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**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 [ ]**