



# Ark Castledown Primary Academy

## APPLICATION FOR BREAKFAST CLUB

Child's name \_\_\_\_\_

Child's address \_\_\_\_\_

\_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact number \_\_\_\_\_

Does your child have any special medical or physical requirements?

Please give details \_\_\_\_\_

\_\_\_\_\_

Does your child have any specific dietary requirements?

\_\_\_\_\_

Each sessions cost £2.00 you can pay in advance per week at the school office.

Please indicate which mornings you would like your child to attend:

**Monday Tuesday Wednesday Thursday Friday**

Signature \_\_\_\_\_ (parent/guardian)

Date: \_\_\_\_\_

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