

St. Gildas' & St. Peter's Breakfast Club Registration Form

Child's Full Name						
Name to be used at Club						
Home Address of child						
Date of Birth						
Gender (Male/Female)						
Class Teacher						
Ethnicity & Religion						
Language spoken at home						
Email address						
Parent/Guardian Name						
Tel. (Daytime)						
Mobile No.						
Parent/Guardian Work No.						
Alternative Emergency contact name						
Alternative Emergency phone no.						
Days required	Monday	Tuesday	Wednesday	Thursday	Friday	

Medical Details

Name of Child's Doctor		
Doctors Address & Tel. No		
Does your child have any known Medical conditions? If so, please list:		

Does your child have any non-dietary allergies? If so, please list:

--

Does your child have any dietary allergies or dislikes? If so, please list:

--

Terms and Conditions

1. All fees must be paid in advance. Cheques should be made payable to “St. Gildas’ Catholic Junior School”. Holiday dates should be taken into account.
No refunds will be given if child is sick and unable to attend.
2. As the Breakfast Club requires regular booking, four weeks notice must be given in writing or payment in lieu of notice.
3. A completed registration form must be submitted before a child can be accepted into the club.
4. Parents must ensure that St. Gildas’ is notified in writing of any changes to the registration form as soon as they occur (in particular emergency contact details).
5. Children must adhere to the St. Gildas’ behaviour policy.
6. To ensure that all children have adequate time to eat breakfast before going to class, we request that they arrive at the club before 8.35am. Food will not be served after this time.

Declaration

I have read the terms and conditions of St.Gildas’ & St.Peter’s Breakfast Club and agree to follow its policies and procedures.

I consent to any emergency medical treatment necessary during the running of the club. I authorise the staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child’s health and safety.

Parent/Guardian signature

Date

Print name