



# **BREAKFAST CLUB REGISTRATION**

## CHILD'S DETAILS

Date of Registration:			
Full Name of Child:		Choser	n names:
Date of Birth:	Birth: Current School Year:		
Home address:	Child's Photograph		Child's Photograph
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#### PARENT/CARER DETAILS

### EMERGENCY CONTACT INFORMATION

1	Name:	Relationship with child:
Ac	dress:	
Сс	ntact number:	Mobile number:
2	Name:	Relationship with child:
Ac	dress	
Сс	ntact Number:	Mobile Number:

**NOTE:** If any of this information changes during the period of the agreement it is imperative you inform the Breakfast Club Manager

#### ACTIVITIES

**Activities:** very occasionally we may choose to take your child over to Chestnuts Park for a breakfast picnic. I give my permission for my child to be taken to Chestnuts Park in course of the breakfast club.

Signed: .....

### MEDICAL INFORMATION

Any Known Allergies:

Medical History/Conditions:

Specific Dietary Requirements:

GP Details:

I give permission for first aid to be administered to my child should they require it and for Chestnuts Primary School Club to seek medical assistance if this is required

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

## BREAKFAST CLUB REQUIREMENTS (Please tick)

Days	Required
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

## **FEE & PAYMENTS**

	1 Day	2 Days	3 days	4 Days	5 Days
Standard Fees	£2.00	£4.00	£6.00	£8.00	£10.00

**NOTE:** All fees must be paid in advance; we accept payments weekly/monthly/termly either cash cheques made payable to **Chestnuts Primary School**, child care vouchers or bank transfers. Payment should be made at the school office. You should place your payment in an envelope labelled with your child's details.

Once you have indicated which days you require you will be contracted and invoiced accordingly. If you wish to change your child care arrangements you will need to give 4 weeks notice. During the notice period you will still be invoiced for the contracted days.

I undertake to abide by the conditions laid down by Chestnuts After School Club and understand that my child's place could be removed if I fail to pay the required fees on time.

Signed: .....

Print name: .....

Dated: .....

FOR OFFICAL USE					
Date received:		By:			
Place allocated: Yes / N	lo	Waiting list: Yes / No			
Fees due: £	Fees paid: £				
Additional notes:					