

Ramsgate Arts Primary School

Application form for a place in Breakfast Club

| Child's Name: | | _Class: | | | |
|---|--------|---------|--|--|--|
| Date of Birth: | _ | | | | |
| Brothers/sisters requiring a place: | | | | | |
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| | | | | | |
| Parent's names/contact numbers: | | | | | |
| | | | | | |
| Parents Email: | | | | | |
| | | | | | |
| Does your child have any medical conditions? | Yes/No | | | | |
| Does your child have any allergies? | Yes/No | | | | |
| Please list any allergies/medical conditions, and any medication. | | | | | |
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| | | | | | |
| Is there anything else you feel we should know? | | | | | |
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Children who attend breakfast club must be in school no earlier than 7.30am and no later than 8.00am.

Whilst we will do our best to accommodate all parents who would like places, we will allocate them on a first come, first served basis.



Ramsgate Arts primary School Application form for a place at After School Club

| Child's Name: | | Class: | | |
|---|--------|--------|--|--|
| Date of Birth: | | | | |
| Brothers/sisters requiring a place: | | | | |
| | | | | |
| Parent's names/contact numbers: | | | | |
| Parents email address: | | | | |
| Does your child have any medical conditions? | Yes/No | | | |
| Does your child have any allergies? | Yes/No | | | |
| Please list any allergies/medical conditions, and any medication. | | | | |
| | | | | |

Is there anything else you feel we should know?

Session 1 - 3.00 pm - 4.30pm Session2 - 4.15 pm - 5.45pm Session3 - 3.00pm - 5.45pm