



Rise & Shine Breakfast Club Application



PLEASE COMPLETE THE FORM IN BLOCK CAPITALS	
Child's Full Name:	
Child's Preferred Name:	Male/Female:
Full Postal Address & Postcode	Date of Birth: Age: Class:
Name of 1 st Parent/Guardian	Name of 2 nd Parent/Guardian
Home Telephone Number	Home Telephone Number
Work Telephone Number	Work Telephone Number
Mobile:	Mobile:
Email:	Email:

Emergency Contacts in addition to those above	
<i>Please ensure that you notify us immediately of any changes to contact information.</i>	
Name:	Name:
Address:	Address:
Home Telephone Number	Home Telephone Number
Work Telephone Number	Work Telephone Number
Mobile:	Mobile:
Relationship to Child:	Relationship to Child:

Please specify which day(s) of the week you wish your child to attend our Breakfast Club.				
Monday	Tuesday	Wednesday	Thursday	Friday
Is your child currently registered with Breakfast Club?				

Medical and Dietary Information	
Doctor's Name:	
Doctor's Address:	
Doctor's Telephone Number:	
Medical Information: (Asthma, Eczema, Allergies etc)	Specific Dietary Requirements: (Food allergies/conditions etc)
Other Important Information	
<i>Please inform us if there is any other information we may need to know about your child (Language, Learning, Religious and Cultural)</i>	

Breakfast Club Important Information

In order to guarantee a place for your child, fees are payable weekly in advance. The current charge per day is £2.00 **correct as of January 2015.*

Please ensure that you let our team know about any medical or dietary needs of your child on the form overleaf.

Breakfast is served from 8am – 8.30am. Please ensure your child arrives between these times.

Our Breakfast Club is led by members of the Grazebrook Team. Children are expected to ensure that their behaviour whilst attending the Club reflects the behaviour expected during the school day. We will let you know if this is not the case.

In case of an emergency we may need to take your child to hospital and by signing this registration for you agree to any medical treatment deemed necessary. We will make every effort to contact you in this situation.

Parent/Carers Name:

Parent/Carers signature:

Date:



The thing I like most about Breakfast Club :

The thing I least like about Breakfast Club:

My idea for a delicious Breakfast menu:

Top idea to make Breakfast Club even better is:

**Tell Us
what
YOU
Think**