

UPLANDS PRIMARY SCHOOL BREAKFAST CLUB - CONFIDENTIAL

BOOKING FORM

CHILD 1 - DETAILS

NAME OF CHILD:			
CLASS		DATE OF BIRTH	

CHILD 2 - DETAILS

NAME OF CHILD:			
CLASS		DATE OF BIRTH	

Parent/Carer's Name	
Address	
Home Telephone No	
Mobile No	

I wish my child/children to attend the Breakfast Club on the following days from 08:00-08:55: (Please tick as required.)

MONDAY	<input type="checkbox"/>	TUESDAY	<input type="checkbox"/>	WEDNESDAY	<input type="checkbox"/>	THURSDAY	<input type="checkbox"/>	FRIDAY	<input type="checkbox"/>
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Starting from _____ or as soon as a place/places become available.

Date required to _____/until further notice (delete as appropriate).

Payment is to be made termly in advance. Fees are currently £5.00 per child, per session.

Additional days may be booked and the extra fees paid at the time of booking, providing there are places available.

Additional Information

Please provide any other information that you think might be relevant including any special dietary requirements, special needs we need to cater for.

I have read and understood the breakfast club agreement and rules and would like to reserve places as indicated above. PLEASE NOTE THAT A TERM'S NOTICE IS REQUIRED IF YOU WISH TO CANCEL YOUR CHILD'S PLACE.

Parent/Carer's signature	
Date	

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EMERGENCY CONTACT DETAILS

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

Priority	Name/ Relationship	Home Address	Work Address
1.			
		Home Phone: Mobile Phone:	Work Phone:
2.			
		Home Phone: Mobile Phone:	Work Phone:

If appropriate, please provide additional emergency contacts on a separate sheet.

Medical Information

Medical Practice: Address: Telephone No:

Medical Condition(s)/Special Medical Information: Does your child suffer with asthma? Delete as appropriate YES NO
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Dietary Needs:	Allergies:
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Date of Last Tetanus Injection:
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Medical Consent: I understand that if my child should need emergency medical treatment, every effort will be made to contact me before treatment is given. If, however, this is impossible or, if having been contacted I am unable to come to school, I give my consent, that, should it be necessary, my child can be taken to a GP's surgery or to hospital either by ambulance or private vehicle. I understand my child would then be accompanied by a member of staff.
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SIGNED:

DATE:

Please Note: It is your responsibility to ensure that the details held by the Breakfast Club are up to date.