

REGISTRATION FORM
CONFIDENTIAL

I wish to register my child for the Breakfast Club sessions as indicated on the booking form:

Child's Full Name..... Class.....

Child's Preferred Name..... Male/Female

Home Address.....

Date of Birth..... Age.....

Contact Details

Names of people with permission to drop your child

1st Parent/Carer

Full Name..... Mobile No.....

Home No..... Work No.....

Daytime Address (eg work).....

2nd Parent/Carer

Full Name..... Mobile No.....

Home No..... Work No.....

Daytime Address (eg work).....

Emergency Contact

Full Name..... Mobile No.....

Home No..... Work No.....

Daytime Address (eg work).....

Child's GP Name: Phone number:

Address.....

Please give any details of allergies e.g. food, skin contact, airborne, dietary requirements:

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.....

Please give any other information that you feel our staff should know about your child:

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.....

Does your child have a statement of Special Educational Needs? Yes/No

If so, can you please provide further information.....

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.....

I agree to my child/ren receiving emergency treatment: Yes/No

I give permission for my child/ren to be photographed during club sessions: Yes/No

I give permission for the photographs taken to be used on:

*Display boards / *the school web site / *literature provided by the club *

I agree to receive mailings concerning the club activities: Yes/No

I will be paying using tax free childcare/childcare vouchers: Yes/No

Full Name..... Signature.....

Date.....

Terms & Conditions

Please read the following terms and conditions CAREFULLY then sign and return the form to a member of the Before and After School Club team.

- I understand that I will be invoiced at the beginning of each half term. I agree to pay a £10 per week per child surcharge on any monies not paid by the due date shown on my invoice.
- I will notify the club if my child is unable to attend a particular session. I will telephone by **7.45 am** if not attending Breakfast Club. There will be no refund for non attendance of any sessions.
- I agree to keep my child away from the club if advised to on medical grounds.
- I agree to abide by and support decisions made by the club staff regarding persistent or anti-social behaviour.
- I understand that while the staff will take all reasonable care of my child, they cannot be held responsible for any accident/injury suffered by my child while at the club.
- I understand that if my child arrives after 8.20am, there will be no provision for breakfast.
- **I agree to give a minimum of half a terms notice, in advance, of the permanent withdrawal of my child(ren) or of a reduction in the number of sessions attended. I understand that if I fail to do so I will be required to pay an amount equivalent to the required period of notice outstanding.**

Parent/Carer signatureDate.....

Name (block capitals)

Booking Form

Term Spring / Summer / Autumn
Year 2025

Session times and costs:

Session	Before School Club
Start time	7.30 am
Finish Time	8.30 am (Yr 1—6) and 9.00 am (Yr N-R)
Cost per session (Yr 1-6))	£6.50
Cost per session (Yr N—R)	£9.50

First child name: _____ D.O.B _____

Sibling name: _____ D.O.B _____

Sibling name: _____ D.O.B _____

Sibling name: _____ D.O.B _____

Please enter the names of children attending each session for the term in the table below and which year group.

Day	Before School Club 7.30 am
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

Please state your preferred starting date.....