

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 SEND requirements? 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 £5.00 per day, 10% discount for siblings,
online or voucher payment preferred.**