

**STANLEY PARK INFANTS' & JUNIOR SCHOOL BREAKFAST CLUB  
APPLICATION AND CONTRACT FOR MEMBERSHIP**

CHILD'S NAME.....

CLASS..... DATE OF BIRTH.....

ADDRESS.....

.....POSTCODE.....

PARENT/CARERS NAME.....

TELEPHONE NUMBER BETWEEN 7.45 AM- 8.50 AM.....

DAYTIME TELEPHONE NUMBER.....

OTHER EMERGENCY NUMBERS BETWEEN 7.45am - 8.50am

1. .... 2. ....

PLEASE INDICATE THE DAYS YOU REQUIRE

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Starting Date Required.....

Does your child have any medical condition/allergies/dietary requirements  
that we should know about? YES / NO

If yes please fill in the details on the reverse.

I WISH TO APPLY FOR MEMBERSHIP OF SPIJS BREAKFAST CLUB FOR  
MY CHILD, NAMED ABOVE. I HAVE BEEN GIVEN AND HAVE READ A  
COPY OF THE BREAKFAST CLUB RULES AND AGREE TO ABIDE BY THESE.

SIGNED:.....DATE:.....

NAME (Please Print).....