



BREAKFAST CLUB REGISTRATION

CHILD'S DETAILS

FULL NAME OF CHILD:	
DATE OF BIRTH:	CURRENT SCHOOL YEAR: R Y1 Y2 Y3 Y4 Y5 Y6
SCHOOL ATTENDED (please circle):	ST PETER IN CHAINS ST GILDAS'
HOME ADDRESS:	

PARENT/CARER DETAILS

PARENT/CARER NAME:
HOME ADDRESS:
TELEPHONE NUMBER:
EMAIL ADDRESS:
MOBILE NUMBER:
RELATIONSHIP WITH CHILD:

EMERGENCY CONTACT INFORMATION

NAME:	RELATIONSHIP WITH CHILD:
ADDRESS:	
TELEPHONE NUMBER:	MOBILE NUMBER:

NAME:	RELATIONSHIP WITH CHILD:
ADDRESS:	
TELEPHONE NUMBER:	MOBILE NUMBER:

PLEASE NOTE: IF ANY OF THIS INFORMATION CHANGES, PLEASE INFORM THE BREAKFAST CLUB STAFF IMMEDIATELY. THANK YOU.



MEDICAL INFORMATION

ANY KNOWN ALLERGIES/DIETARY REQUIREMENTS:
MEDICAL HISTORY/CONDITIONS:
I give permission for first aid to be administered to my child should they require it and for the staff to seek medical assistance, if this is required. Signed:..... Name:.....

BREAKFAST CLUB REQUIREMENTS (Please tick):

Day	Required	FEE- £5 PER DAY
Monday	<input type="checkbox"/>	PAYMENTS – All fees <u>must be paid in advance</u>, we accept payments weekly/monthly/termly via Parent Pay or Child Care Vouchers. Once you have indicated which days you require you will be contacted and invoiced accordingly. If you wish to change your arrangements you will need to give four weeks’ notice. During the notice period, you will be invoiced for the contracted days.
Tuesday	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	

I understand and abide by the policies (copies provided on registration) of the breakfast club and understand that my child’s place will be withdrawn if I fail to pay the required fees in advance.

Signed:.....
 Name:.....

 Date:.....

Print

