

SUMMERBANK BREAKFAST CLUB APPLICATION – SEPTEMBER 2020

|  |  |  |
| --- | --- | --- |
|  | CHILD’S NAME:  | CHILD’S CLASS: |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

PARENT CONTACT PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT CONTACT EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DETAILS OF KEYWORKER PARENT/CARER(S)

|  |  |  |
| --- | --- | --- |
|  | PARENT/CARER ONE | PARENT/CARER TWO (if appropriate) |
| NAME |  |  |
| JOB TITLE:  |  |  |
| EMPLOYER: |  |  |

Please indicate which days of the week you would like to book for your child/children:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

Date you would like your child/children to start on (earliest date Wed 9th Sept): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_