



Grands Vaux Primary School

Headteacher: Miss Maria McCool

BREAKFAST CLUB REGISTRATION FORM

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|---------------------------------------|----------------------------------|
| NAME OF CHILD | DOB |
| ADDRESS | CONTACT NAMES/TEL NUMBERS |
| NAME/ADDRESS OF CHILD'S DOCTOR | DOCTOR'S TELEPHONE NUMBER |

MEDICATION DURING BREAKFAST CLUB (PLEASE DELETE AS YOU FEEL APPROPRIATE)

I give / do not give permission for staff to authorise emergency medical treatment should it be necessary

If your child requires medication to be administered during Breakfast Club please fill in the appropriate medical form obtainable from the School Secretary.

Is there any medical information that you feel we should be made aware of?

FOOD/DRINK/ACTIVITIES DURING BREAKFAST CLUB

Children will be offered a selection of cereals and/or toast/croissant and fruit juice or milk.

Does your child suffer from any allergies that we should be made aware of?

Are there any food that you do not wish to be offered to your child?

Are there any activities that you do not wish to have your child participate in?

| NUMBER OF DAYS PER WEEK REQUIRED | MON | TUE | WED | THUR | FRI | TOTAL COST |
|--|-----|-----|-----|------|-----|------------|
| PLEASE TICK. (£2.00 CHARGE PER DAY) | | | | | | |

PAYMENT TERMS

FULL PAYMENT IS REQUIRED IN ADVANCE AT THE BEGINNING OF EVERY NEW HALF TERM. ALTERNATIVE PAYMENT TERMS CAN BE ARRANGED. PLEASE CONTACT THE SCHOOL SECRETARY. IF PAYMENTS ARE NOT RECEIVED THEN WE ARE UNABLE TO CONTINUE TO OFFER BREAKFAST CLUB.

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|---|----------------------|
| I understand/agree to the terms and conditions | PARENT/CARER: |
| DATE: | SIGNATURE: |