**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*