**Breakfast Club Registration Form**

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| 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 to start of the school day.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will be no credit given and if a parent or carer fails to pay in advance then offer of the place will be permanently withdrawn and given to another child.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: | Telephone: 020 8690 0704 (school office)Email: breakfastclub@gordonbrock.lewisham.sch.uk  |

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

**Childs Details**

|  |  |
| --- | --- |
| Name of Child (Full Name): |  |

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| --- | --- |
| Childs Class:  |  |

|  |  |
| --- | --- |
| Childs Date of Birth: |  |

|  |  |
| --- | --- |
| Childs Home Address: | Post Code: |

|  |  |
| --- | --- |
| Languages Spoken At Home: |  |

**Parent/Carer Details**

|  |  |
| --- | --- |
| Name of Parent/Carer 1: |  |
| Parent/Carer 1 Home Address: | Post Code: |
| Parent/Carer 1 Contact Telephone Numbers: | Home:Mobile:Work: |

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| Name of Parent/Carer 2: |  |
| Parent/Carer 1 Home Address: | Post Code: |
| Parent/Carer 1 Contact Telephone Numbers: | Home:Mobile: Work: |

**Emergency Contact Details**

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.*

|  |  |
| --- | --- |
| Name of Emergency Contact: |  |
| Address of Emergency Contact: | Post Code: |
| Contact Telephone Number for Emergency Contact: | Home:Mobile: Work: |

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

Please give details below of any medical conditions your child has

**Please email completed forms to** **info@gordonbrock.lewisham.sch.uk****.**