

**Application Form – Club @Young Explorers – BREAKFAST CLUB**

**Regular booking – invoiced at the beginning of each term**

**Days/Service required** (please circle)  **Mon Tue Wed Thu Fri**

**Times/Charges:07.30 with breakfast (£7.00) / 08.00 with breakfast (£6.00)**

**A 50p premium per booking will be made for ad-hoc sessions.**

Child’s Name: ………………………………………………………………………………………….. Gender Male/Female ……….…………………………………………

Date of Birth: …………………………………………………………………………………………. Home address ………..………………………………………………….

…………………………………………………………………………………………………………………Year/Class ..….……………………………………………………………..

1. Parent/Guardian – Dropping off

Name of Parent/Guardian …………………………………………………………………………………………………………………………..………………………………..

Relationship to child………………………………………………………………………………………………………………………………………….………………….……….

Day time Tel: ………………………………………………………………………………………. Evening Tel: …………………………………………….……….…..………

Email: …………………………………………………………………………………………………... Mobile: ………………………………………………………….….…..…….

1. Parent/Guardian

Name of Parent/Guardian ……………………………………………………………………………………………………………………………………………………………..

Relationship to child………………………………………………………………………………………………………………………………………………………………………

Day time Tel: ………………………………………………………………………………………. Evening Tel: …………………………………………………………………

Email: …………………………………………………………………………………………………... Mobile: ……………………………………………………………………….

Name of person(s) who have Parental responsibility: …………………………………………………………………………………………………………………..

Name of person(s) who have Legal contact and not responsibility: ………………………………………………………………………………………………

Alternative emergency contact: Name………………………………………………………………………………………………………………………………………….

Daytime Tel: ………………………………………………………………………………………… Mobile: ………………………………………………………………………..

Details of any special needs: ………………………………………………………………………………………………………………………………………………………..

Medical conditions, Allergies and Medication: ………………………………………………………………………(Additional form necessary Y/N…)

Dietary Needs: ……………………………………………………………………………………………………………………………………………………………………….

Doctors Name: …………………………………………………………………………………. Tel No: ……………………………………………………………………….

Address: …………………………………………………………………………………………………………………………………………………………………………………

Signature: …………………………………………………………………………………………… Date: ……………………………………………………………………….

Parent or Guardian:

Name Printed: ………………………………………………………………………………………