

|  |  |  |
| --- | --- | --- |
|  | |  | | --- | |  | |

**LONDON BOROUGH OF HAVERING**

**ENGAYNE PRIMARY SCHOOL**

**Headteacher : Mrs Sankey**

**APPLICATION FORM FOR BREAKFAST CLUB**

**Child’s name**……………………………………………………………………**Date of birth**……………………….

**Address**………………………………………………………………………………………………………………………..

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

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

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

………………………………………………………………………………………………………………………………………

**Days you wish your child to attend, please tick appropriate box(es)**

**Monday Tuesday Wednesday Thursday Friday**

**[ ] [ ] [ ] [ ] [ ]**

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

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

**Please state any foods allergies or medical needs your child has.**

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

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

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

\***Please return this form to school office and register your child’s place on the SchoolCloud via the school website.**

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

**Office use: Form complete [ ] SchoolCloud [ ] SQuid [ ]**