

THE MILFORD ACADEMY BREAKFAST CLUB

APPLICATION FORM for Milford Children

| Name of child: |
|---|
| Date of birth: |
| Name of Parent/Carer: |
| Address: |
| |
| Up to date telephone number: |
| And email address: |
| |
| EMERGENCY CONTACT NUMBERS: |
| 1. Name: Tel: |
| 2. Name: Tel: |
| 3. Name: Tel: |
| ALLERGIES: |
| Does your child have any allergies or an inhaler? Please state: |
| |
| |
| |

| SESSIONS REQUIRED: Please tick box below. |
|--|
| Mon Tues Wed Thurs Fri |
| Cost of session is £1.50 daily to include breakfast. |
| Times: 8am until start of the school day. |
| Sessions can be booked and paid for using the School Gateway website – visit www.schoolgateway.com and click "New User". |
| Alternatively, as a last resort, speak to someone in the office who can help you. |
| Please give at least one weeks notice if you no longer require a place at Breakfast Club. |
| SIGNED: Parent / Carer |
| Date: |