



BREAKFAST CLUB

REGISTRATION AND BOOKING



Parents wishing to register their child/children should complete and return the attached Registration Form to the school office for the attention of Breakfast Club. Each child must be registered individually.

Priority – will be given to children attending full time and siblings of children already attending.

Fees – will be paid one month in advance by Parent Pay.

Notice – one month's notice must be given to withdraw a child. Failure to do this will result in the forfeiture of the deposit.

Day Charges – at least 5 days' notice (not including weekends or holidays) must be given to change the day(s) of care. If this is not given, full payment will be due.

Non Attendance – if your child is scheduled to attend the club but will be absent that day, please leave a voicemail message on 020 8337 1332 option 2, **AFTER 7.15AM PLEASE.**

Waiting List – may be put into operation at certain times, however, some places may become available on a day to day basis by discussion directly with the Manager or Assistant Manager.

Occasional/Ad hoc Use – subject to availability parents may book a child into the club on an ad hoc basis. We recommend that a registration form is completed with no booking date entered to ensure that the child can be taken on short notice.

PLEASE COMPLETE AND RETURN THE FORM BELOW AND OVERLEAF

Child's Name

Club Start Date:

Session required (please tick)

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Daily Cost
7.45-8.45am						£4.75

If there are no spaces available, do you wish to remain on a waiting list **YES/NO** (delete as appropriate)

NAME OF CHILD: PREFERRED NAME:	DATE OF BIRTH:
NAME OF PARENT/GUARDIAN	CHILD'S YEAR GROUP AND CLASS NAME:
ADDRESS:	PARENT/GUARDIAN TELEPHONE NUMBERS: Home: Work: Mobile:
DETAILS OF CHILD'S DOCTOR NAME: ADDRESS: TELEPHONE NUMBER:	EMERGENCY CONTACT DETAILS: NAME: TELEPHONE NUMBER: ADDRESS:
ANY SPECIAL DIETRY/RELIGIOUS/MEDICAL Requirements that our staff should be aware of in order to meet your child's needs?	
I agree to the terms and conditions of Breakfast Club as set out in this document Signed Parent/Guardian:	
I consent to any emergency medical treatment necessary during my child's session at Breakfast Club. I authorise Breakfast Club Management to sign any written 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. YES/NO (delete as appropriate) Signed Parent/Guardian:	