

I have read, understood and agree to comply with the terms & conditions of the New Ash Green Breakfast Club.

Name of child/children attending.....

.....  
.....

Date(s) of Birth.....

Address.....

.....

Parent/Carers signature.....

Name of Parent/carer.....

Relationship to child.....

Date .....

Emergency contact name & number (1)

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Emergency contact name & number (2)

.....

Medical Conditions (including food allergies)

.....

.....

I would like a place for my child on the following sessions (please circle)

Monday      Tuesday      Wednesday      Thursday      Friday

***Reminder*** - Sessions must be booked in advance – children cannot be accepted on the morning without prior notice as spaces may not be available