**JUNIOR**

BREAKFAST CLUB REGISTRATION FORM

Academic Year 2025/2026

|  |  |  |
| --- | --- | --- |
| **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

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

Monday

Tuesday

Wednesday

Thursday

Friday

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).

**Name of two relatives or friends who can be contacted in an emergency and who may collect your child**

|  |  |  |
| --- | --- | --- |
| **Name and Address** | **Relationship to Child** | **Telephone Number** |
|  |  |  |
|  |  |  |

**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**):

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

**Consent (please delete as applicable)**

I am happy for my child’s photograph to be taken: YES/NO

I am happy for my child’s photograph to be used on the school’s website: YES/NO

I consent/do not consent to my child receiving any emergency medical treatment necessary during their time at the Breakfast Club:YES/NO

I give/do not give permission for my child to watch PG certificate DVDs: YES/NO

I have read and understood the information contained in this document and will comply with all school policies.

**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 and places will be allocated on a first-come, first-served basis with priority given to children who already attend.
* Places will be allocated at the start of the academic year and will stay the same all year, unless we are informed otherwise. This can be done through our comms email *splatz@fcvs.co.uk*
* Regular bookings will take priority over ad hoc sessions.
* Your booking will be confirmed within 2 weeks of handing in this form.
* Invoices will be entered onto ***Arbor***.
* ***Payment is required, even if your child does not attend a session, if the booking is not cancelled 2 weeks or more weeks prior to the session.***
* For regular bookings, invoices will be sent as termly fees and require payments to be made 2 or more weeks prior to the start of a term. However, if you would like to pay instalments, please pay approximately a third of your invoice 2 or more weeks prior to the start of a term, a third by the half term break and the other third by the end of the full term. ***Please note the school reserves the right to withdraw a place if payments are not made within time frames given in these terms and conditions.*** If you have any further questions about finance, please contact Mrs Guillo for the Infants and Mrs Kaur for the Juniors on *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 email *splatz@fcvs.co.uk*with 24 hours’ notice if possible – later requests will be considered. Payment for these sessions will be payable via *Arbor* before your child attends that session. If payment is not received then a place cannot be given.
* **Breakfast Club will be open from** **7:45am until 8.45am**.
* Parents must walk pupils on site through the **pedestrian gate, press call button 2 on keypad** and **follow the path** to the **drama studio at Farnham Common Junior School and sign them in.**
* **Breakfast will be served until 8.15am.**
* Please see 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 2025/26 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** e-mail: *splatz@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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