

# Kempshott Breakfast Club

## Application form

**I / we request that our child attend the Kempshott Breakfast Club.**

Childs full name .....

Childs class .....

Days required (M-F) .....

Date of birth .....

Home address .....

Emergency contact  
(name and phone numbers) .....

Email address .....

The child's doctor is Dr.....Contact no.....

Does the child have any medical problems? Yes / no  
If so, please explain any special requirements .....

Does the child have any special dietary requirements?  
Yes / no (if yes, please state) .....

I understand that the Club activities include indoor and outdoor play activities, and I agree to my child taking part.

I have read and accept the terms and conditions of the Kempshott Junior School Extended Schools Policy.

Signed ..... Date .....

**Sessions are £4.75 per day, please make cheques payable to Kempshott Junior School.**

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**For Office Use:**

- ( ) Child accepted, confirmation sent
- ( ) Child has been placed on the waiting list, confirmation sent