



ENGAYNE PRIMARY SCHOOL

Headteacher : Mrs Sankey

APPLICATION FORM FOR BREAKFAST CLUB

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)

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

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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?

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Parent/Carer's signature.....

Parent/Carer's name (please print).....

Date..... (Please return to school office)

Please note application does not guarantee a place.