



THE SUNSHINE CLUB BREAKFAST CLUB BOOKING FORM

Please complete this form in **BLOCK CAPITALS**

Child's name:	
Date of birth:	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 **£3.50**

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

DIETARY REQUIREMENTS:

Does your child have any dietary requirements? Yes/No

If yes please state:

STARTING DATE:

What date would you like your child to start:

Consent Requests - please read the following and mark as appropriate
Breakfast Club

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.)

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 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.

Payment is required on the last Friday of every month. This is paid by using the link on our school website: www.whitemeadows.w-sussex.sch.uk

If payment is not received by the due date, you will risk losing the space for your child.

If your child is self-isolating for Covid reasons, you will not be charged for Sunshine Club. However if your child is absent unrelated to Covid you will still be charged.

Parent's Name: _____

Parent's Signature: _____ Dated: _____