



## THE SUNSHINE CLUB BREAKFAST CLUB BOOKING FORM

Please complete this form in **BLOCK CAPITALS**

Child's name:	
Date of birth:	School/Class:
Name of parent/guardian:	
Address:	
Phone number:	
Day: 1.	2.
During club time: 1.	2.

### ATTENDANCE:

Please tick the days you would like your child to attend.

White Meadows Primary School **£2.70**    Lyminster Primary **£2.70**

Monday:	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday:	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday:	<input type="checkbox"/>	<input type="checkbox"/>
Thursday:	<input type="checkbox"/>	<input type="checkbox"/>
Friday:	<input type="checkbox"/>	<input type="checkbox"/>

### DIETARY REQUIREMENTS:

Does your child have any dietary requirements?                      Yes/No

If yes please state:

**DOES YOUR CHILD NEED TO BE TAKEN TO SCHOOL?**                      Yes/No

If yes please state which school:

### STARTING DATE:

What date would you like your child to start:

**Consent Requests - please read the following and mark as appropriate**

**Breakfast Club**

**TRANSPORT:**

Applicable only to children who attend Lyminster Primary School: Children will be met, collected and taken to the club on foot. A member/s of staff will accompany the children at all times.

I do/do not \* agree to my child being collected from Lyminster Primary School by The Club and taken, as described above, to the club premises. (*\*Please delete where applicable.*)

**MEDICAL TREATMENT:**

I do/do not \* consent to my child undergoing any emergency medical treatment necessary during the running of the club. (*\*Please delete where applicable.*)

Health & Safety and Administration of Medicines policy attached.

Any illnesses, allergies, medical conditions, special needs, etc. must be detailed on a separate registration form - please ask for form if needed.

Signed:

Print:

Date:

**TERMS & CONDITIONS:**

I have read and agree with the policies on Administration of Medicine, Charging and Behaviour.

I understand that the Club reserves the right to withdraw a place if my child does not comply with the Behaviour Policy.

I agree/do not agree for my child to be photographed for purposes of display in the Club.

I agree to pay all fees one week in advance.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_