

## Breakfast Club and After School Activities Club Registration Form 2024 - 2025

Child's Name

Year Group

Second Child's Name

Year Group

Siblings will be charged at 50% of the session rate

Parent / Guardian Name Phone Number

Emergency Contact Name  
Relationship with child/ren Phone Number

Breakfast Club Sessions Required (please tick)

Monday	Tuesday	Wednesday	Thursday	Friday

After School Activities Club Sessions Required (please tick)

Monday	Tuesday	Wednesday	Thursday	Friday

3.15-4.15pm 4.15-5.15pm  
5.15-6.15pm

Who will be

collecting?

Please state any allergies, food intolerances or special dietary requirements (including vegetarian, vegan etc)

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Please state any medical requirements or any other information you feel we should know

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Do you consent to photographs of your child/ren being taken during the session and displayed on the school website?

Yes / No (please delete as applicable)

Will you be paying using Childcare Vouchers?

Yes / No (please delete as applicable) Please state which provider you will be using.

Disclosure: I understand that by signing this form I am confirming that the above information is accurate and I have read and accept the terms and conditions.

**Signature of parent / guardian**

**Date**

**Should a session be too full to accommodate your request you will be contacted directly. Places will be allocated on a first come first served basis.**