or religious beliefs:

### Medical Details

NHS No:  Doctor:

Surgery:

Please give details of any significant medical condition that may be relevant:

I give consent for first aid to be administered to my child:

I give consent for emergency services to be called in event of an accident:

Signed:  Parent/Carer Date: