



Breakfast Club



Registration Form

Child's Full Name				
Date of Birth				
Class				
Name of parent/carer				
Contact number(s)				
Name of person(s) regularly dropping off child if different from above				
Contact number(s)				
Emergency contact should parent/carer be unavailable (7.30 - 8.45 only)				
Doctor's surgery				
Doctor's contact number				
Medical information e.g. allergies etc./ any medication your child takes				
Dietary information e.g. food allergies/intolerances etc.				
Regular attendance: Please indicate which days your child will attend Breakfast Club by ticking the boxes below				
Monday	Tuesday	Wednesday	Thursday	Friday
Casual attendance: If you are not expecting your child to attend Breakfast Club regularly, please tick the box				

This registration form must be completed before a child can attend Breakfast Club Normal school rules apply at Breakfast Club.

All members of staff are First Aid trained. They will administer first aid as and when required.

Consent Form			
I agree to pay £4 per session (to be paid in full by the end of each week)		Sessions run from 7.30-8.45 a.m. daily.	
If the amount owed is not paid, your child/children may not be permitted to attend Breakfast Club until the outstanding amount is paid in full.			
If you are experiencing financial difficulties please contact the school office.			
I intend to pay by (tick relevant box)	Parent Pay	Tax Free Cash	Cash
I consent to my child receiving medical treatment in an emergency.			
I agree that my child will adhere to Breakfast Club rules			
I understand that breakfast Club cannot accept responsibility for my child's possessions or valuable whilst he/she is attending the club.			
It is my responsibility to keep staff at the club updated of any changes to the information supplied on the Registration Form			
Parent/carer's full name			
Signature			
Date			

