



# St Gabriel's C of E Primary School Breakfast and/or After School Club Application Form

## Child 1

<b>Name:</b>	
<b>Date of birth:</b>	
<b>Class</b>	
<b>Date to start club:</b>	

## Child 2

<b>Name:</b>	
<b>Date of birth:</b>	
<b>Class</b>	
<b>Date to start club:</b>	

Breakfast Club		Day's Required (Tick appropriate per child)			
Child	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					

After School Club		Day's Required (Tick appropriate per child)			
Child	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					

## **Contact Information (Parent/Guardian)**

### **1st Contact**

<b>Name:</b>	
<b>Relationship to child/children:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Telephone home:</b>	
<b>Work:</b>	
<b>Mobile:</b>	
<b>Email:</b>	

### **2nd Contact**

<b>Name:</b>	
<b>Relationship to child/children:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Telephone home:</b>	
<b>Work:</b>	
<b>Mobile:</b>	
<b>Email:</b>	

### **Additional Contact Information If Above Contacts Are Not Available**

<b>Name:</b>	
<b>Relationship to child/children:</b>	
<b>Address:</b>	

<b>Postcode:</b>	
<b>Telephone Home</b>	
<b>Work:</b>	
<b>Mobile:</b>	
<b>Email:</b>	

### Doctors Contact Details

<b>Name:</b>	
<b>Surgery Name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Telephone:</b>	

### Medical History/Special Needs

<b>Medical Condition Description:</b>	
<b>Date of last tetanus:</b>	
<b>Allergies:</b>	

### Photo Permission Within The Clubs (please delete as applicable)

Child 1	Yes/No
Child 2	Yes/No

<b>Additional Information:</b>	
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I confirm that I have read and understood the terms and conditions set out in the Breakfast and After School Club Parents Handbook, including the specified 24-hour cancellation period and agree to book and pay for all sessions in advance via ParentPay at the time of booking.

Signed: \_\_\_\_\_

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



**St. Gabriel's C of E Primary School**

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