



BREAKFAST CLUB BOOKING FORM Autumn 2019

The Breakfast club provides a choice of breakfast which your child can choose from and a range of activities and opportunities including Play, Table Top Activities, Indoor & Outdoor Physical Activities (weather permitting). The service we provide is suitable for children aged 4yrs (Yr R) through to 11yrs (yr6). – you are however required to complete and return a booking form to secure a place on the day you need it as we are only able to accommodate 20 children. If you are booking a one-off session, then this must be paid for when booking by cash or by cheque.

CHILD'S NAME..... YR.....

Children may attend from 7.45am through to 8.50am, the charge is £4.00 per session plus £2.00 for each additional child in the family

WHICH DAYS WILL YOUR CHILD BE ATTENDING THIS TERM (Please tick against relevant boxes)

MONTH/DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SESSION TIME	From 7.45am	From 7.45am	From 7.45am	From 7.45am	From 7.45am
September	Summer Holiday	Summer Holiday	INSET DAY	5	6
September	9	10	11	12	13
September	16	17	18	19	20
September	23	24	25	26	27
September/October	30	1	2	3	INSET Day
October	INSET Day	8	9	10	11
October	14	15	16	17	18
October	21	22	23	24	25
Half Term					
November	4	5	6	7	8
November	11	12	13	14	15
November	18	19	20	21	22
November	25	26	27	28	29
December	2	3	4	5	6
December	9	10	11	12	13
December	16	17	18	19	20

Refunds will only be given in extreme circumstances as authorised by the Head Teacher.

If, for any reason, you have fallen behind with payment of your fees, the Governing Body will consider withdrawing your child's place at the afterschool club and refusing any future bookings. The Governing Body will discuss your circumstances with you before any action is taken. IF YOU ARE EXPERIENCING DIFFICULTY IN MAKING PAYMENTS FOR YOUR CHILDCARE PLEASE CONTACT THE SCHOOL OFFICE.

PLEASE CONTACT SCHOOL OFFICE 01794 512047 WITH ALL ENQUIRIES

MEDICAL CONDITIONS/FOOD ALLERGIES/DRUG ALLERGIES:

PLEASE INDICATE WHETHER YOUR CHILD HAS ANY MEDICAL / FOOD ALLERGIES / INTOLLERANCES:

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EMERGENCY CONTACTS;

(INDICATE: **H** – HOME **W** – WORK **M** – MOBILE)

1. NAMENUMBER.....
2. NAME.....NUMBER.....
3. NAMENUMBER

DOCTORS SURGERY

NAME OF DOCTOR ----- TEL -----

SURGERY ADDRESS -----

----- POST CODE -----

CONSENT FOR EMERGENCY TREATMENT

As Parent/Legal Guardian I consent to my child receiving Emergency Medical Treatment in my absence and authorise the attending After School Club staff member to sign any relevant documentation as required on my behalf.

Signed..... Date

In addition I authorise the Club Leader to sign on my behalf any/all forms of consent required by Doctors/Paramedics/Hospital Authorities where the delay in my signature is deemed by such persons to be detrimental to my child's health and or recovery.

Signed Date