



St James' CE Primary School
Breakfast Club Registration Form

I Mr/Mrs/Miss

legal guardian

Print Name

of child/ren

Year(s)

Print Name(s)

I have read and understand the Parent Guide issued to me. I would like my child(ren) to attend Breakfast Club as indicated below ((Please tick the days required). I understand that if a place is available I will be advised of my start date.

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club					
Start Date	(one week from the date of this application)				

Fees

Breakfast Club sessions cost £1.75 per day, per child and the session starts at 8am every school day. **Please make payments online in via SchoolMoney.co.uk one week before the day your child is attending. Failure to make payment will result in your child losing their place.**

Parents/ Carers

I understand that all payments must be made in advance and are non-refundable, in the event of non-attendance. I will give one weeks' notice if I wish to cancel or amend my child's place.

Signed Parent/Carer

Date

Office use only:

Place offered Y/N _____

Start Date _____

Text Sent

Accepted Y/N _____

Waiting List? _____

Text Sent

Admin: OPS

Reg

File: JH/File

Special Dietary Requirements

Child's Name(s)

Year

Dietary Requirements (i.e. vegetarian)

Menu details held in school: Yes/No?

Allergies (i.e. nuts)

Care Plan held in school: Yes/No

Specific symptoms of allergic reaction (i.e. facial redness, itching)

Medication

Medication held in school: Yes/No?

Office use only:

Place offered Y/N _____ Start Date _____ Text Sent

Waiting List? _____ Text Sent

Admin: OPS Reg

File: JH/File

Accepted Y/N