



## **Gordonbrock Primary School Breakfast Club**

- Club manager: Lorraine Goulbourne
- Staffed by: A minimum of three people in the morning, one who is a fully qualified first aider.
- Diet and Medical: Diet and medical sheets must be completed for all pupils, as they will be offered juice, milk, a hot drink, toast and/or cereal at the Breakfast club.
- Days: You will be asked to clearly mark the mornings you want your child to attend the Breakfast Club on page 3 of this form. Once enrolled in the Breakfast Club you will be financially responsible for your chosen days whether they attend or not. Your selection may only be changed at the end of each half term.
- Charges: £5.00 per session 7.45 a.m. start
- Please note that if your child does not attend any session, for any reason the £5.00 charge will still apply.
- There will be no credit given and if a parent or carer fails to pay in Advance then offer of the place will be permanently withdrawn and given to another child.
- Parental Responsibility If there are any court orders or other relevant paperwork restricting access of any named person/s to your child please ensure we have an up to date copy of this document(s)
- Cancellation: We require 3 weeks' notice in writing. These three weeks are payable in full.
- Under certain circumstances, in agreement with the Breakfast Club Manager, your contract can be terminated with immediate effect. In this case three weeks fees must be paid immediately together with any other outstanding charges.
- Contacts: Children will not be offered a place without a least one emergency Contact number.
- Parents/carers must keep the club staff fully informed of any changes to address or telephone contacts, however temporary.
- Contacting Us: The main school number is 020 8690 0704



## **Breakfast Club Registration Form**

All information contained on this form will be treated in the strictest confidence and available only to the Breakfast Club Manager or Senior Management Team of the school.

Childs full name	
Childs class	
Date of birth	
Languages spoken at home	
Name or Parents/Carers	
Home address	
Telephone numbers	
	Home
	Mobile
	Work

Please give details of an alternative contact name, address and telephone number for use in an emergency. *This must be filled in before your child will be accepted at the club. Please select someone that is in the close vicinity.*

Contact name	
Home Address	
Telephone numbers	
	Home
	Mobile
	Work
Relationship to child	

Please give details below of any allergies or food intolerances your child has

Allergy / Intolerance	

Please give details below of any medical conditions your child has

Medical Condition	



**Days required:**

Monday	Tuesday	Wednesday	Thursday	Friday

Total Cost per week:                    £\_\_\_\_\_

I understand that if I do not pay **in advance** for all sessions I have booked above, I will be financially liable and the place will be withdrawn for my child.

I understand that I am financially liable for the sessions that I have booked whether or not my child attends, except where the school is closed for pupils.

I will give three weeks' notice if I wish to terminate this contract and will pay fees for all three weeks in advance.

Signed.....

Print name.....

Date.....