





### **Breakfast Club and After School Club**

#### **EXTENDED PROVISION FORM**

#### **Child's Details**

Surname	Forename	
Date of Birth	Age	
School Attending	Nationality	
First Language	Religion	
Any other special needs?		

### **Dates required to attend The Fun Factory** (Please tick as appropriate)

Club / Cost	Time	W/C	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club (£5.00 per session)	07:30- 08:35						
After School Club (£6.00 per session)	15:15- 16:30						
After School Club (£11.00 per session)	15:15- 17.30						

Parent /	/ Guardian	Details
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(1) Name	Address
Tel. No	Mobile No
Email	Work Tel
Workplace	
(2) Name	Address
Tel. No	Mobile No
Email	Work Tel No
Workplace	

# **Emergency Contact Details** (Please provide us with 2 contact details in case of emergency)

Contact 1	Telephone No	Relationship to Child
Contact 2	Telephone No	Relationship to Child

## **Medical History**

G.P	Address	
Phone No.		
Medical		
Conditions /		
Conditions / Sensitivities		

Intolerance / allergies to food?	
If allergy is severe, what treatment is given?	
Il times. The more knowledge we have nd out of the clubs by an adult. We will	g we must all share, the children's safety is paramount at the safer a child will be. All children must be signed into not allow a child to leave the school with an unknown sent. Please provide details of people authorised to drop ub.
he following people are authorised to d	dron off and / or collect my shild
Name	Relationship to child
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Name	Relationship to child