

Breakfast Club Registration Form

CONFIDENTIAL

I wish to register my child for breakfast club sessions as indicated on the booking form (page 4):

Child's Full Name.....

Child's Preferred Name.....

Class.....

Date of Birth.....

Age.....

Male/Female (delete as needed)

Home Address.....

Parent/Carer Contact Details

Names of people with permission to drop your child at breakfast club

1st Parent/Carer	
Full Name	Mobile No.
Home No.	Work No.
Daytime Address (e.g. work)	
2nd Parent/Carer	
Full Name	Mobile No.
Home No.	Work No.
Daytime Address (e.g. work)	
Emergency Contact	
Full Name	Mobile No.
Home No.	Work No.
Daytime Address (e.g. work)	

Additional Details and Permissions

Child's GP Name.....

GP Phone number.....

GP Address.....

Please give details of medical conditions, dietary requirements, allergies etc:

.....
.....
.....

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

.....
.....

Does your child have a statement of Special Educational Needs? Yes/No (delete as needed)

If so, can you please provide further information

.....
.....
.....

I agree to my child/ren receiving emergency first aid: Yes/No (delete as needed)

I give permission for my child/ren to be photographed: Yes/No (delete as needed)

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

Display boards: Yes/No (delete as needed)

School website: Yes/No (delete as needed)

Breakfast club advertising literature: Yes/No (delete as needed)

I agree to receive mailings concerning the club activities: Yes/No (delete as needed)

I will be paying using tax free childcare/childcare vouchers: Yes/No (delete as needed)

Parent/Carer Full Name.....

Parent Signature.....

Date.....

Breakfast Club Terms & Conditions

Please read the following terms and conditions CAREFULLY then sign and return this form to the Little Chalfont Primary School Office. Please note that you will not automatically be given a place upon returning this form. Please wait for the school office team to contact you and confirm that there is availability on the days you have requested.

- I agree to be invoiced at the beginning of each half term.
- I agree to pay my invoice within two weeks of receipt and I understand that I may be charged an additional £10 per week, per child, on any unpaid invoices until the invoice is settled.
- **Cancelation: If I wish to permanently withdraw my child from breakfast club, or reduce the number of sessions attended, I agree to notify the school office a minimum of a half a term in advance of the change. I understand that if I fail to do so, I will be required to pay an amount equivalent to the required notice period outstanding.**
- I understand that breakfast club is not offered on an ad-hoc basis and that I am liable to pay for all agreed sessions for the entire term, until I cancel within the agreed notice period.
- If my child is unable to attend a breakfast club session, I will notify the school by telephone before 7:45 am on the morning of that session. There will be no refund for non-attendance of any sessions.
- I agree to keep my child away from breakfast club if advised to on medical grounds.
- I agree to abide by and support decisions made by breakfast club staff regarding my child(ren) displaying persistent 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 breakfast club.
- I understand that if my child arrives after 8.20am, there will be no breakfast provided.

Parent/Carer signature

Date.....

Name (block capitals)

Breakfast Club Booking Form

**Term Spring / Summer / Autumn
Year 2025-2026**

Session times and costs:

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

First child name: D.O.B

Sibling 1 name: D.O.B

Sibling 2 name: D.O.B

Sibling 3 name: D.O.B

For each breakfast club session, please enter the names and year groups of children attending in the table below.

Day	Breakfast Club 7.30 am
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

Please state your preferred starting date.....

Once we have received your form, we will contact you regarding the availability of your requested places.

END