



ST JOSEPH'S CATHOLIC PRIMARY SCHOOL

HEADTEACHER: MRS. YVONNE WOZNAK
90 Oakhill Road Putney SW15 2QD
Tel: 0208 874 1888

Breakfast Club Registration Form 2017/18 To be completed per child

Child's First Name	
Child's Surname	
Child's DOB	
Class in September 2017	
Name of Parents/Carers	
Telephone number of those with Parental Responsibility	
Name of Person regularly dropping off child if different from above	
Telephone number of person regularly dropping off child	
Other relevant information ie – diet, allergy, asthma	

- A child attending the club must first be registered on this form
- All normal school rules apply at breakfast club
- Please request a medicine form from the breakfast club staff should your child require medication whilst in their care.
- This is a non profit making scheme therefore refunds cannot be given. In the event of sickness/absence fees are non-refundable.
- First Aid trained staff are available on site to administer basic first aid as and when necessary.

I agree to pay £3.00 per session for one child and £5.00 per session for 2 sibling children attending, to be paid in advance monthly of sessions attended. Sessions run from 8.00am to 8.55am each day. I consent to my child receiving medical treatment in an emergency. It is your responsibility to keep us updated of any changes to the information supplied above. We will prompt you to check that the information that we hold remains correct on a regular basis. Written consent and information will be required if children are entering the premises unsupervised (ie, how they are making their way to the club from the point they leave an adult). Failure to adhere to school rules could result in the place being withdrawn.

Parent/carer's full name.....
Signed.....Date.....