

CHASE BRIDGE LIONS



BREAKFAST CLUB APPLICATION FORM (Opening hours from 7.50am, no earlier please).

All parts of this form must be completed to validate this application – please USE CAPITAL letters.

All children are to be brought in by their parent and **not** left alone in the Breakfast room.

Name of children: _____ DOB: _____ M / F

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Address: _____ Postcode: _____

Telephone: (H) _____ (W) _____ (M) _____

Emergency contact (3rd party): _____ (Tel) _____

Class: _____ Teacher: _____

DAYS attending: Monday Tuesday Wednesday Thursday Friday

Please tick box

Medical needs or allergies: _____

Doctor's name and contact no: _____

Anything we need to know? _____

Favourite activities: _____

Daily fee per child : £5.00 3rd child: £3.00 Adhoc: £5.00

WELCOME TO YOUR BREAKFAST CLUB

We have to know in advance when your child is attending as arrangements have to be made for staffing, food etc so if ever your child cannot attend Lions for whatever reason you must let us know please.

All Lions fees much be paid in advance subsequently once a place has been booked and your child fails to appear due to illness or any other reason, fees are still due for all sessions booked.

I CONSENT TO MY CHILD RECEIVING MEDICAL ADVICE AND TREATMENT IN AN EMERGENCY.

PRINT NAME: _____ SIGNED: _____ DATE: _____