St Michael's Sparkles After School Club Application Form

Sparkles Club runs daily during term time from 3.30pm to 5.30pm. The fee for a child to attend is £3.00 per hour or £5.00 for full session. This must be paid on the day or in advance. Children must be booked in in advance.

Child's Details								
Childs Full Name								
Child's Date of Birth				1	Age			
Class & Teache	rs Name							
Please tick the days you would like your child to attend Breakfast Club:								
Monday	Tuesday	Wedne	sday	Thursday	Friday			
		·						
Parent/Carer C	Contact Infor	mation						
Home Address								
Parent/ Carer's	Name							
Relationship to child								
Contact Number	er							
Emergency Cor	ntact Details	– In case of	f an eme	ergency we				
will contact the parent/carer above. If unavailable, please								
list two further contacts that you would be happy to act on								
your behalf.								
1 st Emergency	Name	<u>;</u> :	Tel:		Relationship to			
Contact					child:			
2 nd Emergency	Name	<u>;</u> :	Tel:					
Contact								
	•		•					
Food Allergies								
Does your child have any food								

allergies?

Does your child have any specific dietary needs/ food intolerances or	
allergies that we should be aware of?	
Do you observe any cultural or religious procedures that you feel we should be aware of?	

Permissions (please tick)				
I give permission for photographs to be taken of my child enjoying their time at breakfast club. <i>They may be used in wall</i>	Yes	No		
displays.				
I give permission for photographs to be taken of my child enjoying their time at breakfast club. They may be used on the school Breakfast Club web page and school website	Yes	No		
No names will be put alongside photos				

By signing this form you confirm that you have read, understood and agree to the terms outlined in this application form and to the School's Breakfast Club policy

Signed Parent/Carer:	
Date:	

Version One: 7th Sept 2020