

Breakfast and After School Club Application Form						
Child's Details						
Child's full name:						
Child's D.O.B:		Age:	Class No:			
Does this child have a sibling(s) already in New Silksworth Academy's Breakfast And After School Club? YES NO <input type="checkbox"/> <input type="checkbox"/>						
If Yes, please list the name(s) of siblings:						
Breakfast Club Requirements:						
Days Required (please tick all applicable)		<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
After School Club Requirements:						
Days Required (please tick all applicable)		<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Usual Session Time Required: (please tick 1 choice)		<input type="checkbox"/> 3.30pm-4.30pm	<input type="checkbox"/> 3.30pm-5.30pm	<input type="checkbox"/> 4.30pm-5.30pm (please only select if your child attends an after school club)		
Parental Contact Information						
Home Address:						
Parent/Carer's Name:			Contact Numbers:			
Relationship to Child:						
Email Address:						
Emergency Contact Details – in case of 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.						
1 st emergency contact	Name:		Tel No:			
2 nd emergency contact	Name:		Tel No:			
Medical/Food Details:						
Name of Child's GP:			Tel No:			
Does your child have any medical conditions/ disabilities we should be aware of i.e asthma, epilepsy, allergies etc:						
Does your child have any specific dietary needs/food intolerances 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 at the club. They may be used on wall displays within school or on our school website.			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Should the necessity arise and I cannot be contacted I give permission to the person in charge to give consent on my behalf for first aid to be administered or for any other urgent medical treatment to be given.			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

By signing this form you confirm that you have read, understood and agree to the school's Breakfast and After School Club Policy (attached).

Signed Parent/ Carer	
Date:	