

**REDHILL PRIMARY ACADEMY**

**Breakfast and After School Club**

**Expression Of Interest .**

**Breakfast and After School Club :**  Nursery Building

Please can you complete the form below and return to the office. We will then add the information onto the waiting list and contact you when we have a place available.

Name of child …………………………………………………… Date requested………………………

 Year group ……………………………………………………… Class………………………………………..

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday  | Tuesday  | Wednesday  | Thursday  | Friday  |
| Breakfast Club  |  |  |  |  |  |
| After SchoolClub  |  |  |  |  |  |

**Medical Conditions / Dietary Requirements**: Please provide full details of any health issues and/or medical history that we should be aware of whilst caring for your child in Breakfast or After School Club .

**Please tick:**

 **Yes No Yes No**

Asthma: Hearing Difficulties:

 **Yes No Yes No**

Diabetes: Sight Problems:

 **Yes No Yes No**

Epilepsy: Wear Glasses:

 **Yes No Yes No**

Hay fever: Dietary Requirements:

 **Yes No Yes No**

Food Allergy: Eczema:

 **Yes No**

Other:  

**If yes, please give details below, including details of any regular medication required:**

………………………………………………………………………………………………………………………………………

Signed ……………………………………………… Print Name …………………………………………………

Date ………………………………….

**Office use only :**

Form received …………………………………..