



FEDERATION OF
St Peter's and St Gildas'
INFANT AND JUNIOR SCHOOLS



Breakfast Club Registration Form

Child's Full Name					
Name to be used at Club					
Home Address of child					
Date of Birth					
Gender (male/female)					
Class Teacher					
Ethnicity & Religion					
Language spoken at home					
Email address					
Parent/Guardian Name					
Tel. Daytime					
Mobile No.					
Parent/Guardian Work No.					
Alternative Emergency contact name					
Alternative Emergency phone no.					
Days required	Monday	Tuesday	Wednesday	Thursday	Friday

St Peter-in Chains RC Infant School
Elm Grove, London, N8 9AJ
020 8340 6789
admin@st-peter-in-chains-rc.haringey.sch.uk

St Gildas' Catholic Junior School
Oakington Way, Crouch End, London N8 9EP
020 8348 1902
admin@st-gildas.haringey.sch.uk



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Medical Details

Name of child's Doctor	
Doctors Address & Tel. No	
Does your child have any known Medical conditions? If so, please list:	
Does your child have any non-dietary allergies? If so, please list:	
Does your child have any dietary allergies or dislikes? If so, please list:	

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Terms and Conditions

1. All fees must be paid in advance. Cheques should be made payable to "St. Gildas' Catholic Junior School". Holiday dates should be taken into account.
No refunds will be given if child is sick and unable to attend.
2. As the Breakfast Club requires regular booking, four weeks notice must be given in writing or payment in lieu of notice.
3. A completed registration form must be submitted before a child can be accepted into the club.
4. Parents must ensure that St. Gildas' is notified in writing of any changes to the registration form as soon as they occur (in particular emergency contact details).
5. Children must adhere to the St. Gildas' behaviour policy.
6. To ensure that all children have adequate time to eat breakfast before going to class, we request that they arrive at the club before 8.30am. Food will not be served after this time.
7. Scooters are not allowed for St. Peter's pupils

Declaration

I have read the terms and conditions of St. Gildas' & St. Peter's Breakfast Club and agree to follow its policies and procedures.

I consent to any emergency medical treatment necessary during the running of the club. I authorise the staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Parent/Guardian signature

Date

Print name

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