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**LONDON BOROUGH OF HAVERING**

**ENGAYNE PRIMARY SCHOOL**

**Headteacher : Mrs Sankey**

**APPLICATION FORM FOR BREAKFAST CLUB**

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**Child’s name**………………………………………………………………………………

**Date of Birth……………………**

**Address**……………………………………………………………………………………

…………………………………………………………………………………………….

**Telephone numbers (These must be numbers on which you can be reached between 7.45am and 9.00am in case of emergency).**

**Home**………………………………….. **Mobile**…………………………………………

**Emergency Contact Number (Please state name and relationship of contact)**

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**Days your child will attend (Monday to Friday or combination of days)**

………………………………………………………………………………………………….

………………………………………………………………………………………………….

**Date you wish your child to start Breakfast Club**

………………………………………………………………………………………………….

**Are there any foods your child cannot eat, or allergies that we need to know about?**

…………………………………………………………………………………………………..

**Parent/Carer’s signature**…………………………………………………………………………

**Parent/Carer’s name (please print)**………………………………………………………………

**Date**……………………………… (**Please return to school office)**

**Please note application does not guarantee a place.**