BREAKFAST CLUB REGISTRATION FORM

Academic Year 2023/2024 (New Children/Current Attendees)

|  |  |  |
| --- | --- | --- |
| **Child’s name** | **Date of Birth** | **Class** |
|  |  |  |
|  |  |  |
|  |  |  |

**CONTACT ONE**

**Parents** **Name**…………………………………………………………………………………………………..(**Please Print**)

**Address**…………………………………………………………………………………………..**Post** **Code**…………………….

**TEL: Mobile**………………………………………………………..**Home**………………………………………………………..

**Work**……………………………………………………….**Email**…………………………………………………………………….

OTHER TELEPHONE CONTACTS:

**CONTACT TWO**

**Name**……………………………………………………………**Relationship** **to** **child**……………………………………….

**Mobile**.………………………………………………………….**Other Tel**...........................................................

**CONTACT THREE**

**Name**……………………………………………………………**Relationship to child**……………………………………….

**Mobile**………………………………………………………….**Other Tel**…………………………………………………………

**If you are paying by childcare voucher, please name your childcare voucher provider:**

Please indicate whether your child is in receipt of the Pupil Premium grant

If your child attends the Infant School, please tick to give permission for your child to be walked over to the Infant School at 08:45 by the breakfast club staff

Please book regular sessions for my child at breakfast club on: (please tick)

Monday 07:45 – 08:45

Tuesday 07:45 – 08:45

Wednesday 07:45 – 08:45

Thursday 07:45 – 08:45

Friday 07:45 – 08:45

I will require **ad hoc sessions** **only** on Mon/ Tue / Wed / Thu / Fri (please circle)

(Please note that regular sessions will take priority, ad hoc places will be filled once regular sessions have been allocated).

**Medical Needs:**

My child has an, Epipen Inhaler Medical Allergies Other medical needs

If ticked, please give further information below:

……………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………….

**Dietary Needs:**

Vegetarian Food Allergies No Dairy Products Other

If ticked, please give further information below (**genuine dietary needs not dislikes please**):

……………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………….

**Photography**

I am happy for my child’s photograph to be taken (**please delete as applicable**): YES/NO

I am happy for my child’s photograph to be used on the school’s website (**please delete as applicable**): YES/NO

**Please add any further information that you feel may be useful for us to know about your child:**

**………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………..……..**

**Parent/Carers’ Name**……………………………………………………………………………………………………………

**Parent Carers’ Signature**…………………………………………………………………**Date**…………………………

**Terms and Conditions (School Copy)**

* Cost per session is £8.00
* Places will be allocated on a first-come, first-served basis with priority given to children who already attend.
* Regular bookings will take priority over ad hoc sessions.
* Please be aware your booking will be confirmed within 2 weeks of handing in this form.
* Invoices will be entered onto Parentmail.
* Payment is required, even if your child does not attend a session, if the booking is not cancelled within 2 weeks. Please note the school reserves the right to withdraw a place if payments are more than half a term in arrears.
* Invoices will be sent as termly fees and require payments to be made in advance. However, if you need to pay instalments, please contact Mrs. Guillo to arrange on [*clubsfinance@fcvs.co.uk*](mailto:clubsfinance@fcvs.co.uk)
* Please note, those paying through vouchers, can you make sure your child’s name is entered into the reference for ease of identification.
* Ad hoc bookings can be made if a session is available via the school offices or breakfast club email with 24 hours’ notice. Payment for these sessions will be payable at time of booking.
* **Breakfast Club will be open from** **7:45am until 8.45am**, when your children will be taken to join their classes at both schools.
* **Breakfast will be served until 8:15am**, if your child arrives after this time they will take part in the activities only.
* Parents must walk pupils on site through the **pedestrian gate** and **follow the path** to the **drama studio at Farnham Common Junior School and sign them in.**
* **The FCJS office is NOT open until 8.30am**. If messages need to be passed on to staff members or enquiries made they may be left with the breakfast club leader or phoned in to the office.
* Please see parentmail and the school website for any school closures: **http://www.farnhamcommonvillageschools.co.uk/**
* The club is run by members of staff from FCVS. Children will be expected to ensure that their behaviour whilst attending the Club reflects the behaviour required during school hours. The club has the right to omit children from the club if they do not respect the school’s behaviour policy.
* We are committed to running the club for the whole of 2023/24 academic year, after which the school reserves the right to terminate the club with one term’s notice, if there is not sufficient demand.

Breakfast Club Mobile: **07354 009659**

Breakfast Club e-mail:[*breakfast@fcvs.co.uk*](mailto:breakfast@fcvs.co.uk)

*(Mobile: Available from 7.30am each morning, for emergencies or to inform of non-attendance at breakfast club. NOT for ad-hoc bookings.)*

I have read & accept the above stated terms and conditions (**please tick**):

**Parent/Carers’ Name**…………….……………………………………………………………………………………………….

**Parent/Carer’s signature**…………………………….……………………………………..**Date**…………………………

**Terms and Conditions (Parent Copy) Keep at Home**

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* Regular bookings will take priority over ad hoc sessions.
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**Parent/Carer’s signature**…………………………….……………………………………..**Date**………………………….