**St Michael’s Breakfast Club**

**Application Form**

Breakfast Club runs daily during term time from 7.45am to 8.30am. The fee for a child to attend is 50p per session. This must be paid on the day or in advance.

**Children must be booked in and paid in advance on the online booking system via the school app (Payments tab on parent app).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Details** | | | |
| Childs Full Name |  | | |
| Child’s Date of Birth |  | Age |  |
| Class & Teachers Name |  | | |

**Please tick the days you would like your child to attend Breakfast Club:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Parent/Carer Contact Information** | |
| Home Address |  |
| Parent/ Carer’s Name |  |
| Relationship to child |  |
| Contact Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact Details** – In case of an emergency we will contact the parent/carer above. If unavailable, please list two further contacts that you would be happy to act on your behalf. | | |  |
| **1st Emergency Contact** | Name: | Tel: | Relationship to child : |
| **2nd Emergency Contact** | Name: | Tel: |  |

|  |  |
| --- | --- |
| **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?  Does your child have any medical conditions? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Permissions (please tick)** | | | | |
| I give permission for photographs to be taken of my child enjoying their time at breakfast club. ***They may be used in wall displays.*** | **Yes** |  | **No** |  |
| 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 Breakfast Club policy***

|  |  |
| --- | --- |
| **Signed Parent/Carer:** |  |
| **Date:** |  |

September 2022