



DOLPHINS

BROOKBURN PRIMARY SCHOOL'S BEFORE & AFTER SCHOOL PROVISION APPLICATION FORM

PLEASE READ INFORMATION NOTES ON TIMES/COSTS/POLICIES BEFORE APPLYING

PARENT(S)/LEGAL GUARDIANS/EMERGENCY CONTACT/AUTHORISED TO PICK UP CHILD(REN):

Name				
Address				
Email				
Telephone No				
Work				
Mobile				

BREAKFAST CLUB – CHILD(REN) for whom places are required:

Full Name(s)	D.O.B	Class	Mon	Tue	Wed	Thu	Fri

AFTER SCHOOL CLUB – CHILD(REN) for whom places are required:

Full Name(s)	D.O.B	Class	Mon	Tue	Wed	Thu	Fri

MEDICAL INFORMATION (Details of doctor):

Name	
Address	
Telephone Number	



Please give brief details of any medical conditions/known allergies/dietary restriction etc:

Does your child require an asthma Inhaler? **YES/NO**
(If so please provide a spare inhaler for Dolphins staff should it be required in emergency)

Is/are the child(ren) fully immunised? **YES/NO**
If they have not had any routine vaccinations please give the details here:

Please indicate here if you have any objection to Dolphins publishing photographs of your child on the website. All photographs will be anonymous and will be in line with our internet policy which can be viewed on our website.

WE WILL LET YOU KNOW IF YOUR APPLICATION HAS BEEN SUCCESSFUL AS SOON AS POSSIBLE.