**APPLICATION FORM**

**BREAKFAST / AFTER SCHOOL CLUB**

**Please complete the application form below for your child.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name**  |  | **Age** |  | **Year** |  |
| **Address** |
|  |
| **Contact Information** |
| **Priority 1** | **Priority 2** |
| Name |  | Name |  |
| Mobile |  | Mobile |  |
| Home |  | Home |  |
| Work |  | Work |  |
| Email |  | Email |  |
| **Medical Information** |
| Please give details below of any medical conditions your child has that we need to be aware of |
|  |
| Please give details below of food allergies your child has that we need to be aware of |
|  |
| Print Name (Parent/Guardian) |  |
| Signature of Parent/Guardian |  |
| Date |  |

*Please return your completed form to the school office or email to:*

 *stmichaelwithsttomas@three-saints.org.uk*