Chestnuts Primary School

Black Boy Lane

London N15 3AS

 Tel: 020 8800 2362

Email: clubs@chestnutsprimary.com

**BREAKFAST CLUB REGISTRATION**

**Requests to change club days will need to be made on a half termly basis. All requests to be sent to the above email before the second week of the new term.**

**1. CHILD’S DETAILS**

Date of Application:

Child’s Full Name:

Date of Birth: / / Current School Year: Class:

**2. EMERGENCY CONTACT DETAILS:**

1. Name: Mobile No:

**NOTE:** If any of this information changes during the period of the agreement it is imperative that you inform the school office.

**3. MEDICAL INFORMATION**

Any known Allergies:

Specific Dietary Requirements:

Medical Conditions:

I give permission for first aid to be administered should my child require it and to seek medical assistance should it be required YES / NO

**4. BREAKFAST CLUB REQUIREMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

**Breakfast Club is £4.00/day or £20.00/week**

**NOTE:** All fees for the half term must be paid in advance via Parent Pay or a credit/debit card. We do accept Childcare Vouchers (Scheme reference: EY348142) and bank transfers.

Bank: RBS

Sort code: 16-19-18

Account no: 10113553

Ref: BC First initial and Surname, e.g. BC J.Bloggs

If a space could not be provided your child’s name will be placed on a waiting list.

**5. DECLARATION**

I undertake to abide by the conditions laid down by Chestnuts Breakfast Club and I understand that my child’s place could be removed if I fail to pay the required fees on time. I agree to pay for the days my child has been allocated regardless of whether they attend.

Signed: Date

Print Name: