



Raglan Primary School Breakfast Club Application form

PLEASE COMPLETE THE FORM IN BLOCK CAPITALS

Child's Full Name:	
Child's preferred Name:	Male/Female:
Full Postal Address and Postcode:	Date of Birth:
	Age:
	Class:
	Religion:
Name of 1 st Parent/Guardian:	Name of 2 nd Parent/Guardian:
Home Telephone Number	Home Telephone Number:
Work Telephone Number:	Work Telephone Number:
Mobile Number:	Mobile Number:
Email:	Email:

Emergency Contacts

Please ensure that you notify us immediately of any changes to contact information.

1.Name:	Relationship to child:
Address:	Mobile Telephone:
Home telephone:	Work Telephone:
2.Name:	Relationship to child:
Address:	Mobile Telephone:
Home Telephone:	Work Telephone:

Please specify which day(s) of the week you wish for your child to attend the Breakfast Club.
This would need to be for at least a term.

Monday	Tuesday	Wednesday	Thursday	Friday

Charge: £5.00 per child per session. Please complete separate forms for each child.

Medical Information

Doctor's Name: _____

Doctor's Address: _____

Doctor's Telephone Number: _____

Any other relevant medical information
 (Allergies, Family medical history etc)

Terms and Conditions

- Fees are payable half termly in advance. Please make cheques payable to Raglan Primary School. We will require 4 week's notice if you wish to cancel your booking.
- Payment is required even if your child is unable to attend the days that have been booked.
- Your child may attend for one-off sessions if one is available. In this case we require a week's notice unless there is an emergency.
- The breakfast club will be open at 7.45 am in the Studio. Your child will be directed to the playground 8.45 (KS2) and 8.55 (KS1)
- The Breakfast Club is run by staff at Raglan Primary School. Children will be expected to ensure that their behaviour whilst attending the Club reflects the behaviour required at school. The Club retains the right to omit children from the Club if they do not respect the school's behaviour policy.
- I have read & accepted the stated terms and conditions please tick.

Parents/Carers Name

Parents/Carers signature.....Date.....