BREAKFAST CLUB AND AFTER SCHOOL CLUB REGISTRATION FORM



Payments must be made a week in advance via Sims Pay. As we are operating social distancing between year group learning bubbles, admissions would only be given to pre-booked places.

PRICE LIST		
YEAR GROUP		
*NURSERY AND RECEPTION	Monday to Friday	
	AM	£5 per day
PRICES ARE HIGHER DUE TO STAFFING RATIO	7:30am-9:00am	£25 per week
	PM	£15 per day
	3:15pm/3:30pm - 6:00pm	£75 per week
YEAR 1 TO YEAR 6	Monday to Friday	£3 per day
	7:30am-8:30am	£15 per week
	PM	
	3:15pm/3:30pm - 6:00pm	£10 per day
		£50 per week

*Sibling discount will be applied with two or more siblings.

Upon completion, please return this form to the school office and an email confirming your child's place will be sent to you with details of their start date. In the event of oversubscription, a waiting list will be established and you will be notified as soon as a place becomes available.

Payments are non-refundable and will need to be made promptly at least a week ahead in advance; otherwise, the school reserves the right to refuse your child a place if money is outstanding on the account.

The after school club closes promptly at 6:00pm and failure to collect your child on time will result incur a late collection fee of £1 per minute as late collections will always involve 2 adults staying overtime as well as our site services officer.

BREAKFAST CLUB SESSIONS REQUESTED

YEAR 1 - YEAR 6: 7:30am - 8:30am

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

AFTER SCHOOL CLUB SESSIONS REQUESTED

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

FIRST CHILD

First name:	Surname:
Date of birth and current age:	Class:

SECOND CHILD

First name:	Surname:
Date of birth and current age:	Class:

THIRD CHILD

First name:	Surname:
Date of birth and current age:	Class:

Please book my child(ren) in for the days indicated above. I will let you know in advance if my child(ren) will not be attending a booked session. I understand that the club cannot give refunds for any sessions that I have booked, but which my child(ren) does not attend.

PARENT/GUARDIAN

Title:	First name:	Surname	Title:	First name:	Surname
Home address:		Home address (if different):			
Does this child normally live at this address? Yes / No		Does th Yes / N	•	ive at this address?	

EYFS: 7:30am - 9:00am

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:		Email address:			
Does this persor	n have parental re	esponsibility?	Does this person	have parental re	esponsibility?
Yes / No		Yes / No			
Does anyone else have parental responsibility for			D		
(If yes, please provide details on separate sheet.)					

EMERGENCY CONTACT DETAILS (please provide details of two people we can contact if we are unable to get hold of you)

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

CHILD'S DOCTOR

Name of Doctor:	
Address:	Telephone:

ABOUT YOUR CHILD

Please detail any additional/special needs your child has: (please provide full details)

Please detail any dietary requirements / food allergies for your child: (please provide full details)

Is there anything your child doesn't like (food, games etc) or is scared of?

SIGNATURE OF PARENT/CARER

DATE: